



*Making Social Care
Better for People*

inspection report

CARE HOME ADULTS 18-65

Cranwell Court

**The Lane
Wyboston
Beds
MK44 3AS**

Lead Inspector
Andrea James

Unannounced Inspection
25th June 2008 10:00

The Commission for Social Care Inspection aims to:

- Put the people who use social care first
- Improve services and stamp out bad practice
- Be an expert voice on social care
- Practise what we preach in our own organisation

Reader Information	
Document Purpose	Inspection Report
Author	CSCI
Audience	General Public
Further copies from	0870 240 7535 (telephone order line)
Copyright	This report is copyright Commission for Social Care Inspection (CSCI) and may only be used in its entirety. Extracts may not be used or reproduced without the express permission of CSCI
Internet address	www.csci.org.uk

This is a report of an inspection to assess whether services are meeting the needs of people who use them. The legal basis for conducting inspections is the Care Standards Act 2000 and the relevant National Minimum Standards for this establishment are those for *Care Homes for Adults 18-65*. They can be found at www.dh.gov.uk or obtained from The Stationery Office (TSO) PO Box 29, St Crispins, Duke Street, Norwich, NR3 1GN. Tel: 0870 600 5522. Online ordering: www.tso.co.uk/bookshop

This report is a public document. Extracts may not be used or reproduced without the prior permission of the Commission for Social Care Inspection.

SERVICE INFORMATION

Name of service	Cranwell Court
Address	The Lane Wyboston Beds MK44 3AS
Telephone number	01707 332244
Fax number	01707 332255
Email address	
Provider Web address	na
Name of registered provider(s)/company (if applicable)	Brookdale Healthcare Limited
Name of registered manager (if applicable)	Mrs Kathleen Houseago
Type of registration	Care Home
No. of places registered (if applicable)	6
Category(ies) of registration, with number of places	Learning disability (6), Mental disorder, excluding learning disability or dementia (6)

SERVICE INFORMATION

Conditions of registration:

1. The registered person may provide the following categories of service:
Care home only - Code PC

to service users of the following gender:
Either

whose primary needs on admission to the home are within the following categories:

Learning Disability - Code LD

Mental Disorder, excluding Learning Disability or Dementia - Code MD

2. The maximum number of service users who can be accommodated is 6

Date of last inspection

New service.

Brief Description of the Service:

Cranwell court is a 6 bedded care home situated in the village of Wyboston, Bedfordshire. The home aims to be a specialist unit for adults with Autistic Spectrum disorder (ASD) and complex needs including mental health needs. The service aims to encourage people living there to develop their independent living skills.

The home shares the same grounds with two other Brookdale services. The average fee costs for users are £2900 per week.

SUMMARY

This is an overview of what the inspector found during the inspection.

*The quality rating for this service is a **1 star**. This means the people using the service experience **adequate** quality outcomes.*

This was an unannounced key inspection carried out on the 25th of June 2008. The registered manager was present for most of the inspection process. This was the first inspection for the service as it was a newly registered service.

The inspection process followed a case tracking methodology where a sample of people using the service was spoken to and their files and documentations inspected. The inspection also consists of information received from the home manager, people using the service who were not case tracked, care staff, questionnaires received and the AQAA (Annual Quality Assurance assessment).

We would like to thank the manager, care staff and people using the service for their co operation in the inspection process.

What the service does well:

The service provides a good standard of care to people by having an effective and skilled staff team that delivers good standards of care. The aim of the home was evident in that people were encouraged to maximise their potential and become more independent in developing their living skills.

The care staff spoken to said the service offers good standards of training, were effective in their communication skills and offered the best to people using the service in regards to meeting their needs. Another staff spoken to said "the service promotes independence of individuals by encouraging them to make choices".

People spoken to said "staff treat me well" another said "its ok living here, I feel safe and staff know what they are doing". Staff spoken to said "it's a really good home".

