

Miss Catherine Elizabeth Paul

Canwick House Care Home

Inspection report

Hall Drive
Canwick
Lincoln
Lincolnshire
LN4 2RG

Tel: 01522522275
Website: www.canwickhouse.com

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection took place on 4 October 2017 and was unannounced. At our last inspection in September 2017 the overall rating for Canwick house was 'requires improvement' and we found they were not meeting legal requirements. We carried out a focussed inspection in February 2017 to check that they had followed their plan we found the provider was still not meeting legal requirements. At this inspection we found the provider had made some improvements but was still not meeting all legal requirements in effective.

Canwick House provides care for older people including people who are living with dementia. It provides accommodation for up to 20 people who require personal and nursing care. At the time of our inspection there were 16 people living at the home.

There was not 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.

On the day of our inspection 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 keep people safe.

Medicines were administered to people safely however the provider did not have systems in place to ensure the safe management of medicines.

We saw that staff obtained people's consent before providing care to them. Where people could not consent, assessments to ensure decisions were made in people's best interest had not been consistently completed. This issue had been identified at our previous inspection and the provider had failed to fully address the issue. There was a breach of Regulation 11. You can see what action we told the provider to take at the back of the full version of the report.

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 and snacks during the day and had choices at mealtimes. Where people had special dietary requirements we saw that these were provided for.

There was sufficient staff available to meet people's needs. Staff responded in a timely and appropriate manner to people. Staff were kind and sensitive to people when they were providing support. People were treated with respect.

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. Staff had received supervision and appraisals. People were provided access to 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. Audits were carried out and action plans put in place to address any issues which were identified. However the provider had failed to identify the issues we found at this inspection. 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 to people safely. Systems were not always in place for the safe management of medicines.

Risk assessments were completed.

There was sufficient staff available to provide safe care.

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

Is the service effective?

Requires Improvement ●

The service was not consistently effective.

The provider did not act in accordance with the Mental Capacity Act 2005.

Staff had received supervision.

Staff had received training to support them to meet the needs of people who used the service.

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 had their dignity considered.

Care was provided in an appropriate manner.

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 a range of activities and leisure pursuits.

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

Is the service well-led?

Requires Improvement 

The service was not consistently well led.

Issues raised at the previous inspection had not been fully addressed.

There were systems and processes in place to check the quality of care and improve the service, however these had not identified the issues raised at this inspection.

Staff felt able to raise concerns.

The registered manager created an open culture and supported staff.

Canwick House Care Home

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 4 October 2017 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.

The provider completed a Provider Information Return (PIR) on 11 August 2016. 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 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. We also considered information that had been sent to us by other agencies when making our judgements.

During our inspection we spoke with the administrator and three members of care staff. We also spoke with seven people who used the service and six relatives. We looked at three people's care plans and records of staff training, audits and medicines.

Is the service safe?

Our findings

We looked at medicine administration records (MARs) for people who lived at the home. We saw in three of the MARs we looked at occasions when medicines which were prescribed as regular medicines were treated as 'as required' (PRN). For example, a person was prescribed a laxative to be taken twice a day and records showed that the medicine had been offered as a PRN and recorded as not required. In addition where people were prescribed variable doses of medicine, for example, one or two to be taken, guidance was not available at the point of administration to assist staff to decide whether people should have one or two. Administering medicines as directed by the prescriber reduces the risk of the service user experiencing adverse effects from the medicine, or the medicine not working as intended.

There was no evidence of regular audits to ensure the correct amount of medicines were available and had been given. Medicines were stored in locked cupboards according to national guidance.

Protocols for PRN medicines were consistently in place and easily available to staff when administering medicines. These are important because they indicate when these medicines are required 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 observed staff used a pictorial pain chart to support people in their decision as to whether or not they required pain relief.

