

We are the regulator: Our job is to check whether hospitals, care homes and care services are meeting essential standards.

Cranmer Scheme

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We inspected the following standards as part of a routine inspection. This is what we found:

Respecting and involving people who use services	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Safeguarding people who use services from abuse	✓ Met this standard
Supporting workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Leeds Jewish Welfare Board
Registered Manager	Mrs. Valerie Theresa Burns
Overview of the service	The Cranmer Scheme is a care home without nursing. The care provider the Jewish Welfare Board is registered to provide accommodation for up to 16 people who require personal care. This care is provided in two separate houses each accommodating 8 people who used the service.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 5 February 2013, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service and talked with staff.

What people told us and what we found

We spoke with people who used the service and to staff about the people who used the service. They said they were happy at the home, they nodded and smiled when asked if they liked the home. One person who used the service said "I can ask to go out if there is a carer available." And "They all ask me what I want." This gave us assurances that staff knew the needs of people and knew how to deliver the care and support effectively.

Our observations of the service showed that care staff spoke with and interacted with people who used the service in a patient and pleasant manner. Care staff supported people in a sensitive way using differing methods of communication to ensure that people understood what was going to happen.

The people who used the service appeared happy and comfortable with the surroundings. They appeared to be relaxed with the staff in their interactions with them. We noted that people who used the service had access to a wide range of activities which were personalised to their individual needs.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

Reasons for our judgement

People who used the service understood the care and treatment choices available to them.

We looked at the care plans as part of our visit. We observed daily life within each of the two houses. We spoke with two people who used the service, staff and the registered provider about the care and well being of people who used the service.

On the morning of the inspection we observed six people who used the service. We saw evidence that people who used the service were given time to express their views and were involved in making decisions about their care and treatment. We observed a high standard of person centred care being delivered in a homely environment. We saw that people who used the service were comfortable and at ease with staff and had good interaction with them.

We saw menu choice clearly displayed on the notice board. We observed staff offering people who used the service choice at meal times. We spoke with two members of staff who told us about how they involved people who used the service in choices about their care. One person told us "We involve people in their care as much as we can." And "We ask people what they would like to wear if they cannot choose their own outfit."

We saw that bedrooms offered choice and all were personalised to the individuals needs. We talked to one person who had chosen their own colour scheme in their bedroom including their carpet, curtains and furniture. We observed staff knocking on the bedroom door and asking permission of the person who used the service before entering their bedroom. This showed that people's views were taken into account.

We were offered a copy of the newsletter and saw minutes of the residents meetings. The minutes showed that people who used the service were involved in decision making about how the home was run.

We spoke with two members of staff who told us that they had worked there a long time. They told us that they enjoyed working at the home. One member of staff told us "Its person centred" and "People are encouraged in their life choices and their voices are heard." Staff told us they felt able to speak out if they needed anything, they were aware how to raise concerns. They said that they felt that managers and the registered provider were approachable. They said that they believed managers would act on their concerns.

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

We looked at the personal care or treatment records of three people who used the service, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We spent time observing daily life in each of the two houses. We talked to two people who used the service. We found that care and treatment was planned and delivered in a way that ensured people's safety and welfare. We observed that staff provided support and engaged in a positive way with the people who used the service.

People who used the service had their own care plan, which identified their individual needs and abilities, choices, decisions and likes and dislikes. In addition to this information there were a range of risk assessments to cover daily activities of life, moving and handling, nutrition and mental health where a risk to the person or others had been identified. We saw actions and referrals to other professionals in response to any issues identified in these risk assessments. We saw monthly reports and care plan reviews every six months. This showed us that people received care and support that met their needs.

We read email messages from relatives of people who used the service. One message thanked the staff for their patience and extra support and several messages thanked staff for their continued support.

Whenever possible the staff supported and encouraged people to be as independent as they were able. A key worker scheme was in place. We spoke with staff, and the registered provider about the care and well being of people who used the service. We found them knowledgeable about the needs and rights of the people who used the service.

The care records highlighted what people could do on their own and when they needed assistance from staff. We observed good interactions between the staff and residents, with friendly and supportive care practices being used to assist people in their daily lives. We saw that people were relaxed in the company of staff and there was good rapport between staff and people who used the service.

Staff told us and we saw evidence of a range of activities taking place. People who used the service were supported to have an active social life and keep in touch with family and

friends. They also had access to the Jewish day centre and community centre which were located close by.

We were shown a communication passport and a personalised care review that had been put on power point by the person who used the service.

We looked at a colour coded hospital assessment form which was being introduced for one person with palliative care needs and poor communication. The form included information about what the person liked and disliked and how the person usually communicated pain and discomfort. This ensured that people going into hospital experienced care and treatment that met their needs.