The systems in the home showed that people were encouraged to do things for themselves. We observed users accessing community resources, preparing their own meals and were very clear about what they could and could not do. All users had developed the skill to be able to budget their own finances and it was impressive the way the staff risk assessed the users and enabled them to develop this skills and independence.

The records seen suggested satisfactory recruitment and training was available for the staff team and all staff spoken to said they received good standards of training.

What has improved since the last inspection?

This is a new service so no previous inspections had been undertaken.

What they could do better:

The service should ensure that further development is made to the care plan documentation to make them more specific and measurable.

The health care needs for people in regards to weight monitoring needs to be recorded and procedures for administering rectal diazepam needs to be implemented.

The service needs to show effective ways of monitoring the views of people using the service in regards to quality assurance.

Please contact the provider for advice of actions taken in response to this inspection.

The report of this inspection is available from enquiries@csci.gsi.gov.uk or by contacting your local CSCI office. The summary of this inspection report can be made available in other formats on request.

DETAILS OF INSPECTOR FINDINGS

CONTENTS

Choice of Home (Standards 1-5)

Individual Needs and Choices (Standards 6-10)

Lifestyle (Standards 11-17)

Personal and Healthcare Support (Standards 18-21)

Concerns, Complaints and Protection (Standards 22-23)

Environment (Standards 24-30)

Staffing (Standards 31-36)

Conduct and Management of the Home (Standards 37 – 43)

Scoring of Outcomes

Statutory Requirements Identified During the Inspection

Choice of Home

The intended outcomes for Standards 1 – 5 are:

1. Prospective service users have the information they need to make an informed choice about where to live.
2. Prospective users' individual aspirations and needs are assessed.
3. Prospective service users know that the home that they will choose will meet their needs and aspirations.
4. Prospective service users have an opportunity to visit and to "test drive" the home.
5. Each service user has an individual written contract or statement of terms and conditions with the home.

The Commission consider Standard 2 the key standard to be inspected.

JUDGEMENT – we looked at outcomes for the following standard(s):

1,2,3,4 &5.

People using this service experience a **good** quality outcome in this area. We have made this judgement using a range of evidence to include a visit to the service.

The home had satisfactory systems in place to ensure sufficient information was provided for people to make choices about using the service, they all had their needs assessed ,and were given the opportunity to test drive the home, as a result users were well informed.

EVIDENCE:

The home had a statement of purpose and a service user guide that provided sufficient information for people to be informed of the aims and objectives of the service.

Records inspected suggested all users had a comprehensive assessment of need that helped to form the basis of the care to be delivered.

On the day of the inspection one user was in the process of moving into the home and had been staying at the home for a short period until she was happy to move in. The staff were knowledgeable about her needs and the manager had identified various risk factors and development potential that

needs to be worked on once the user became permanent. The user spoken to said she was happy to move into the home and liked the staff and people living there.

Records inspected suggested all users had individual contractual agreements which detailed the cost of the placement and all seen were signed and dated by the individual user and the home manager.

Individual Needs and Choices

The intended outcomes for Standards 6 – 10 are:

6. Service users know their assessed and changing needs and personal goals are reflected in their individual Plan.
7. Service users make decisions about their lives with assistance as needed.
8. Service users are consulted on, and participate in, all aspects of life in the home.
9. Service users are supported to take risks as part of an independent lifestyle.
10. Service users know that information about them is handled appropriately, and that their confidences are kept.

The Commission considers Standards 6, 7 and 9 the key standards to be inspected.

JUDGEMENT – we looked at outcomes for the following standard(s):

6,7,8,9 &10.

People using the service experience a **good** quality outcome in this area. We have made this judgement using a range of evidence to include a visit to the service.

The home provided satisfactory care planning documentation that ensured users goals and objectives were identified and satisfactory risk management procedures were implemented to protect the users, as a result people were able to develop independent lifestyle.

EVIDENCE:

Care plan folders inspected showed transition plans from X first visit to when X moved in. Report of a meeting between X and the team leader was seen to suggest consultation about the care to be delivered was sought.

