

# Leeds Jewish Welfare Board Cranmer Scheme

## Inspection report

Lynda Cohen House  
1 Cranmer Road  
Leeds  
West Yorkshire  
LS17 5PX

Tel: 01132371052  
Website: [www.ljwb.co.uk](http://www.ljwb.co.uk)

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## 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

The inspection took place on 14 January 2016 and was unannounced. We carried out an inspection in September 2014, where we found the provider was meeting all the regulations we inspected.

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.

At the time of the inspection there was a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Support plans contained some information about people's mental capacity but we could not see how decisions about people's capacity was made. Deprivation of Liberty Safeguards applications were made appropriately.

People told us they felt safe in the home and we saw there were systems and processes in place to protect people from the risk of harm. Staff had a good understanding of safeguarding vulnerable adults and knew what to do to keep people safe. People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines safely.

Suitable arrangements were in place and people were provided with a choice of suitable healthy food and drink ensuring their nutritional needs were met. People's health was monitored as required which included health conditions and symptoms so appropriate referrals to health professionals could be made. A range of activities were provided both in-house and in the community.

People's needs were assessed and support plans contained sufficient and relevant information to provide consistent, care and support. We observed interactions between staff and people living in the home and staff were caring to people when they were supporting them. Staff knew how to respect people's privacy and dignity.

We found people were cared for, or supported by, sufficient numbers of suitably qualified and experienced staff. Robust recruitment and selection procedures were in place, appropriate checks had been undertaken before staff began work and staff completed an induction when they started work. Staff received the training and support required to meet people's needs.

The management team investigated and responded to people's complaints in accordance with the provider's complaints procedure. People we spoke with did not raise any complaints or concerns about living at the home. There were effective systems in place to monitor and improve the quality of the service

provided.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Staff knew about the different types of abuse, how to report any incident and were confident the management team would take immediate action. Individual risks had been assessed and identified as part of the support and care planning process.

We saw when people needed support or assistance from staff there was always a member of staff available. The recruitment processes for staff were robust.

People's medicines were stored safely and they received them as prescribed.

### Is the service effective?

Good ●

The service was effective in meeting people's needs.

Staff we spoke with could tell us how they supported people to make decisions. Support plans contained some information about people's mental capacity but we could not see fully how this had been established. Deprivation of Liberty Safeguards applications were made appropriately.

Staff training equipped staff with the knowledge and skills to support people safely. Staff had the opportunity to attend regular supervision meetings.

People's nutritional needs were met and people had regular access to healthcare professionals.

### Is the service caring?

Good ●

The service was caring.

People told us they were happy with the care they received and their needs had been met. Staff had developed good relationships with the people living at the home and there was a happy and relaxed atmosphere.

People were involved in making decisions about their care and

staff took account of their individual needs and preferences.

We saw people's privacy and dignity was respected by staff and staff were able to give examples of how they achieved this.

### **Is the service responsive?**

**Good** ●

The service was responsive to people's needs.

People's care and support needs were assessed. The support plans we reviewed contained information which was specific to the person to provide consistent, person centred care and support.

There was opportunity for people to be involved in a range of activities within the home and the local community which was in accordance with their needs and preferences.

Complaints were responded to appropriately and people were given information on how to make a complaint.

### **Is the service well-led?**

**Good** ●

The service was well led.

People were not put at risk because systems for monitoring quality were effective. Where improvements were needed, these were addressed and followed up to ensure continuous improvement.

Accidents and incidents were monitored to ensure any trends were identified and acted upon.

People living at the home and their family members were asked for their opinions and views about the service

# Cranmer Scheme

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

At the time of this inspection there were 14 people living at Cranmer Scheme. We spoke with four people who used the service, three members of staff, the deputy manager and the registered manager. We spent some time looking at documents and records that related to people's care and support and the management of the service. We looked at four people's support plans.

This inspection took place on 14 January 2016 and was unannounced. The inspection team consisted of one adult social care 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.

Before the inspection, we reviewed all the information we held about the service. This included any statutory notifications that had been sent to us. We contacted the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

## Is the service safe?

### Our findings

People we spoke with told us they felt safe in their home and did not have any concerns. One person told us, "I have lived here for 26 years, so yes I feel safe."

We spoke with members of staff about their understanding of protecting vulnerable adults. They had a good understanding of safeguarding adults, could identify types of abuse and knew what to do if they witnessed any incidents. Staff we spoke with told us they were aware of the contact numbers for the local safeguarding authority to make referrals or to obtain advice. They told us they had confidence that the registered manager would immediately act on any concerns if they raised any. All the staff we spoke with told us they had received safeguarding training. The staff training records we saw showed staff had completed safeguarding training.

