

Norse Care (Services) Limited

Cranmer House

Inspection report

Norwich Road
Fakenham
Norfolk
NR21 8HR

Tel: 01328862734

Website: www.norsecare.co.uk

Date of inspection visit:
03 October 2019

Date of publication:
18 October 2019

Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Cranmer House is a residential care home providing personal care and accommodation for up to 35 people. At the time of the inspection visit, 17 people were living there, ten of whom were on short term respite care. Most rooms on the ground floor were temporarily empty following a programme of refurbishment.

Care is provided at Cranmer House over two floors. Each floor has various communal areas for people to use, with the main dining room being on the ground floor.

People's experience of using this service and what we found

All the people and relatives we spoke with during our inspection visit told us they were happy with the care and support received at Cranmer House. Staff were well trained, and they treated people with kindness and compassion.

People were treated as individuals and their decisions were respected. They received care that was personalised to their individual needs and preferences. They were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.

People felt safe living in Cranmer House. Any risks to their safety had been assessed and managed well. Systems were in place to protect people from the risk of abuse and the home and equipment people used was clean. People received their medicines when they needed them.

Staff were quick to identify when people needed support with their health and they worked well with other professionals at this time. People had a choice of what to eat and drink and staff had been trained to ensure the dining experience for people was a pleasant and social one.

Staff had time to provide activities and stimulation to enhance people's wellbeing and people were supported with their hobbies and interests. People told us they liked their rooms which they could personalise, and the layout of the home provided them with both private and communal areas to reside in.

People had been involved in making decisions about how they wanted to receive their care, and this was respected. People were able to raise concerns to the staff or registered manager freely and without fear. They were listened to and their views respected. The provider acted to ensure people's lives were as comfortable as possible.

Good leadership was in place. The registered manager was knowledgeable, experienced and well liked by all. They ensured that governance systems were implemented and effective at monitoring and improving the quality of care people received. They along with the deputy manager, had instilled an open, inclusive and empowering culture within the home. This resulted in people, relatives and staff feeling that they were treated as individuals and with respect.

Rating at last inspection

The last rating for this service was Good (published March 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

Cranmer House

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Cranmer House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since our last inspection. We sought feedback from the local authority who are a commissioner of the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

During the inspection

We spoke with eight people living in Cranmer House and three relatives about their experience of the care

provided. We spoke with six members of staff including the registered manager, deputy manager, senior care workers, care workers and the cook. We observed how staff interacted with people.

We reviewed a range of records. This included three people's care and medication records. We looked a variety of records relating to the management of the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Systems and processes were in place to protect people from the risk of abuse. People told us they felt safe living in Cranmer House. One person said, "I am totally safe here. I don't think about it and I don't worry about it." Another person said, "I feel safe here because there is always someone around to keep an eye on you."
- Staff had received training in safeguarding and were knowledgeable about the subject. Any concerns had been reported and investigated appropriately. This included reporting to external authorities where necessary.

Assessing risk, safety monitoring and management

- Risks to people's individual safety had been assessed and managed well. One relative told us, "[Family member] has fallen so they have put a crash mat next to their bed." This showed action had been taken to reduce the risk of injury.
- Staff were able to demonstrate how they supported people to be as safe as possible. For example, one staff member said they always made sure a person had their frame near them to reduce the risk of them falling.
- People's choice in relation to risk taking was respected by staff. For example, staff had assessed one person as being at risk of developing a pressure ulcer. To help reduce this risk, staff offered to support the person to re-position regularly at night. However, the person declined this as they did not want to be disturbed and staff respected this.
- The registered manager had assessed any risks in relation to the premises and equipment people used. Actions had been taken to make these areas as safe as possible. For example, fire safety equipment and the fire alarm had been tested regularly to ensure they worked correctly.

Staffing and recruitment

- There were enough staff available to meet people's individual needs and keep them safe. The feedback we received from people, relatives and staff confirmed this. One person told us, "I know the staff will come to me if I need them."
- People either had access to a call bell in their room or wore a pendant alarm so they could alert staff if they required their support. We observed staff quickly responding to people's request for assistance.
- There were some vacancies at the service which the registered manager was actively trying to fill. Shortfalls in staff rotas were filled by either existing or agency staff.
- The registered manager had completed the required checks on new staff before they started working at Cranmer House. This was to ensure they were of good character and suitable to work within the care

environment.

Using medicines safely

- Medicines were managed safely. People told us they received these when they needed them and the records we looked at confirmed this.
- Medicines were stored securely and at the correct temperature to make sure they were safe to give to people. Staff had received training in medicines management and their competence to give people their medicines safely had been assessed in line with best practice guidance.

Preventing and controlling infection

- Systems were in place to prevent and control the spread of infection. People told us they were happy with the standard of cleanliness with one person saying, "They are always cleaning here, and the rooms are always clean."
- The home and equipment people used was clean. Staff were observed to use good infection control practice such as washing their hands and wearing gloves and aprons when appropriate.
- Cranmer House had been awarded the maximum rating of 'Very Good' in February 2019 by the local authority for the cleanliness and hygiene applied in relation to food safety.