The assessments seen included a history of X, the user's diagnosis, financial risk assessments and guidelines, detailed current management priorities which gave staff good guidance on how to manage behaviours, including risk of assaults to others and in appropriate sexual behaviours. Some information for the management of sexual behaviour was repeated by the management team.

The care plan documentation detailed essential lifestyle plan in "pictures" and "bubbles" which details what is important to me", "what I like," things that makes me worry ", etc.

Meeting and review minutes seen but these needed further development as they were not signed or dated. It was also noted that annual health checks were undertaken for people using the service but these were not signed or dated.

Lifestyle

The intended outcomes for Standards 11 - 17 are:

11. Service users have opportunities for personal development.
12. Service users are able to take part in age, peer and culturally appropriate activities.
13. Service users are part of the local community.
14. Service users engage in appropriate leisure activities.
15. Service users have appropriate personal, family and sexual relationships.
16. Service users' rights are respected and responsibilities recognised in their daily lives.
17. Service users are offered a healthy diet and enjoy their meals and mealtimes.

The Commission considers Standards 12, 13, 15, 16 and 17 the key standards to be inspected.

JUDGEMENT – we looked at outcomes for the following standard(s):

11, 12, 13,14,15,16 and 17.

People who use the service experience a **good** quality outcome in this area. We have made this judgement using a range of evidence to include a visit to the service.

The choices available to people using the service gave opportunity for personal development, cultural awareness, appropriate activities, family involvement and enabled users maintain a balanced diet, as a result people who use the service had a fulfilling lifestyle.

EVIDENCE:

The people spoken to gave examples of how they were offered opportunities for personal development which was also recorded in users personal development plans. One person said he was able to go to the bank and withdraw his money, he then went on to explain how he spent his money and budgeted for various expenditures on a weekly basis. He said " I like the independence this home gives me".

One user explained that he was able to attend weekly church services and meet people within the community. He said "the staff are great; we have a great staff team here".

Records seen suggested people who use the service had identified short term goals and long term goals. One user explained that his ambition was to be able to live in his own home and that was the reason he was learning to develop his personal skills. Records for other users showed that some were intending to attend college and have part time employment.

People were encouraged to have family contact. Care staff spoke about some users who were able to visit their relatives on a regular basis. Records showed that relatives were encouraged to take an active part in the users' lives. One record seen suggested a parent sent an email, commending the manager and team on their good work with the user and felt that they were doing a good job. The email said "I give my 100% backing to the managers' approach and management style for my son".

We were informed that people were enabled to cook their meals individually with the support of the staff team and all carried out their personal shopping. We saw various drawers and cupboards in the kitchen where users were able to store their foods separately. The care staff said that everyone came together on a Sunday and had a meal. We observed users preparing their own mid day meal. All users were encouraged to have lunch and dinner in the community on a weekly basis in order to develop their personal skills. Menus seen suggested people were having a balanced diet and the menus allowed for flexibility.

We were informed that people were also encouraged to undertake personal house hold chores and we observed one user cleaning the floors on our arrival. One user said " I clean my room and staff help me to do this". One user explained that his key worker would sit with him on a regular basis to find out how he was getting on and review what went well or what needed to change. He commented that he liked this because it kept him focused on his goals. He said " I feel safe here and staff show me respect".

Personal and Healthcare Support

The intended outcomes for Standards 18 - 21 are:

18. Service users receive personal support in the way they prefer and require.
19. Service users' physical and emotional health needs are met.
20. Service users retain, administer and control their own medication where appropriate, and are protected by the home's policies and procedures for dealing with medicines.
21. The ageing, illness and death of a service user are handled with respect and as the individual would wish.

The Commission considers Standards 18, 19, and 20 the key standards to be inspected.

JUDGEMENT – we looked at outcomes for the following standard(s):

18, 19, 20 & 21.

People who use this service experience an **adequate** quality outcome in this area. We have made this judgement using a range of evidence to include a visit to the service.

The health care needs of people using the service were satisfactory but further development was needed to ensure guidelines were available for safe administration of one medication; as a result users could be at risk.

