Inspection Report

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

Cranmer Scheme

Lynda Cohen House, 1 Cranmer Road, Leeds, LS17 5PX

Tel: 01132371052

Date of Inspection: 06 February 2014

Date of Publication: March 2014

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

Consent to care and treatment	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Cleanliness and infection control	✗ Action needed
Requirements relating to workers	✓ Met this standard
Complaints	✓ 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 eight people who use the service.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

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 6 February 2014, observed how people were being cared for and spoke with one or more advocates for people who use services. We talked with people who use the service, talked with staff and reviewed information given to us by the provider.

What people told us and what we found

We observed staff interacting with people in a positive, respectful and caring manner. People appeared relaxed and comfortable in the presence of staff. We observed people laughing and smiling during interactions with staff. One member of staff told us, "We try and involve people to participate in everything we do as much as possible and ask for their views. That's important because it's their home."

We found that before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

All the people we spoke with told us they liked the home they lived in and the staff who provided care to them. One person said, "The staff are very nice. There is nothing that could make it better. We are all very happy here." Another person told us, "Staff are lovely, they're nice. I like it. My bedroom is nice."

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

We found that most of the bathrooms and toilets we saw were in need of refurbishment and were not meeting infection control standards. Most of the fridges and freezers we saw were not recording temperatures within acceptable parameters. This meant that people were exposed to unnecesary risk of infection. We have asked the provider to send us an action plan to address these issues.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

The service has an effective complaints system available.

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

What we have told the provider to do

We have asked the provider to send us a report by 21 March 2014, setting out the action they will take to meet the standards. We will check to make sure that this action is taken.

Where providers are not meeting essential standards, we have a range of enforcement powers we can use to protect the health, safety and welfare of people who use this service (and others, where appropriate). When we propose to take enforcement action, our decision is open to challenge by the provider through a variety of internal and external appeal processes. We will publish a further report on any action we take.

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

Consent to care and treatment ✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

Where people did not have the capacity to consent, the provider acted in accordance with legal requirements.

Reasons for our judgement

The service cared for and supported people with a wide range of complex needs. We therefore used a number of different methods to help us understand the experiences of people who used the service, including observing care being delivered, looking at records in the homes and talking with people who used the service and staff.

During our visit, we saw staff interacting with people in a positive, respectful and caring manner. We observed staff explaining to people what they were doing before they carried out any care interventions.

Staff we spoke with had a very good understanding of the issues relating to consent and capacity. They were able to explain how they protected people's rights and respected the wishes of people. One member of staff told us, "We always offer people choices. For example; one person told us they were not feeling very well and wanted to have their lunch in the lounge alone. That's OK. We try to be as flexible as we can." Another member of staff said, "We try and involve people to participate in everything we do as much as possible and ask for their views. That's important because it's their home."

We could see from the staff records we looked at that staff had received training which included; Mental Capacity Act, Mental Health Act and, 'Supported decision making'. This was also covered in the induction programme for new staff.

We looked at six people's care records. The records were in an, 'easy read' format with pictures and symbols to help people understand them. They included people's likes, dislikes and preferences for example; what the person liked to be called and the food they liked to eat. We saw that where a person lacked the capacity to make decisions, this was recorded in their care records. There was also evidence to show that, 'best interest' meetings had taken place where a person was assessed as not having the capacity to

make a decision. However; we found that the process for determining if a person had capacity or not was not documented in their care records.

The provider may wish to note that the process of determining if a person has capacity or not should be documented in their care records to evidence that the principles of the Mental Capacity Act (2005) have been applied correctly.

We also noted that where people had a Lasting Power of Attorney (LPA) appointed, their care records did not contain sufficient information regarding this. For example; it was not clear what specific conditions the LPA applied to. We spoke with the Registered Manager about this. They told us they would ensure that this was documented in people's records.

In the care plans we looked at, we saw good examples of how staff supported people who were unable to verbally communicate thier decisions about the care they received. For example; in one person's record, it stated, 'When X is asked if he wants to go to bed, he will indicate by nodding his head or clapping his hands'. In another person's record, it was documented that, 'X is able to make a visual choice'.