The service had policies and procedures for safeguarding vulnerable adults and we saw the safeguarding policies were available and accessible to members of staff. Staff were aware of the whistleblowing policy and would not hesitate to raise concerns. The registered manager was aware of their responsibility to report any safeguarding issues to the local safeguarding authority and the Care Quality Commission. This helped ensure staff had the necessary knowledge and information to help them make sure people were protected from abuse.

We looked at four support plans and saw risk assessments had been carried out to cover activities, health and safety issues and to maintain people's independence. The risk assessments included; mobility, finances, smoking, medication, choking and pain management. These identified hazards people might face and provided guidance about what action staff needed to take in order to reduce or eliminate the risk of harm. This helped ensure people were supported to take responsible risks as part of their daily lifestyle with the minimum necessary restrictions.

Environmental risk assessments were carried out, which included equipment such as all the internal rooms and external areas of the home. We also saw risk assessments in place for lone working, driving the car, storage of chemicals, ironing and infection control. The registered manager told us safety checks were carried out around the home and any safety issues were reported and dealt with promptly.

We saw the home's fire risk assessment and records which showed fire safety equipment was tested and fire evacuation procedures were practiced. The home had in place personal emergency evacuation plans for each person living at the home. These identified how to support people to move safely out of the premises in the event of an emergency.

There were systems in place to make sure equipment was maintained and serviced as required. We saw certificates to show gas and electrical safety tests had been carried out at the correct intervals. There was documentation to show all moving and handling equipment was serviced as required by the Health and Safety Executive guidance. Systems were in place to monitor accidents and incidents. We saw the service learnt from incidents to protect people from harm. This indicated there was a commitment to continuously

improving safe practice in the home.

Through our observations and discussions with people and staff members, we found there were enough staff with the right experience to meet the needs of the people living in the home.

The registered manager showed us the staff duty rotas and explained how staff were allocated on each shift. The rotas confirmed there were sufficient staff, of all designations, on shift at all times. The registered manager told us staffing levels were assessed depending on people's need and occupancy levels. The home had a list of regular bank staff who were used to cover for unforeseen circumstances, such as staff sickness. The bank staff all had previous experience of working in the home so understood people's care and welfare needs. They also told us they used agency staff on occasions and were able to obtain staff from other services run by the provider if needed. This ensured there was continuity in service and that the care, support and welfare needs of the people living in the home were maintained.

Staff we spoke with told us there were enough staff to meet people's care needs. One member of staff told us, "There are always enough staff." Another member of staff told us, "There is always enough staff to look after people and we can always get support from agency or other homes." A third staff member told us they had an on-call system where they could contact a member of the management team at any time; they said this worked really well. We saw people were well supported and were not left for any length of time on their own.

We found recruitment practices were safe and relevant checks had been completed before staff had worked unsupervised at the home. We saw this included obtaining references from previous employers and a Disclosure and Barring Service check had been completed. This helped to ensure people who lived at the home were protected from individuals who had been identified as unsuitable to work with vulnerable people. Disciplinary procedures were in place and this helped to ensure standards were maintained and people kept safe. The registered manager told us they were in the process of recruitment further members of staff. One staff member we spoke with told us, "A resident also interviewed me." One person we spoke with said, "I enjoy interviewing new staff." This demonstrated people had a say in who worked with them in their home??

There were appropriate arrangements in place for obtaining medicines and checking these on receipt into the home. Adequate stocks of medicines were maintained to allow continuity of treatment. Appropriate arrangements were in place in relation to the recording of medicine.

We saw a monitored dosage system was used for the majority of medicines with others supplied in boxes or bottles. For recording the administration of medicines, medicine administration records (MARs) were used. The MAR charts showed staff were signing for the medication they were giving and this was also witness by a second staff member. We did not observe any gaps on the MAR charts. The MAR charts contained a photographic record for each person and there was detailed medicine and allergy information. One member of staff told us, "Medication process is safe as there are several checks in place." One person who used the service told us, "I always get my medication when I want it." We observed medication being given by a staff member and checked by another member of staff. We noted staff were very patient and spoke with people in a respectful and kind manner. This demonstrated people were receiving their medicines in line with their doctors' instructions.

Medicines were kept safely. The arrangements in place for the storage of medicines were satisfactory. Storage temperatures for refrigerated medicines were checked and recorded on a daily basis to ensure medicines were kept within required temperatures.