EVIDENCE:

Records inspected suggested people using the service received support in the way they preferred. We observed care staff taking people out to lunch and assisting them to take part in various aspects of community living. One user explained how the staff had enabled him to access college two days per week, one had plans to get a driving licence and one user explained that he had a computer and staff were helping him to develop his computer skills. He said the anticipation that "some of us will move on from here". All users had their own keys to their bedrooms and communal areas of the home.

The health care needs of people using the service were met in regards to medication. The records seen suggested that the home had safe medication policies and procedures and stock inspected showed a clear audit trail of what

the people in the home were given, there were no gaps in the medication administration records and staff spoken to all said they received medication training. However the system needed further development to ensure rectal diazepam guidelines are available for staff to follow in order to ensure consistency in service delivery. The review of information for health care also needed further development as some inspected were not signed and dated. On one file an annual physical health check was completed but the author of this document was not known. Weight charts for one user had not been filled in since January 2008 and again this document had no name of staff or the date information was recorded.

The wishes of people in the event of their death were also recorded on their personal files.

Concerns, Complaints and Protection

The intended outcomes for Standards 22 – 23 are:

- 22.** Service users feel their views are listened to and acted on.
- 23.** Service users are protected from abuse, neglect and self-harm.

The Commission considers Standards 22, and 23 the key standards to be inspected.

JUDGEMENT – we looked at outcomes for the following standard(s):

22 & 23.

People who use this service experience a **good** quality outcome in this area. We have made this judgement using a range of evidence to include a visit to the service.

Systems were in place to suggest people who use the service would be protected from abuse and their views are listened to, as a result people were protected.

EVIDENCE:

The home had satisfactory systems in place for receiving and dealing with complaints. Procedures were in place to protect people if they had concerns or wished to make a complaint. The notice board in the communal areas had a copy of the complaints procedure presented in a pictorial format and people spoken to were clear who to go to if they had any problems.

The home has had no formal complaints since they opened in January. Records inspected suggested that 9 incidents were recorded for verbal aggression of users to each other. One safeguarding referral was made following the correct procedures and users spoken to said "I feel safe here and I am confident that care staff would protect me".

Procedures for safeguarding people against financial abuse were also in place. Records seen suggested receipts were collected and bank statements showed the transactions undertaken for people who use the service.

Environment

The intended outcomes for Standards 24 – 30 are:

24. Service users live in a homely, comfortable and safe environment.
25. Service users' bedrooms suit their needs and lifestyles.
26. Service users' bedrooms promote their independence.
27. Service users' toilets and bathrooms provide sufficient privacy and meet their individual needs.
28. Shared spaces complement and supplement service users' individual rooms.
29. Service users have the specialist equipment they require to maximise their independence.
30. The home is clean and hygienic.

The Commission considers Standards 24, and 30 the key standards to be inspected.

JUDGEMENT – we looked at outcomes for the following standard(s):

24, 25,26,27,28 &30.

People who use this service experience a **good** quality outcome in this area. We have made this judgement using a range of evidence to include a visit to the service.

People who use this service live in a homely environment that promoted comfort, independence, privacy and cleanliness; as a result people's comforts were assured.

EVIDENCE:

The home was clean and welcoming and on entering no offensive odours were identified.

We toured the environment and found it spacious and provided comfort to people who lived at the home. Some users showed us their bedrooms which consisted of a separate lounge and bathroom for each bedroom. There was also space for individual kitchenettes which was planned for the future. All users of the service were responsible for cleaning their own rooms and took pride in ensuring this was undertaken on a regular basis. All users had keys to their bedrooms and were able have access whenever they wanted. The manager said all users were given to opportunity to choose their bedrooms.

The home had communal toilets but all bedrooms were furnished with individual toilets, baths and showers. Disabled toilets were also available on the ground floor.

The home had a shared kitchen and breakfast room along with a large meeting room where all the users could congregate should they wish to do so.

The home had routine cleaning rotas where people using the service were expected to clean the communal areas. The home was clean throughout.