We saw that where people were able to, they had signed their care plans. People we spoke with told us staff involved them in their care and how the homes were run. One person told us, "I decide when to get up and when I go to bed." Another person said, "We all choose the menu for the week on a Sunday night."

One person told us they chaired the monthly, 'House meeting' in the home. They said, "I like chairing the meeting. Most people join in. We discuss everything like holidays, decorations and people's bedrooms."

One person was being visited by their advocate on the day of our visit. The advocate told us, "I sat in on a house meeting and they are really productive. Everyone has said what they want to say. It's very good here."

We saw evidence that where people were able to be involved in reviews about their care, that staff actively involved them to do so. Reviews were attended by people's advocates and other professionals who supported them.

There were appropriate policies and procedures in place to protect people's rights which included the Mental Capacity Act, Consent and Deprivation of Liberty.

Care and welfare of people who use services ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

People looked well cared for, clean and well presented. People appeared relaxed and comfortable in the presence of staff. We observed people laughing and smiling during interactions with staff. We saw staff treating people kindly with regard to their dignity, comfort and privacy. All staff interactions we observed were focussed on meeting the needs of people who used the service. The atmosphere in both the homes we visited were not rushed and we observed that staff had time to attend to people.

We spoke with six people who used the service. All the people we spoke with told us they liked the home they lived in and the staff who provided care to them. One person said, "The staff are very nice. There is nothing that could make it better. We are all very happy here." Another person told us, "Staff are lovely, they're nice. I like it. My bedroom is nice"

Staff we spoke with all told us they enjoyed their work. One member of staff said, "We all give our best. People are well looked after. We have a really good staff team, it's brilliant."

We looked at six people's care records. Each record we looked at had an individual risk assessment for the person. The risk assessments we looked at included road safety, vulnerability, fire safety, nutrition, and personal care. Where a risk had been identified, we saw evidence that actions were documented to manage or reduce the risk. For example, it was recorded in one person's risk assessment that, 'In an emergency situation, I will always need help and support. Please support me to safety in a calm manner'.

The care records we looked at had very good information about people's physical, social, psychological and cultural needs and how care and support should be delivered. They were person centred and focussed very much on the individual needs of the person and how they wished their care to be delivered. They were in an, 'easy read' format with pictures and symbols to help people to understand them. People who were able to had signed their care plans. Each person had a, 'Hospital Assessment' and a, 'Communication Passport' booklet which provided very detailed information about the person's communication needs, medical condition, allergies, likes, dislikes and preferences in the event they needed to be transferred to another service or hospital.

The Registered Manager told us they were providing care at meal times to a person who

had needed to be transferred into hospital. They told us this was to make sure their needs' were being met and to support staff who were caring for them.

The daily records we looked at provided detailed information about what support and care the person had received each day. We saw from people's records that a range of health care professionals were involved in helping the homes to support people's needs. We saw that timely action had been taken to refer people to specialist professionals in response to changes in people's care needs or for specialist advice. Records showed that each person received an annual health check from their GP and attended the dentist and opticians regularly.

Staff told us they had read each person's care plan and found them easy to understand and follow. They told us they had enough time to make sure each person received the care they needed. Staff were very knowledgeable about people's individual care needs. They were able to describe in detail what support people required and what people were able to do for themselves. We saw that care plans were regularly reviewed to make sure people's changing needs were identified and met. There was evidence which showed that where possible people, their advocates and other professionals who supported them, attended regular reviews about their care. One person told us they chaired their own reviews by using a power point presentation they prepared on their lap top personal computer.

Staff we spoke with told us they encouraged people to be as independent as possible by involving people in activities both within and outside of the home. On the day of our visit, several people had gone out for the day to engage in community based activities. These included shopping with their advocate and attending appointments with staff. One person told us that staff had arranged for a singer to perform in one of the homes the previous evening which people from both homes had attended. They told us, "I go out a lot. I go to drama class and bingo once a week. I have been in the theatre. People in the audience came up to me to shake my hand afterwards. That was good."

