

St Philips Care Limited

Canwick Court Care Centre

Inspection report

78 South Park
Lincoln
Lincolnshire
LN5 8ES

Tel: 01522544595
Website: www.stphilipscare.com

Date of inspection visit:
20 December 2016

Date of publication:
11 October 2018

Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

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

This inspection took place on 20 December 2016 and was unannounced. Canwick Court provides care for older people who have mental and physical health needs including people living with dementia. It provides accommodation for up to 31 people who require personal and nursing care. At the time of our inspection there were 23 people living at the home.

There was a registered manager in post. 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.

Staff interacted well with people. People and their relatives told us that they felt safe and well cared for. Staff knew how to keep people safe. The provider had systems and processes in place to support staff if they were concerned about the safety and welfare of the people in their care.

Medicines were administered safely. Medication documentation was not always completed consistently which created an increased risk to people's safety.

We saw that staff obtained people's consent before providing care to them. The provider acted in accordance with the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. If the location is a care home the Care Quality Commission is required by law to monitor the operation of the DoLS, and to report on what we find.

We found that people's health care needs were assessed and care planned and delivered to meet those needs. People had access to healthcare professionals such as the district nurse and GP and also specialist professionals. People had their nutritional needs assessed and were supported with their meals to keep them healthy. People had access to drinks during the day and had choices at mealtimes. Where people had special dietary requirements we saw that these were provided for.

There were usually sufficient staff to meet people's needs and staff responded in a timely and appropriate manner to people. Staff were kind and sensitive to people when they were providing support. Staff were provided with training on a variety of subjects to ensure that they had the skills to meet people's needs. The provider had a training plan in place and staff had received supervision. People were encouraged to enjoy a range of social activities. They were supported to maintain relationships that were important to them.

Staff felt able to raise concerns and issues with management. Relatives were aware of the process for raising concerns and were confident that they would be listened to. Regular audits were carried out and action plans put in place to address any issues which were identified. Accidents and incidents were recorded and investigated. The provider had informed us of notifications. Notifications are events which have happened in

the service that the provider is required to tell us about.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not consistently safe.

Medicines were administered safely however record sheets were not consistently completed. Protocols for as required medicines were not consistently in place.

Risk assessments were completed.

There were usually sufficient staff to provide safe care.

Staff were aware of how to keep people safe. People felt safe living at the home.

Is the service effective?

Good ●

The service was effective.

The provider acted in accordance with the Mental Capacity Act 2005.

Staff received regular supervision. Training was provided to ensure staff had the appropriate skills to meet people's needs.

People had their nutritional needs met.

People had access to a range of healthcare services and professionals.

Is the service caring?

Good ●

The service was caring

People's privacy and dignity was respected.

Staff responded to people in a kind and sensitive manner.

People were involved in planning their care and able to make choices about how care was delivered.

Is the service responsive?

Good ●

The service was responsive.

Care records were personalised.

People had access to activities and leisure pursuits.

The complaints procedure was on display and people knew how to make a complaint.

People were aware of their care plans.

Is the service well-led?

The service was well led.

There were systems and processes in place to check the quality of care and improve the service.

The registered manager created an open culture and supported staff.

Staff felt able to raise concerns with the registered manager. Staff were aware of the whistleblowing policy and procedure.

Good ●

Canwick Court Care Centre

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.

This inspection took place on 20 December 2016 and was unannounced. The inspection was completed by an 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, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and what improvements they plan to make. We used this information to help plan our inspection.

We also looked at notifications which we held about the organisation. Notifications are events which have happened in the service that the provider is required to tell us about, and information that had been sent to us by other agencies.

During our inspection we observed care in the home and spoke with the registered manager, the deputy manager and four members of care staff. We spoke with nine people who used the service and two relatives. We also looked at four people's care plans and records of staff training, audits and medicines.

Is the service safe?

Our findings

Protocols for medicines which are given as required (PRN) such as inhalers and painkillers were not in place for all PRN medicines. This meant it was not consistently clear when to administer these medicines and whether or not people could request and consent to having their medicines. People were asked if they wanted their PRN medicines during the medicine round. We found that six of the information front sheets in the medicine records did not accurately reflect people's allergies. We found that allergies on these front sheets did not match what was on the medication administration records (MARS). People were at risk of receiving medicines which they were allergic to as the information for staff was not clear.

Where people received their medicines without their knowledge for example in their food we saw that arrangements were in place to ensure this was carried out safely. However where a person received their medicine in food we saw that although appropriate advice from a pharmacist and doctor had been sought the outcome of the pharmacist advice had not been received. This advice is important to ensure that the efficacy of the medicines are not affected by the method of administration. The registered manager assured us they would follow this up as a matter of urgency.