People who used the service told us they felt safe living at the home and had confidence in the staff. A relative told us, "Oh yes I believe the staff are very competent and handle my [family member] in a very safe manner. It isn't easy, and they manage them very well. They always respect [family member] dignity and I like that. They treat [my family member] very respectfully."

During our inspection we observed people were responded to promptly. People and relatives told us that they thought there was enough staff to provide safe care to people. People said they did not have to wait long for support and the response was usually very quick. A person said, "I often need to go to the toilet two or three times during the night, and I only have to press my bell and the staff are here as quick as anything. Sometimes I don't even have to buzz. They seem to know, they are brilliant."

Staff told us they thought there were sufficient staff available to meet people's needs. Arrangements were in place to ensure when staff were unavailable gaps were filled by staff who were familiar with the service and people who lived there. This helped to ensure people received consistent care from staff who understood their needs.

The registered provider had a recruitment process in place which included carrying out checks and obtaining references before staff commenced employment. This included Disclosure and Barring Service (DBS) checks to ensure that prospective staff would be suitable to work with the people who lived in the home.

Individual risk assessments were completed on areas such as nutrition, moving and handling and skin care.

Accidents and incidents were recorded and investigated to help prevent them happening again. Individual plans were in place to support people in the event of an emergency such as fire or flood. These plans included how to support people both physically and emotionally and copies kept in both people's room and in a central position for ease of access.

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. They also showed us a prompt card which all staff were issued with to support them in making any decisions about safeguarding. 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.

Is the service effective?

Our findings

At our previous inspection we identified the provider did not consistently act in accordance with the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). At this inspection we found the provider had made improvements regarding the implementation of the MCA, however we still found in some care records the implementation was not clear. The 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.

We checked whether the provider was working within the principles of the MCA. We saw that best interest decisions had been carried out for most people who required these. However we observed two occasions when care records had not been fully updated. For example in one record a Do Not attempt Pulmonary Resuscitation (DNACPR) order was in place, however the care record stated the person wanted 'medical aid to assist recovery.' Another record detailed the best interests assessments that had been completed on a person's behalf but documentation for each of these was not available. There was a risk decisions were not being made in people's best interests.

This was a continuous breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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 hospital are called the Deprivation of Liberty Safeguards (DoLS). If the location is a care home the Care Quality Commission (CQC) 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 seven people subject to DoLS, 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.

People told us they thought staff had the skills to care for them. New staff received an induction. The induction was in line with the Care Certificate which is a national standard. 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. We saw from the training records that most staff had received training on core areas such as fire and moving and handling. We observed staff had the appropriate skills to deliver care. The provider was in the process of implementing regular supervision for staff. This is important to ensure staff have the appropriate skills to care.

People told us they enjoyed the food. One person said, "The food is marvellous and I look forward to all of my meals. I have put on weight since I have been here, which is a good sign; as when I was at home I wasn't managing and lost a lot. Every other Friday we have special fish and chips and mushy peas, which are the best!" We observed lunchtime and saw staff assisting people with their meal to ensure that they received

sufficient nutrition. The lunchtime meal was relaxed with staff serving the meals and engaging in conversation with people. The focus was on providing an enjoyable experience at lunch and encouraging residents to have sufficient nutrition.

People were offered a choice of meal during the morning and they were supported to make a choice by the use of pictures. However we observed the various menus that were available were not easy to read which did not support people to make choices. Following our inspection we were informed the menus were draft and pictures would be added at a later date. We observed people had different meals at lunchtime. For example, one person refused two meal options before he settled on a meal choice. We observed staff were patient and kind when supporting people to make a choice. People had access to regular drinks and snacks throughout the day.

Assessments had been completed with regard to nutritional needs and where additional support was required appropriate care had been put in place. For example, food supplements were given to ensure that people received appropriate nutrition. Where people had allergies or particular dislikes these were highlighted in their care plans. Staff were familiar with the nutritional requirements of people and records of food and fluid intake was maintained appropriately. This is important to support staff to monitor whether or not people receive sufficient nutrition.