A member of staff told us there were two people who currently administered their own medicines. The registered manager said people's independence was encouraged and self-administration of medication was always considered as part of the initial assessment. We saw there were systems in place to accommodate people who wished to self-medicate. This included a risk assessment process which ensured it was safe for the person to do so.

Some people were prescribed medicines to be taken only 'when required', for example, painkillers. Staff were able to explain why and how they would administer the medication and there was guidance in place for staff to follow if needed.

Topical medication administration records were used to record the administration of creams and ointment. These had information about how often a cream was to be applied and to which parts of the body by using a body map.

Staff who administered medicines told us they had completed medicines training and competency checks to ensure were administering medicines safely, and the records we looked at confirmed this. We saw there were several checks in place to make sure the storage and administration of medicines was safe. One staff member told us, "Medicines are checked and double checked."

There were no controlled drugs administered at the time of our inspection.

## Is the service effective?

### Our findings

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 particular 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

Staff we spoke with understood their obligations with respect to people's choices. Staff were clear when people had the mental capacity to make their own decisions, this would be respected. Staff told us they had received DoLS and MCA training. The training records confirmed some staff had received DoLS and MCA training within the last two years. The registered manager told us in-house refresher training was due to be carried out in the near future.

We looked at support plans for four people living at the home and found mental capacity assessments had not been completed. Support plans contained some information about people's mental capacity. For example, one support plan stated; 'does not have the capacity to make decisions day to day regarding care and support'. However, we could not see how this decision had been reached. The registered manager told us they would address this immediately.

We looked at whether the service was applying the DoLS appropriately. The registered manager told us they had submitted DoLS application to the local authority for several people who lived at the home. We saw some of these had been granted by the local authority. This involved the local authority's representative looking at people's support plans, speaking with the people and/or family member, speaking with advocates, where needed, and speaking with staff members.

During our inspection we observed people who used the service were involved in making decisions about their care and what they wanted to do. Some people said they could make day to day decisions and were happy with these arrangements.

The registered manager told us they were in the process of giving staff the responsibility for their own training schedule. This included some staff completing 'train the trainer' to be able to deliver training to other staff members. The training would include; infection control, healthy eating, safeguarding, MCA and DoLS, risk assessments and Jewish customs and practice. One staff member told us, "I have been asked to provide a staff training programme and to share my knowledge for DoLS, MCA and safeguarding as I was a trainer before I started working here."

New staff we spoke with told us they had completed several training course on their induction. We looked at the training records which showed staff had completed arrange of training. However, we noted some staff had not completed refresher training for two years or more. The registered manager told us mandatory

training for 2016 was in the process of been finalised and risk assessment. The registered manager said management and supported decision making training had already been booked. We also saw staff were in progress of obtaining or had obtained National Vocational Qualifications.

Staff told us they had completed an induction programme, which included; orientation of the home, policies and procedure, philosophy, aims and objectives and fire procedures. We looked at staff files and we were able to see information relating to the completion of induction. We also noted staff were required to complete a six month probation period.

During our inspection we spoke with members of staff and looked at staff files to assess how staff were supported to fulfil their roles and responsibilities. Staff confirmed they received supervision where they could discuss any issues on a one to one basis. When we looked in staff files we were able to see evidence each member of staff had received individual supervision. We saw staff had received an annual appraisal in 2014 but the registered manager told us they were a little behind with the appraisal but should have them all completed by the end of April 2016.

Staff we spoke with told us a meeting to discuss menus was held each week and people who used the service contributed to this. They told us the quality of the food was good and there was always plenty on fresh fruit and vegetables. On the day of our inspection we saw bowls of fruit were available for people to help themselves. We observed the lunchtime meal and saw this looked appetising and varied. We noted one person asked for something different and this was prepared straight away. One person told us, "The food is nice." One staff member told us, "Meals are balanced and there is always fresh fruit and vegetables. There is plenty of food and plenty of choice." Another staff member told us, "I am aware of people's preferences and there is plenty."

The home embraced the Jewish faith and some of the meals reflected this for people who chose to follow it but there was plenty of choice for everyone. Staff and some people who used the service shopped at the local supermarket for general groceries but went to specialist shops for the Kosher food when required. The registered manager told us a formal meal was observed every Friday and a blessing was given which respected Jewish tradition.