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

Cleanliness and infection control ✖ Action needed

People should be cared for in a clean environment and protected from the risk of infection

Our judgement

The provider was not meeting this standard.

People were not protected from the risk of infection because appropriate guidance had not been followed.

We have judged that this has a moderate impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

Reasons for our judgement

We looked in all areas of both homes including the kitchens, laundry rooms, bathrooms, toilets, lounges and communal areas. The Registered Manager told us that a cleaner was employed to clean each home for three hours every week day. In addition, care staff undertook some cleaning duties when the cleaner was not working.

The communal areas of both homes were clean, tidy and free from bad odours. We looked in the kitchens. We saw there were separate hand washing sinks for people to use. There were posters on the walls reminding people about the importance of washing their hands. We saw there were appropriate waste bins, soap and paper hand towels in the kitchens. There were colour coded chopping boards for different food. The service had appropriate systems in place for the disposal of clinical waste.

We looked in all the fridges and freezers within the two homes. We saw that most of the food within them was labelled with a date. However, there were two boiled eggs in one fridge stored in a dish which was covered in cling film which were not dated. It was therefore not possible to determine how long they had been in the fridge. These were disposed of by staff. We saw that one of the freezers was heavily coated with ice and had a broken door seal. This indicated the freezer was not working effectively. Each appliance had a thermometer inside. We checked the temperatures of each. One of the thermometers was embedded with ice which we had to remove to see the temperature reading. We found that only two of the thermometers were recording temperatures which were within the acceptable range for the appliance. For example; three of the fridge thermometers were recording a temperature above 10 degrees celsius. This was several degrees above the acceptable safe level of five degrees celsius (Food Standards Agency).

We looked at the daily fridge/freezer audits which staff completed over the previous month. The audits recorded on several occasions, temperatures which were not within acceptable safe levels. For example; one freezer audit recorded temperatures of between five degrees and minus thirty degrees. We looked at the monthly environmental checks for

August and December 2013 which included checks on the fridges and freezers. On both audits, it was documented that the door seal on one of the freezers was, 'broken and may need replacing'. No action was recorded.

The monitoring processes which were in place were not effective as appropriate action was not taken in response to the audit results. This meant that chilled and frozen food was not kept within acceptable safe temperatures which resulted in people being exposed to unnecessary and unacceptable risk of infection.

We spoke with the Registered Manager who assured us they would make sure that all food was kept within the acceptable safe temperatures.

We saw that the laundry room was tidy and clutter free. Staff told us that people's individual washing was always washed and kept separate in named baskets. The washing machines had pre-measured detergent to ensure the correct amount was dispensed per wash. We saw that colour coded mops were stored in the laundry room. Cleaning equipment and detergents were stored securely.

We looked in all the bathroom and toilet areas within the homes. They all had personal protective equipment such as gloves and aprons available for staff. There were red bags for soiled linen and yellow bins available. There were wall mounted soap, gel and paper towel dispensers in each.

Most of the bathrooms and toilets were in need of refurbishment and were not meeting infection control standards. The Registered Manager told us that plans were in place to carry out refurbishment work in these rooms within the next six months. Most of the flooring in the rooms was shabby and stained. Some of the flooring did not fully cover the floor. There were gaps around some of the toilets. Some floor covering had come away from the wall in places which left a gap of up to one inch. There was debris and dust in the gaps. One plastic bath panel we saw was broken in two places. This left sharp exposed edges which could cause harm to a person. The Registered Manager arranged for this to be covered with tape immediately. They told us this had been reported to be replaced.

All the shower chairs and the hand rails which were secured to the floor were rusty and in need of replacing. Some of the baths had wood chip type panelling which crumbled when touched. This meant these areas could not be cleaned effectively.

We asked to see copies of the daily and weekly cleaning schedules. We were told the cleaner did not complete any cleaning schedules however; staff did when they undertook cleaning duties. We saw that the schedules were incomplete with several blank spaces. The schedules did not include all the areas which required cleaning. It was therefore not possible to determine what areas of the home had been cleaned, how often or by whom.