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

People who used the service were protected from the risk of abuse because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

People who used the service were protected from the risk of abuse. Because the provider had taken reasonable steps to identify the possibilities of abuse and prevent abuse from happening.

We spoke with two members of staff who demonstrated a good understanding about the different forms of abuse, their responsibilities if abuse was suspected, and how they would respond to it. Staff were also able to explain how they would raise concerns if they observed any changes in a person's behaviour that could indicate possible abuse.

We saw the home had policies and procedures in place to safeguard people from abuse. They provided guidance for staff on the procedures to follow and their responsibilities if abuse was suspected.

We were concerned that one person who used the service told us about a fall they had over the weekend. This person complained of pain and discomfort following the fall. We asked the registered manager about this incident and noted that they were unaware of the incident. We asked to see the care records and incident form but the only documented record of the fall was a line written in the daily log. The registered manager acknowledged that on this occasion the staff had failed to follow the correct procedure. The registered manager assured us that appropriate action would be immediately taken. We felt that this was probably an isolated incident which was related to poor record keeping and communication rather than an adult safeguarding issue.

We looked at staff training records and found that staff had received formal training about safeguarding people from abuse and a rolling programme of refresher training was in place for staff.

We discussed medication management and financial management and found that the registered provider had written policies and procedures in place.

We saw that the people who used the service looked comfortable when interacting with staff. There was positive interaction, good eye contact and staff spoke with sensitivity to people.

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

Staff received appropriate professional development.

As part of this inspection we looked at staff records and talked to the registered manager. We saw that all new starters undertook mandatory training during a period of induction.

We were told that new staff were monitored by senior members of staff until they reached the required level of competency. We saw that all staff received regular supervision and twelve monthly appraisals were in place.

We saw notes of staff meetings which indicated these took place every two weeks. We saw minutes of the meetings. We were told that staff attended the meetings and kept up to date with house, individual and service issues.

We looked at the training records for two members of staff. We saw that both members of staff had attended a detailed induction programme. We saw written evidence that staff had received information on policies and procedures. We saw attendance sheets and training certificates for core training in moving and handling, medication management, health and safety, and safeguarding of vulnerable adults. We heard that on line training was available in food hygiene. This ensured staff had the training to offer appropriate knowledge and skills to support the people who used the service.

Staff told us they were allocated one day a week to complete administration tasks and update care plans this showed us that staff received support to delivery and evaluate the care delivered to people who used the service.

Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had a system to regularly assess and monitor the quality of service that people received.

Reasons for our judgement

People who used the service said that they had no concerns or complaints about the service. People told us that they felt able to speak out if they needed anything and believed the staff would act on their concerns.

The registered manager told us people who used the service and their relatives were involved in multi agency service reviews and residents and friends meetings. Feedback on people's satisfaction with the service was gained through house meetings, key worker meetings and observation.

The provider had an effective system to regularly assess and monitor the quality of care people received. We saw evidence that care records were checked for completeness by an independent nurse on a regular basis. We were told that the chief executive visited the home every month to talk to people about the quality of the service. The registered manager showed us a PQASSO quality mark certificate that had been awarded to the service in April 2012.

We saw that the service had regular staff meetings in place. Staff told us the meetings were informative and gave them opportunity to discuss issues and put forward new ideas. We saw an agenda being prepared for the next meeting later this month. We were shown a copy of the minutes of the last meeting.

We were shown information that indicated that managers audited various sectors of the service on a regular basis and took action on areas that required improvement. We saw that supervision was in place and that supervision notes were held for members of staff.

The manager and staff confirmed that systems were in place to monitor the service. We looked at incident reporting and health and safety records which showed checks were carried out on a regular basis. We established that the relevant checks and reporting practice was in place to ensure the safety of this equipment.

We saw evidence that people who used the service had choice around the food and meals they were offered. We saw information in the care plans which indicated that people's

preferences and choices were catered for and any specific dietary needs were being met.

Information in the staff files showed that the provider had supervision and appraisal procedures in place to monitor the quality of care that people received.

Our observations of the service found that the environment was clean and tidy. The décor and furnishings we saw were in keeping with the style of the home and offered people a choice of seating in a warm and comfortable environment.

Staff told us that they felt able to speak out if they needed anything and believed the staff, the manager or the registered provider would act on their concerns. People who spoke with us said they were aware of the complaints policy and procedure. One person who used the service said "I'd go to staff about it."

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of dentists and other services at least once every two years. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ Met this standard This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

✗ Action needed This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

✗ Enforcement action taken If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

Minor impact – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

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