We saw a weekly menu was displayed on the notice board in the home and other information was displayed to help people understand healthy eating and living. People's support files also contained information to show healthy eating had been discussed with people. We found drinks were available for people throughout the day and we observed staff encouraging people to drink to reduce the risk of dehydration.

There were separate areas within the care plan, which showed specialists had been consulted about people's care and welfare; for example, GPs, chiropodists, dentists and opticians. Members of staff told us people living at the home had regular health appointments and their healthcare needs were carefully monitored. One staff member told us, "Some appointments are planned ahead and are in the diary."

People had 'health action plans' which contained information about support people required with their health care needs. These were in the process of been updated to show people's current health care needs. We saw people had hospital passports which included 'must know' information about the person for other healthcare professionals to be aware in the event they needed to go to hospital.

## Is the service caring?

### Our findings

People told us they were happy living at the home. We saw lots of friendly banter between staff and people who used the service. People were relaxed and contented. People had built excellent relationships with staff and they told us; "I like living here", "Staff are lovely. I love them all" and "They are good." Similarly they had forged friendships with other people who used the service and one person told us, "I have good friends here." Other comments included; "Staff are very nice, I cannot fault them. Everyone has time" and "I have nothing to say, I am happy." The atmosphere in both of the homes was friendly, relaxed and had a very homely feel.

All the staff we spoke with were confident people received good care. Staff provided good examples of how they understood their work place was also the home of the people they supported. One staff member told us, "People are well cared for. It is person centred and centred around the person." Another staff member said, "I am impressed with the standard of care. Staff know people very well and their needs are responded to quickly."

The home provided a person centred service and ensured the care people received was tailored to meet their individual preferences and needs. People looked well cared for. They were tidy and clean in their appearance which was achieved through good standards of care.

People were very comfortable in their home and we observed positive interaction between staff and people who used the service. Staff were respectful, attentive and treated people in a caring way. Staff spent time chatting with people and it was evident from the discussions they knew the people they supported very well. Staff spoke clearly when communicating with people and care was taken not to overload the person with too much information.

We saw people were able to express their views and were involved in making decisions about their care and support. They were able to say how they wanted to spend their day and what care and support they needed. The premises were spacious and allowed people to spend time on their own if they wished. We observed staff members encouraging people to be independent whilst ensuring their safety.

People living in the home were given appropriate information and support regarding their care and support. We looked at support plans for four people living at the home. There was documented evidence in the support plans to show the person and/or their relative had contributed to the development of their support and care needs.

There was emphasis on dignity and respect in the home. We saw there was a '10 Point Dignity Challenge' on display in the home which reminded staff and people who used the service what dignity and respect meant in practice. This included a zero tolerance approach to any forms of abuse, respect to people's right to privacy, engage with family members and carers as care partners and act to alleviate people's loneliness and isolation.

Staff spoke about the importance of ensuring people's privacy and dignity were respected, and the need to respect individuals personal space. Staff gave examples of how they maintained people's dignity. One staff member told us, "Knock on doors and always cover people up when helping with personal care. People make their choice about things." Another staff member said, "If people want to be supported by a female member of staff then this is done."

Everyone had their own room and, if they want to, could go there for privacy and time alone. People's rooms were spacious and people had personalised them with their own belongings.

## Is the service responsive?

### Our findings

People had their needs assessed before they moved into the home. Information was gathered from a variety of sources. For example, any information the person could provide, their families and friends, and any health and social care professional involved in their life. This helped to ensure the assessments were detailed and covered all elements of the person's life. It also ensured the home was able to meet the needs of people they were planning to admit to the home. The information was then used to complete a more detailed support plan which provided staff with the information to deliver appropriate care.

People received care which was personalised and responsive to their needs. People were allocated a member of staff, known as a keyworker, who worked with them to help ensure their preferences and wishes were identified and their involvement in the support planning process was continuous. They also liaised with family members and other professionals when required.

The registered manager told us they were in the process of implementing new support plans and these would be fully completed by the end of February 2016. They also said people's reviews were going to be more person centred and would include, 'what has gone well', 'what could be better' and 'things I would like to change in the next six months'. The support plans we reviewed contained information that was specific to the person and covered areas such as; keeping healthy, communication, keeping safe and keeping busy. We also saw people had a one page profile which included; 'what is important to me', 'what people liked about me' and 'what you need to do to support me'. People had a communication passport which contained the following information; 'about me', 'my strengths', 'how I communicate' and 'my senses'. We saw evidence of support plans being reviewed regularly and the reviews included all of the relevant people. One person told us, "I have a review every six months and they listen to me."