The laundry facilities seen was the only draw back to the home as it was only able to hold the washing machines and dryers if the door was open it would prevent anyone using the corridors. We were informed that people who use the facility had to individually responsible for washing their own clothes and the ironing was undertaken in individual dwellings or by the night staff during the night when it was much quieter.

The home had the added advantage of having the use of a large field situated at the back of the building along with a large car parking facility.

Staffing

The intended outcomes for Standards 31 – 36 are:

- 31.** Service users benefit from clarity of staff roles and responsibilities.
- 32.** Service users are supported by competent and qualified staff.
- 33.** Service users are supported by an effective staff team.
- 34.** Service users are supported and protected by the home's recruitment policy and practices.
- 35.** Service users' individual and joint needs are met by appropriately trained staff.
- 36.** Service users benefit from well supported and supervised staff.

The Commission considers Standards 32, 34 and 35 the key standards to be inspected.

JUDGEMENT – we looked at outcomes for the following standard(s):

31, 32,33,34,35 &36.

People who use this service experience a **good** quality outcome in this area. We have made this judgement using a range of evidence to include a visit to the service.

The people using the service benefited from a competent, trained and qualified staff team that were satisfactorily recruited and receive support in the way that benefited people using the service, as a result people were protected.

EVIDENCE:

On the day of the inspection the home had 3 staff on shift plus the team leader and the manager. The home has 12 care staff I team leader and 4.,5 seniors. The manager works supernumerary. The home currently has one vacancy. All the staff members spoke to appeared competent and qualified to undertake the responsibilities of their post. Staff spoken to said "I enjoy it here, it's a lovely home" we are effective as a team because "we achieve things". When asked if they feel supported one staff replied "I definitely feel supported, I am able to call or come to see the manager anytime". Another staff said "the manager is open to ideas".

Staff said they receive monthly supervisions and staff meetings. The records seen suggested these were undertaken regularly.

Staff records seen suggested staff were recruited with satisfactory references and all files inspected had application forms, references, criminal record Bureau checks, birth certificates, passports and where applicable work permits. Staff training records suggested that staff team were qualified and received regular training. Records inspected suggested on average 60% of the staff team were trained in medication, safeguarding, rectal diazepam, TEACH, Autistic spectrum disorder (ASD), epilepsy, PACT, and NVQ level 2 in care and all mandatory training. The records also showed how the home plans to ensure training is provided for all staff in all areas.

Conduct and Management of the Home

The intended outcomes for Standards 37 – 43 are:

- 37.** Service users benefit from a well run home.
- 38.** Service users benefit from the ethos, leadership and management approach of the home.
- 39.** Service users are confident their views underpin all self-monitoring, review and development by the home.
- 40.** Service users' rights and best interests are safeguarded by the home's policies and procedures.
- 41.** Service users' rights and best interests are safeguarded by the home's record keeping policies and procedures.
- 42.** The health, safety and welfare of service users are promoted and protected.
- 43.** Service users benefit from competent and accountable management of the service.

The Commission considers Standards 37, 39, and 42 the key standards to be inspected.

JUDGEMENT – we looked at outcomes for the following standard(s):

37,38,39,42 &43.

People who use the service experience an **adequate** quality outcome in this area. We have made this judgement using a range of evidence to include a visit to the service.

The people who use the service benefited from a well run home, with a manager that was effective, however further development is needed to ensure better monitoring systems are in place, as a result some users needs could go unnoticed.

EVIDENCE:

The manager for the home appeared competent and skilled in meeting the needs of the people who use the service she spoke about the way in which the service enabled people to promote their independence. She was very much a part of the team on the day of the inspection she had planned to escort one user into the community and she was confident in her team that she carried out her plans and rejoined the inspection process later that day. The manager

is an experienced manager and had worked in other Brookdale services. She received her registration to manage the home and is qualified to do so.

Care staff and people using the service spoken to all said she was approachable and easy to talk to.