Learning lessons when things go wrong

- Staff understood they needed to report any concerns or incidents directly to a senior member of staff. Records showed the registered manager had thoroughly investigated any incidents or accidents.
- Action had been taken to reduce the risk of repeat events. For example, the registered manager had found that some pressure relieving equipment people used had not been maintained correctly. This reduced its effectiveness at reducing the risk of people developing pressure ulcers. In response, the registered manager introduced regular checks of this equipment to prevent this issue from re-occurring.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's individual needs and choices had been holistically assessed. This included people's physical, mental and social needs. People's diverse needs and cultural choices had also formed part of this assessment.
- The registered manager had a good knowledge of best practice guidance such as that developed by the National Institute for Health and Care Excellence. They were currently implementing NICE guidance in oral healthcare within the home.
- Technology was used to provide people with effective care. For example, the call bell system was linked to individual phones that staff carried. This meant that people were not disturbed by call bells ringing. One person told us, "I like it nice and quiet and you don't hear alarms going off all the time."

Staff support: induction, training, skills and experience

- Staff had received enough training to provide people with effective care. People and relatives told us staff were knowledgeable and we observed staff using safe practice throughout our inspection visit.
- Staff told us they received regular support and training to help them perform their role to meet people's needs. For new staff, this included a thorough induction with a period of shadowing more experienced staff. The registered manager had ensured that staff competence to perform their role safely, had been regularly assessed.
- The registered manager sought guidance from outside agencies to support staff with their training. For example, the local Clinical Commissioning Group had been contacted to provide staff training in various subjects.

Supporting people to eat and drink enough to maintain a balanced diet

- People received enough to eat and drink to meet their individual needs. One person told us, "The food is very good, and you get a good choice." A relative said, "I eat here with [Family member] regularly and it is always good. If [Family member] doesn't like what is on offer they will do a jacket potato or an omelette instead."
- People's views were sought about the quality of food and their wishes respected. They were able to help themselves to fresh fruit, breakfast cereals and drink. Menus were produced in both written and pictorial format to aid people's choice.
- We observed the lunchtime meal to be a pleasant, calm and social occasion for people. Some staff sat with people, participating in friendly conversation. Staff helped people with their meals in a discreet and respectful manner where this was required.
- The cook told us communication about people's dietary requirements was good. Risks in relation to

people not eating or drinking enough had been managed well.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were supported with their healthcare needs. One relative told us, "The staff will get the doctor very quickly. When [Family member] felt unwell a few weeks ago they had two nurses here within 20 minutes!"
- Staff told us they worked closely with a range of other health and social care professionals to ensure people received the care they needed. The registered manager told us they were currently liaising with a local dental surgery to try to improve people's access to dentistry.
- During our inspection visit, we observed a senior member of staff contacting a GP about some concerns regarding a person's health. Records showed that staff promptly sought support and advice from professionals when required to support people with their health.

Adapting service, design, decoration to meet people's needs

- The service had been designed to meet people's needs. One person told us, "My room is nice, and I like sitting in the window in the lounge, so I can see what is happening outside." People's rooms were spacious to enable staff to use equipment such as hoists and wheelchairs. People had been involved in the decoration of their room and they personalised these as they wished.
- People has access to a variety of areas within the home. This included outside space which they could access to gain fresh air and communal areas where they could spend time with visitors.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

- People's consent had been sought in line with the relevant legislation. People and relatives told us staff were polite and always asked for consent before performing a task. No one at the time of our inspection was subject to a DoLS, but the registered manager understood their responsibilities in relation to this area should they need to apply for an authorisation.
- Most people living in Cranmer House at the time of our inspection visit, had capacity to make their own decisions. However, staff had a good knowledge of the MCA and told us they always offered people choice and supported them to make decisions if this was needed. For example, one staff member told us how they had shown a person all nine of their t-shirts in the morning to help them make a choice of which one they wanted to wear.
- The care records we looked at showed people had signed them to consent to their care. Where relevant, details of any Power of Attorney had been captured so staff were aware of who could legally consent on behalf of a person if this was required.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were treated with kindness and respect. Without exception, all the people and relatives we spoke with told us staff were kind and caring. One person said, "The staff treat me so well, I must be someone special. They give us a hug and tell us they love us. If you are worried the staff will sit and talk to you which helps." A relative said, "The staff are brilliant here. I have complete faith in all of them."
- People and relatives told us staff knew them/their family member very well which helped build strong and trusting relationships. One relative said, "I think the staff know [Family member] inside out. They probably know them better than I do!" Our conversations with staff showed they knew the people they supported well and thought of them with genuine kindness and compassion.
- We observed staff on numerous occasions interacting with people in a caring and selfless manner. Staff were natural and pre-emptive of people's needs and emotions. When one person became upset, staff quickly went to them, got down to their level and spoke to them quietly and calmly which soothed them. Staff who finished their shift made a point of saying goodbye to everyone. One person told us, "When the night staff arrive they will come and say hello to you."