We found that people who used the service had access to local and specialist healthcare services and received on-going healthcare support from staff. One person told us, "I see the nurses on a regular basis, and they are on top of my condition now. It took a long while mind you, they test me morning and afternoon now and it's well monitored." Where people had specific health needs such as diabetes information was available to staff to ensure that they provided the appropriate care. People told us they had access to the GP and were supported by staff. Health passports had been developed which provided information to other professionals for example, in the event of a hospital admission to ensure continuity of care.

Is the service caring?

Our findings

People who used the service and their families told us they were happy with the care and support they received. Relatives and people who lived at the home said they thought staff were kind, helpful and caring. A comment in a thankyou card from relatives stated, "Thank you for all the loving care and attention." We observed staff were kind and gentle when providing care to people. All the people we spoke with said that they felt well cared for and liked living at the home. Staff explained to people what they were going to do before providing care and asked people if that was alright.

Staff supported people to mobilise at their own pace and provided encouragement and support. We saw when staff assisted people to mobilise by using specialist equipment they explained what they needed people to do and explained what was happening. Records provided detailed guidance about what support people required. For example, a record stated, "Requires reassurance when moving to ensure they feel safe."

Where people were unable to communicate verbally, guidance was provided to staff about how to communicate with a person. For example, a record stated, "Make liberal use of facial expression, tone of voice, touch and body language." In addition staff had access to specialist resources such as 'Talking Mats'. Staff explained how the system worked and supported people by the use of pictures and symbols to assist with effective communication.

Staff supported people to receive care how they wanted it to be provided. A member of staff said, "If the residents want anything, they can have it." They gave the example of a person who had requested pork pie to be available and we observed at lunchtime the person had pork pie. Care records detailed people's choices. For example, a care record stated 'Prefers to be checked in the night'.

People who used the service told us that staff treated them well and respected their privacy. We observed that staff knocked on their bedroom doors. Two people shared a room by choice. When we spoke with staff they explained how they protected people's privacy by screening the room and offering them different times to be supported with their personal care.

Staff we spoke with were aware of the importance of confidentiality regarding people's information. Records were stored appropriately in order to protect people's confidentiality. Where electronic records were used these were password protected.

Where people required support from lay advocacy services this was identified in their care record. Lay advocates are people who are independent of the service and who can support people to make decisions and communicate their wishes. Information was available to people as to where this service could be provided from.

Is the service responsive?

Our findings

Activities were provided on a daily basis. People we spoke with told us about the activities and what they enjoyed. One person said, "I have had a massage this morning, on my feet and legs. I pay for her to come every alternative week. There's one or two of us in here do this." A relative told us, "There are activities going on in the afternoon sometimes, they make things. They do have the community vicar come in, and they often go to the village hall just around the corner. There's sometimes bingo on a Friday and I know some of them go for walks when the weather is ok. There's a gentleman who comes in playing the guitar, and they play cards and bingo and that. There are things happening now more than there used to be."

People also had access to other visiting therapists such as a reflexologist. Church services were held within the home and we saw that any specific cultural wishes were recorded in care records and provided for according to people's wishes. Some people also attended the local church. A recent event had been held which celebrated the lives of people who had lived at Canwick House and died. People told us about the event and said they found it very supportive.

At our last inspection we found that care records were not updated and did not reflect the care people required. People were at risk of receiving care that did not meet their needs. At this inspection we found the care record system had been updated. Assessments had been completed prior to people moving to the home to ensure the provider could meet people's needs. Care records were personalised and included information about what practical support people required. Care records were now recorded electronically and we saw electronic care plans had been reviewed and updated.

People and their relatives were aware of their care records and been involved in developing them. A relative said, "I have been involved in the new care plan and I know they have it written down on there something like, 'before you do anything for [my family member] please explain what you are going to do'. Because of their dementia [my family member] can get very confused and anxious and it's good that they follow this instruction. Its things like that that makes a big difference. We have had lots more things to fill in and update lately with the new managers, which is good, they have got things up to date." Care records detailed where people had been involved in the development of their care plans and what support they had received.