We observed the medicine round and saw that medicines were administered safely. People were addressed by name and staff explained what medicines they were giving to them. We saw that the medication administration records (MARS) had been fully completed. Medicines were stored in locked cupboards according to national guidance. Processes were in place to ensure that medicines were disposed of safely and records maintained regarding stock control.

When we spoke with staff they told us that there were usually sufficient staff in the upstairs unit. However they said that when staff were unavailable due to illness or holidays they were sometimes short. Staff expressed some concern about staffing levels in the downstairs unit where there were five people living there and usually one member of staff. They said that it was sometimes difficult when a person required assistance which meant they were unable to be available to the other people or were interrupted because someone else required assistance. However they did say they could request support from upstairs if the assistance wasn't required immediately. They also told us that managers from the upstairs unit checked regularly to ensure things were alright. We observed staff responded to people promptly. A person told us, "I think there are enough staff but you could always do with an extra pair of hands." However people told us that staff responded to their needs in a timely manner.

The registered manager told us that they had some vacant posts which they had recruited to but were waiting for the necessary checks to be completed before staff were able to commence work. They said that consequently they had four vacant beds which they intended to maintain as vacant until the posts were filled. The registered provider had a recruitment process in place which included carrying out checks and obtaining references before staff commenced employment. They also carried out Disclosure and Barring Service (DBS) checks to ensure that prospective staff would be suitable to work with the people who lived in the home. These checks ensured that only suitable people were employed by the provider.

People who used the service told us they felt safe living at the home and had confidence in the staff. A person said, "I'd recommend it here. I am very safe here." All the relatives we spoke with told us they felt their family member was safe.

Individual risk assessments were completed on areas such as nutrition and skin care and care plans put in place to ensure that care was delivered in a safe way. Where people required equipment to keep them safe such as bed rails, risk assessments had also been completed. These were reviewed and updated on a regular basis.

Staff were aware of what steps they would take if they suspected that people were at risk of harm. They were able to tell us how they would report concerns, for example, to the local authority. Staff told us that they had received training to support them in keeping people safe. The registered provider had safeguarding policies and procedures in place to guide practice and we had evidence from our records that issues had been appropriately reported.

Accidents and incidents were recorded and investigated to help prevent them happening again. For example, falls were monitored and actions had been put in place on an individual basis to reduce the risk of falls to people. Individual plans were in place to support people in the event of an emergency such as fire or flood.

Is the service effective?

Our findings

The provider acted in accordance with the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interests decision is made involving people who know the person well and other professionals, where relevant. We saw that best interests decisions had been carried out and were clear about the issues which were being made in people's best interests. For example one person required their medicines to be given in food without their knowledge and we saw a best interests decision had been made to ensure this was the best method of care for this person.

We observed that people were asked for their consent before care was provided. Records included completed consent to treatment forms to ensure that care was provided with people's consent. Staff we spoke with understood about gaining consent and ensuring that where possible people were enabled to consent to treatment and support.

People can only be deprived of their liberty in order to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act 2005. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). If the location is a care home the Care Quality Commission is required by law to monitor the operation of the DoLS, and to report on what we find. At the time of our inspection there were four people who were subject to DoLS. We saw that the appropriate processes had been followed and paperwork completed. DoLS provides legal protection for those vulnerable people who are, or may become, deprived of their liberty. When we spoke with staff about the MCA and DoLS they were able to tell us about it and how it applied to people within the home.

One person said, "Staff know what they're doing. They are well trained. They help me to get out of bed." A relative told us, "I've watched them [care staff] using the hoist for my relative and they ask if they want to be moved and talk them through every step, such as which strap goes where. I would say they are very well trained." Staff told us they were happy with the training that they had received and that it ensured that they could provide appropriate care to people. Training had been provided on issues which were specific to the needs of people who lived at the home. For example a member of staff had been trained in dementia care and was delivering this training to other staff. We observed that staff had the appropriate skills when providing care for example when supporting people to move. There was a system in place for monitoring training attendance and completion for permanent staff. It was clear who required training to ensure that they had the appropriate skills to provide care to people and that staff had the required skills to meet people's needs. Staff also had access to nationally recognised qualifications. New staff received an induction and when we spoke with staff they told us that they had received an induction and found this useful. The induction was in line with national standards.

Staff were happy with the support they received from other staff and the registered manager of the service. They told us that they had received regular support, supervision and appraisal. Appraisal is important because it allows staff to have an opportunity to review their skills and experience.

We observed lunchtime and saw staff assisting people with their meal to ensure that they received sufficient nutrition. People were offered a choice of meals at the start of lunch. We saw staff spoke with staff individually to explain what the choices were. The lunchtime meal was relaxed with staff engaging in conversation with people. Tables were nicely laid and people were given choices of fruit juices or hot drinks. Where people required assistance with their meal we saw this was done discreetly. Staff sat by the side of people and chatted to the person they were helping.