The quality assurance procedures were not fully developed and as a result the views of people using the service were not available for the inspection. We were informed however that questionnaires were sent out to relatives but the feedback had not yet been received. The manager said weekly and monthly audits were carried out for several areas of the home. The registered providers carried out regulation 26 visits (last one received on the 21/05/08) and the people using the service had forums in which to make their wishes known. This needed further development to ensure the views of people are collected, analysed and published.

We received an AQAA (Annual Quality Assurance assessment) from the home that tells us what they do well and how they plan to improve. This document said that the people using the service would be involved in all the decision making processes within the home and have plans to explore more opportunities for people using the service.

The home had a health and safety policy and procedures in place to protect people who use the service. We inspected the fire safety records which consisted of a fire risk assessment, weekly alarm checks, emergency lighting tests and evacuations. There was evidence that the lighting in the kitchen was not working and this was reported but no information recorded as to the progress of when the light would be fixed.

SCORING OF OUTCOMES

This page summarises the assessment of the extent to which the National Minimum Standards for Care Homes for Adults 18-65 have been met and uses the following scale. The scale ranges from:

- 4** Standard Exceeded (Commendable) **3** Standard Met (No Shortfalls)
2 Standard Almost Met (Minor Shortfalls) **1** Standard Not Met (Major Shortfalls)

"X" in the standard met box denotes standard not assessed on this occasion

"N/A" in the standard met box denotes standard not applicable

CHOICE OF HOME	
<i>Standard No</i>	<i>Score</i>
1	3
2	3
3	3
4	3
5	3

INDIVIDUAL NEEDS AND CHOICES	
<i>Standard No</i>	<i>Score</i>
6	2
7	3
8	3
9	3
10	3

LIFESTYLES	
<i>Standard No</i>	<i>Score</i>
11	3
12	3
13	3
14	3
15	3
16	3
17	3

PERSONAL AND HEALTHCARE SUPPORT	
<i>Standard No</i>	<i>Score</i>
18	3
19	2
20	2
21	3

CONCERNS AND COMPLAINTS	
<i>Standard No</i>	<i>Score</i>
22	3
23	3

ENVIRONMENT	
<i>Standard No</i>	<i>Score</i>
24	3
25	3
26	3
27	2
28	3
29	X
30	3

STAFFING	
<i>Standard No</i>	<i>Score</i>
31	3
32	3
33	3
34	3
35	2
36	3

CONDUCT AND MANAGEMENT OF THE HOME	
<i>Standard No</i>	<i>Score</i>
37	3
38	3
39	1
40	X
41	X
42	3
43	3

Are there any outstanding requirements from the last inspection? N/A

STATUTORY REQUIREMENTS

This section sets out the actions, which must be taken so that the registered person/s meets the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards. The Registered Provider(s) must comply with the given timescales.

No.	Standard	Regulation	Requirement	Timescale for action
1	YA6	15 (1)	The provider must ensure all care plans reflect the current health care needs of people using the service.	30/07/08
2	YA6	15 (1)	Arrangements must be made to ensure the care plans are clear and measurable.	30/07/08
3	YA20	13 (2)	The providers must ensure that guidelines for the use of rectal diazepam are made available for individual people who use this medication.	30/07/08
4	YA39	24(1) (a)	The provider must ensure effective quality assurance systems are implemented that seeks the views of people who use the service.	30/08/08

RECOMMENDATIONS

These recommendations relate to National Minimum Standards and are seen as good practice for the Registered Provider/s to consider carrying out.

No.	Refer to Standard	Good Practice Recommendations

Commission for Social Care Inspection

Eastern Region

Eastern Regional Contact Team

CPC1

Capital Park

Fulbourn

Cambridge CB21 5XE

National Enquiry Line:

Telephone: 0845 015 0120 or 0191 233 3323

Textphone: 0845 015 2255 or 0191 233 3588

Email: enquiries@csci.gsi.gov.uk

Web: www.csci.org.uk

© This report is copyright Commission for Social Care Inspection (CSCI) and may only be used in its entirety. Extracts may not be used or reproduced without the express permission of CSCI