Care records included details 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 saw a seaside themed area had been created following discussions with a person who had enjoyed trips to the seaside. The area provided comfortable seating and sensory stimuli to assist people to remember and relax. An internal radio show had been developed in partnership with a local radio station. The radio programmes featured people who lived at the home, relative's and staff and allowed them to reminisce and also request music.

Relatives told us that they felt welcome at the home and that they were encouraged to visit so that relationships were maintained. We observed staff offering visitors a drink and chatting with them and their

family member.

People were encouraged to speak out about their care and their preferences. For example, one person had requested pork pie and we observed this was available to them. A relative said, "Yes I do feel the management listen to us and if we make suggestions they always try to implement it." A complaints policy and procedure was in place and on display in the home. People told us they would know how to complain if they needed to. They said they would go to the office if they were not happy about anything or speak to the managers (who they all knew by first names). At the time of our inspection no complaints had been received since the last inspection.

Is the service well-led?

Our findings

At our inspections in September 2016 and February 2017 we found there were inadequate systems in place to ensure that the service was well-led. We found shortfalls in records relating to the care of people. At this inspection we found progress had been made. Where issues had been identified by the provider's quality checking system we saw action plans had been put in place in order to make improvements. However these systems had not identified the issues raised at this inspection.

In addition the provider had failed to fully address issues identified at previous inspection. For example the MCA had not been fully implemented according to best practice guidance.

This was a continuous breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People felt the home was well run and told us all of the management team were approachable. One staff member told us they thought it was a better working environment and staff worked as a team together. Another said, "So much better. More organised and residents are happy."

The provider had taken part in a number of innovative projects in order to improve the quality of care to people. For example, they had participated in a project which provided reminiscence activities with Lincoln University. As a consequence of the project a range of personalised activities had been developed and links continued with students at the university who visited the home on a regular basis and supported people with reminiscence activities.

The home had also invested in a computer based care planning and management system. The system provided integrated care records which were easily available to staff. Staff we spoke with told us they liked the system and found it easy to use.

Arrangements were in place to involve people in the running of the home. Resident meetings were held on a regular basis. We looked at the minutes from the meeting held in September 2017 and saw discussions had taken place about staff, food and activities. In addition suggestion boxes were located around the home for people to use to post concerns or suggestions. Surveys had been carried out with staff, visiting professionals and people who lived at the home and we saw responses were positive. Where issues had been raised action to address these had been put in place.

Staff understood their role within the organisation and were given time to carry out their tasks. They said they felt supported in their role and that staff worked as a team in order to meet people's needs. Some staff had taken on lead roles such as dignity, technology and DoLS to ensure staff were supported with these issues and that they remained high on the agenda of care.

Staff told us that staff meetings were held and if there were specific issues which needed discussing additional meetings would be arranged. Staff and relatives told us that the manager was approachable. Staff said that they felt able to raise issues and felt valued by the manager and provider. We observed at a

recent staff meeting held in July 2017 issues such as DoLS and the environment 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.

The provider had informed us about accidents and incidents as required by law. The provider submitted notifications, for example, CQC had been informed about all the people who were subject to a DoLS. Notifications are events which have happened in the service that the provider is required to tell us about. The ratings for the last inspection were on display in the home and available on the provider's website.

At the time of our inspection the provider did not have a registered manager in place. However they had made an application to remove a condition which required them to have a registered manager and the provider was intending to become the registered person.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 11 HSCA RA Regulations 2014 Need for consent</p> <p>There was a continuous breach. The provider had failed to fully implement the Mental capacity Act(2005) according to best practice. People were not protected against the risk of decisions not being made in their best interests.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had failed to identify the issues raised at this inspection. The provider had failed to fully address issues raised at previous inspection.</p>