Staff told us if people did not want the offered meals or the meal they had chosen they were able to provide alternatives. We observed a member of staff when giving a person their medicines check they had received breakfast because they had chosen to get up late and provide them with a breakfast of their choice which they ate. We saw drinks were available in both communal and bedroom areas. Additionally drinks were served mid-morning and afternoon. We observed that if people asked for additional drinks staff provided these.

People had been assessed with regard to their nutritional needs and where additional support was required appropriate care had been put in place. Guidance from specialist professionals such as the speech and language therapists was available to staff to ensure people received the appropriate nutritional support. For example, people received nutritional supplements to ensure that people received appropriate nutrition. We observed a person who often missed their meals due to being asleep had access to alternative options throughout the day. Where people had allergies or particular dislikes these were highlighted in their care plans.

We found that people who used the service had access to local and specialist healthcare services and received on-going healthcare support from staff. Where people had specific health needs such as diabetes information was available to staff to ensure that they provided the appropriate care. We saw that where people had short term health issues care plans had been put in place to ensure staff knew how to meet these needs. Staff received daily handovers where they discussed what had happened to people on the previous shift and their health and wellbeing. Where people had specific needs such as physical health issues advice was included in the record about how to recognise this and what treatment or support was required. This helped staff to respond to people's physical health needs.

Is the service caring?

Our findings

There was a warm and welcoming atmosphere in the home. People who used the service and their families told us they were happy with the care and support they received. One person said, "The staff are lovely people. They watch me on my frame to make sure I don't fall. They know us and we know them." A relative told us, "I come three times a week and we see the way the staff are with people. They are really gentle and make sure that if somebody is moving around that they are doing it safely." We saw a comment in a survey from a visiting professional who stated, "Patients are very well cared for." A staff member told us, "Although this is a job we see this as a family and this is their home."

All the people we spoke with said that they felt well cared for and liked living at the home. One person said, "They (the staff) really do help us and look after us. You can have anything you want. She (pointing to another resident) likes three slices of toast every morning for breakfast but I always have a cup of tea and cereal. I like to have my breakfast in my room and they leave me while I'm asleep and come quickly when I've woken up."

We saw that before staff assisted people they asked if that assistance was wanted and asked permission before carrying out tasks for people. For example we observed at lunchtime a staff member asked a person if they had finished their meal and if it was alright to remove their plate.

We observed that staff were aware of respecting people's needs and wishes. For example a person preferred to remain in bed during the morning. We observed when we arrived at the home staff told us the person was still asleep and did not disturb them until they woke later, when they offered them breakfast. Another person liked a tea pot on their table and we observed this was provided and appropriate risk assessments put in place. We saw care records included people's choices about their care, for example a record detailed how a person liked to take their medicines, on a spoon with juice.

We saw that staff interacted in a positive manner with people and that they were sensitive to people's needs. For example, a person assisted staff with setting the tables for lunch. Staff chatted and joked with them whilst carrying out the task with them. A staff member told us, "You get to spend time with people and the care is person centred."

Staff supported people to mobilise at their own pace and provided encouragement and support. For example, we saw staff supporting a person to mobilise with equipment. We observed they explained what they were doing and explained to the person how they could assist. Another person required assistance to move into the lounge area for a drink. Staff supported them at their own pace and checked they were alright.

People who used the service told us that staff treated them well and respected their privacy. People told us and we observed that staff knocked on their bedroom doors. We saw that staff addressed people by their preferred name and that this was recorded in the person's care record. There were few areas available around the home for people to sit quietly and in privacy if they wished to other than their bedrooms.

However the provider was in the process of providing a solution to this by providing a heated garden room for people and their relatives to use.

Is the service responsive?

Our findings

People we spoke with told us how they followed their interests and activities. One person told us, "We have had a lovely Christmas party and some of them went to the pub last week for lunch." Another person told us, "I've made a gingerbread house for Christmas. I liked doing it." And another person said, "I like to look at magazines. I like pictures of the young men and the staff will sometimes sit and look at a magazine with me. We have a giggle about who is good looking or not." One person told us, "I like knitting and sewing but I prefer knitting. One of the staff got me some big knitting needles because I can't hold the small ones anymore. On the day of our inspection we did not see any activities being carried out because staff were involved in a training session. However we saw records and photographs of activities which had been carried out in the home. These included trips out, beauty sessions and art and crafts. For example we observed people had designed and made the table mats which were in use in the dining area.

Care records were personalised and included detail so that staff could understand what things were important to people such as information about people's past life experiences and their preferences. Information such as this is important because it helps staff to understand what is important to people and why. We observed staff talking to people about their past experiences such as the pub a person used to run. Another person told us, "I like to look at old photos of my family and the places where I used to live. Staff will look at them with me if they've got time."