We looked at all the staff training records for infection control. We saw evidence that infection control training was included in the induction programme for new staff. Most staff had received training in infection control although this was not included in the provider's mandatory training requirements for staff. The Registered Manager told us they would include this training as a mandatory requirement for all staff.

The service had relevant infection control policies in place which were in date.

Requirements relating to workers ✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

Our judgement

The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

Reasons for our judgement

The service had effective recruitment and selection policies and processes in place. The Registered Manager confirmed that all staff were recruited by interview, using competency based questions and references were requested. They told us that two people who used the service had been involved in interviewing potential candidates.

We looked at four staff files. We saw that appropriate checks were undertaken before staff began work to make sure that they had the relevant experience and skills for the role.

The staff files we looked at contained copies of training certificates an induction programme specific to the role and a record of appraisals and supervision. The Registered Manager told us that staff were not allowed to work in the homes until a Disclosure and Barring Service (DBS) check (formerly known as Criminal Record Bureau) had been completed for that member of staff. Staff we spoke with confirmed they had a CRB completed before they were allowed to start work in the home. One member of staff told us, "They are very particular, you are not thrown in at the deep end. I had an induction and shadowed other staff for two weeks."

The induction programme included policies and procedures, a range of training courses, shadowing and responsibilities of the role.

We saw evidence which showed staff received regular supervision and appraisals. Staff we spoke with told us they felt their work was supervised well.

We saw evidence that staff performance was monitored and appropriately managed through the appraisal system. The Registered Manager was able to give us examples of how they had supported staff who had returned to work following a period of absence due to ill health.

We could see evidence which showed staff had completed a range of specific training to meet people's which included; Medication, First Aid, Health and Safety, Infection Control and Safeguarding.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

Complaints ✓ Met this standard

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

There was an effective complaints system available.

Reasons for our judgement

The Registered Manager told us the service did not have any active complaints. The service had policies and procedures in place to manage complaints. The Registered Manager told us that they would take appropriate action in line with the provider's complaint policy and procedures if they did receive a complaint about the service provided.

The service provided written and verbal information to people about how they could make a complaint or provide feedback about the care they received. We saw copies of the complaints policy in an, 'Easy Read' format displayed in the homes we visited. People we spoke with told us they were happy with all aspects of their care and had no complaints. People we spoke with told us they would speak to staff if they had any concerns. They told us they could also discuss any issues they had in the monthly house meetings which took place. People we spoke with told us they found the managers approachable and accessible when they wished to contact them.

The Registered Manager told us they would always consider any comments or suggestions people made to improve the service.

Staff we spoke with were knowledgeable about the complaints policy and were clear about when they would escalate a concern or complaint in line with the policy. For example; if it was an issue which they were unable to resolve to the person's satisfaction.

This section is primarily information for the provider

Action we have told the provider to take

Compliance actions

The table below shows the essential standards of quality and safety that **were not being met**. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	**Regulation 12 HSCA 2008 (Regulated Activities) Regulations 2010** **Cleanliness and infection control**
	How the regulation was not being met: The registered person had not maintained appropriate standards of cleanliness and hygiene. Regulation 12(2)(c).

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent to us by 21 March 2014.

CQC should be informed when compliance actions are complete.

We will check to make sure that action has been taken to meet the standards and will report on our judgements.

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 other services less often. 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.

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. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). 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.

Contact us

Phone:	03000 616161
Email:	enquiries@cqc.org.uk
Write to us at:	Care Quality Commission Citygate Gallowgate Newcastle upon Tyne NE1 4PA
Website:	www.cqc.org.uk

Copyright Copyright © (2011) Care Quality Commission (CQC). This publication may be reproduced in whole or in part, free of charge, in any format or medium provided that it is not used for commercial gain. This consent is subject to the material being reproduced accurately and on proviso that it is not used in a derogatory manner or misleading context. The material should be acknowledged as CQC copyright, with the title and date of publication of the document specified.