Supporting people to express their views and be involved in making decisions about their care

- People and relatives told us they could express their views about the care provided and that these were listened to. One relative told us, "We recently asked for some furniture to be changed in [Family member's] room and this was done immediately."
- Staff were seen to offer people choice about how they spent their day. For example, where they wanted to sit at lunchtime, and what they wanted to eat and drink. People's choices were always respected.
- People and relatives were able to express their feedback in several different ways. This included in regular meetings, formal reviews of people's care or in suggestion books.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was supported. The people and relatives we spoke with confirmed this. One person said, "When you need personal care they will go out of the room which makes it better for you." Another person was given a choice to return to their room, so they could have their blood pressure taken in private. Staff knocked on people's doors before entering their rooms and they addressed people by their preferred name.
- People's independence was encouraged. A relative told us, "The staff help [Family member] to keep independent and they try to do as much as they can. Staff allow [Family member] to do this." We observed staff provide a person with a plate guard at lunchtime, so they could eat their meal independently. Another

staff member was seen to encourage a person to walk to help improve their mobility.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received personalised care that met their individual needs. This included any cultural or diverse needs people had. One person told us, "The staff seem to treat everyone as individuals which I think is good." People and relatives if appropriate, had contributed to the planning of their or their family member's care. Care records were in place to provide staff with guidance on how people wished to receive their care.
- People told us their preferences and choices were respected. One person said, "I like that I have an en-suite and I can get myself washed. You can have a bath when you want, you just have to ask." Other people told us how their preference for a male or female staff member was respected. One relative said, "[Family member] likes having the men look after them. They have a good laugh."
- We observed that people's appearance was in line with their preferences. For example, staff had supported one person to wear clothes they wished to wear which matched their painted nails and lipstick.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The registered manager had assessed people's individual communication needs in line with the AIS. People who required support with their communication received this. For example, staff ensured certain people were wearing hearing aids or glasses in line with their individual sensory needs. Where people had difficulty communicating verbally, staff gave them plenty of time to talk and did not hurry them or interrupt them.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People told us they received adequate stimulation. One person said, "We had guinea pigs in and they were funny. We have had all sorts of animals which are lovely. We are going on a trip out soon which I am looking forward to."
- Staff had developed a 'wellness wheel' with people. This mapped what activities enhanced people's individual wellbeing and helped staff understand and implement this. A relative said, "Staff have been helping [Family member] to write some poems. That was something they always liked to do. I think that goes beyond what is expected of a carer."
- Relatives and friends were encouraged to visit people living in the service. Staff were conscious of people who liked to stay in their rooms or who did not have many visitors. They told us they would visit them on a

one to one basis for a chat when they could.

Improving care quality in response to complaints or concerns.

- People and relatives told us they knew how to complain. No one felt any anxiety in this area and said the management team and all staff were approachable and acted on any concerns they had.
- The registered manager welcomed complaints and concerns and viewed these as a way to drive improvement within the home. Records showed that any complaints raised had been thoroughly investigated.

End of life care and support

- At the time of our inspection visit, no one was receiving end of life care. Where people and/or relatives had wanted to share wishes and preferences in relation to this area, these had been recorded. These were very detailed to ensure that staff knew how to provide care to the person at this time.
- Staff told us they worked with other professionals to make sure people had a comfortable and pain free death at this time.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people;

- Everyone we spoke with during our inspection visit told us Cranmer House was managed well. One person said, "It is lovely here, you can't beat it. It is like home from home." A relative said, "It is really good here. [Family member] wasn't keen to come here but they came in for respite and then didn't want to leave." Another person who was currently on respite care in the home, told us they were looking forward to soon calling Cranmer House their permanent home.
- The registered manager had instilled an open, inclusive and person-centred culture within the home. They were described by people, staff and relatives as approachable, knowledgeable and caring. One relative told us, "It is always easy to speak to [Registered and Deputy manager]. They are both approachable and listen to you."
- Staff told us they enjoyed working at Cranmer House. They said they were fully supported and felt valued as individuals and that both the registered and deputy manager were visible around the home.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood their regulatory responsibilities. They had a good awareness of regulation and best practice. They were continually looking to improve the quality of care people received.
- Staff understood their roles and responsibilities and the registered manager had developed a cohesive staff team who worked well together for the benefit of people living in Cranmer House.
- The registered manager kept the quality of care within the home under regular review. They did this by conducting regular audits, obtaining feedback from people and analysing incidents for patterns. Where shortfalls had been found, they quickly acted to improve the care people received.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People, relatives and staff opinions were regularly sought on the running of the home. Their suggestions for improvement were listened to and implemented. For example, people had been asked what attractions they would like to visit in the surrounding area. In response, some trips had been arranged.
- Good links with the community had been established. Representatives from various faiths visited the home to support people with their spiritual needs. Local schools visited the home and the registered

manager was actively looking to increase these visits to promote more intergenerational activities.

- The registered manager and staff worked well with other organisations to support people living in Cranmer House. This included local health and social care professionals and community representatives. A community group called 'Friends of Cranmer House' had been set up. This group included relatives and members of the local community who held local events to raise funds for the home.