Staff demonstrated an in-depth knowledge and understanding of people's care, support needs and routines and could describe care needs provided for each person. One member of staff we spoke with told us, "The support plans are easy to use and informative." Another staff member told us, "We had a meeting about the new support plans and the manager explained how to fill them in. This was a good meeting."

People were supported in promoting their independence and community involvement. People told us they took part in a range of activities which included accessing the local and wider community. Everyone had an individual programme and the people we spoke with said they were happy with the activities they did. People went out daily and engaged in varied activities such as; knitting, drawing, colouring, going shopping and going out for meals. We saw a calendar of activities displayed on the notices board in each home. One person told us, "I like my knitting and reading a book." Another person told us, "I am a member of a drama and singing group and I like to play bingo." Other comments included, "I go to the shops on my own" and "I watch tv, go shopping and like going to see Leeds United play." One staff member told us, "People have their own weekly timetable of activity and sometimes I do dancing and singing with people." Another staff member said, "We have planned holidays, day trips and are looking at timetables for sporting and music events for people to attend. The activities are organised around people's likes."

The registered manager told us people living at the home were offered and supported to fulfil their religious faiths. Some people attended the Synagogue when they choose to.

We saw the complaints policy was displayed in the home and this was in a pictorial format. The registered manager told us people were given support to make a comment or complaint where they needed assistance. There were effective systems in place to manage complaints. Staff we spoke with were able to explain the correct complaints procedure to us. People we spoke with told us they did not have complaints about the home. One person said, "I have no complaints, but would speak to the manager if I did and it would be sorted." The registered manager told us there were no ongoing complaints.

People were able to maintain relationships with family and friends without restrictions. The registered manager told us they were in the process of arranging access to SKYPE so people could stay in contact with their family and friends. One person was supported to see their family member regularly and relatives told us they could visit when they wished.

## Is the service well-led?

### Our findings

At the time of our inspection the manager was registered with the Care Quality Commission. The registered manager worked alongside staff overseeing the care given and providing support and guidance where needed. They engaged with people living at the home and were clearly known to them.

Staff and people who used the service spoke positively about the registered manager and said they were happy working at the home. One person said, "The manager is very nice." One member of staff said, "The home is run very well and the manager goes the extra mile, the management team are very good." Another staff member told us, "The manager is well in control and knows exactly what is going on in each home. I always get support straight away if I need it and I am very happy here and I am not going anywhere. It is the most welcoming job I have come to, everyone has been fantastic." A third staff member said, "It is like home from home." Other comments included, "I like the home it's smaller than I have worked in before, it's more personal" and "They are a lovely team." The registered manager told us, "People tend to lead the routines and how the home is going."

Systems were in place to monitor the quality and safety of the service. There was a quality audit report for September 2015 which included; support planning, training and document management. We saw evidence which showed any actions were acted upon in a timely manner. The registered manager told us they completed a daily walk around of both homes and addressed any issues immediately. However this was not documented. This meant we were not able to see what types of issues were had been addressed. We saw the home had a business continuity plan in place which included; information logs, severe weather and utility supply disruption.

The registered manager had a three year maintenance and improvement plan for both homes which included; the replacement of furniture items, decoration and the refurbishment of bathrooms. This meant the environment was well maintained and people living in a pleasant home.

The registered manager monitored incidents and accidents. They confirmed there were no identifiable trends or patterns in the last 12 months. This helped keep people safe.

The home had monthly 'house meetings' which were well attended. People were encouraged to provide feedback and their views on a range of issues. We saw the 'house meeting' minutes for December 2015 which included discussions about; hygiene, washing, using the washing machines, theatre trips and holidays for 2016. One person told us, "I am listened to at the meetings." The registered manager told us any idea's they received from people who used the service or their relatives would be considered and acted upon. One member of staff told us, "People discuss what they want to do at the 'house meetings' and relatives and friends can attend."

The home had not sent out surveys to people who used the service or relatives/friends asking for their opinion but the registered manager told us they would look at this. We saw staff meetings were held on a monthly basis which gave opportunities for staff to contribute to the



running of the home. We saw discussions included legislation updates, risks, food, support plans and new ideas. The minutes also included who was responsible for any actions and timescale for completion. We found information about people's care and support needs was discussed at staff handover meetings to ensure people got continuity of care throughout the day. One staff member told us, "Handover is through and it is verbal and we have a written sheet."

Our observations during our inspection showed the service was person centred, inclusive and there was a positive approach to people's support and care.