Care plans had been reviewed and updated with people who used the service. Relatives we spoke with were also aware of their family members care plans. A relative told us, "The manager is really kind and concerned about everybody here. I was involved setting up (my family members) care plan and every time I come in the manager is around and I know if I need anything or I'm worried I can talk to her. There are resident and relatives meetings but to be honest the manager is so accessible that you don't ever wait for a meeting to raise something and she will deal with things if she possibly can." Relatives told us that they felt welcome at the home and that they were encouraged to visit so that relationships were maintained.

Arrangements were in place to ensure that staff were kept updated and able to respond to people's changing needs. A staff member told us that staff received a handover about both units to ensure they were able to provide care appropriately across the service. We saw where people's needs or wishes had changed the provider had responded to their needs. For example a relative told us, "My family member can't sit in a normal wheelchair or armchair because she is so contracted. The manager has been amazing. She managed to source a special wheelchair which is like a Rolls Royce and my relative is comfortable in it. It's made such a difference because she likes to sit in the lounge and watch people. She can't join in but at least she's not just side-lined in her room."

Another person told us, "I was in a room downstairs but there is a problem with a leak in the shower so they moved me up into this room. I was supposed to be going back when the leak was fixed but I really like this room and I've asked the manager and she says I can stay here now."

We saw that staff understood the importance of promoting equality and diversity for example the home had

two double rooms which they used for people who wanted to share with their spouse or partner. We also noted that people had been helped to meet their spiritual needs in various ways including by attending religious ceremonies. Where people had difficulties communicating verbally we saw staff were aware of this and ensured they understood people's needs. For example we observed guidance on how to communicate with people was in care records. We observed a member of staff taking time to explain to a person about their medicines and how best to take them. They remained with the person and spoke slowly and clearly to them in simple sentences until they understood how to do this.

A complaints policy and procedure was in place and on display in the foyer area. People and relatives we spoke with told us they knew how to complain but had no reason to do so. At the time of our inspection there were no ongoing complaints. Complaints were monitored for themes and learning.

Is the service well-led?

Our findings

Arrangements were in place for checking the quality of care. The provider had put a process in place to carry out checks on the service and actions to improve quality of care. Checks were carried out on issues such as falls, infections and care plans. These were overseen by the provider and action plans developed to ensure that improvements were made. We saw evidence of improvements being made following these checks for example, equipment being put in place to prevent falls. However we noted that both internal and external medicine audits had not identified the issue we found regarding allergies. We spoke with the registered manager who told us they would discuss this with the provider with reference to including these issues in the medicines audit.

Staff understood their role within the organisation and were given time to carry out their role. They said they felt supported in their role and that staff worked as a team in order to meet people's needs. We saw that the registered manager was very visible around the home throughout the day and we saw that residents greeted her warmly. The registered manager knew about the care each person required and how they were on the day of our inspection. This level of knowledge helped the registered persons to effectively manage the service and provide guidance for staff.

During our inspection we observed staff and relatives approaching the registered manager for advice. People and their relatives felt the home was well run and told us all of the management team were approachable. One person said, "The manager is wonderful. I can't praise her enough. She really does care about everyone here and she is very approachable. She listens to everything you tell her." A professional commented in a survey that they thought the home was well organised. Another stated they always felt welcomed.

Staff and relatives also told us that the registered manager was approachable and supportive. Staff said that they felt able to raise issues and felt valued by the registered manager and provider. Staff meetings were held on a regular basis. We looked at records of staff meetings and saw issues such as staffing arrangements, medicines and infection control had been discussed.

The service had a whistleblowing policy and contact numbers to report issues of concern, were displayed in communal areas. Staff told us they were confident about raising concerns about any poor practices witnessed. They told us they felt able to raise concerns and issues with the registered manager. The provider had informed us about accidents and incidents as required by law.

Resident and relatives' meetings had been held on a regular basis, however attendance tended to be mainly people who lived at the home. People we spoke with were aware of the meetings. We saw from the minutes of a meeting held issues such as availability of private areas in the home had been discussed. As a consequence plans had been put in place to develop a summer house in the garden to provide a quiet space all year round.

Surveys had been carried out with people and their relatives and positive responses received. We saw

responses were mainly positive. Issues had been raised by a small number of relatives about the state of the outside paths as they were slippery. We also observed this however the registered manager assured us that this was being addressed by the provider.

Surveys had also been carried out with staff. We looked at the results and saw comments were positive, for example comments included, "The team ethic is uppermost" and "I enjoy my job." The surveys were in the process of being collated and an action plan produced in order to address any issues raised.