

Borough Care Ltd

# Cawood House

## Inspection report

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13 February 2018

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Good** 

Is the service caring?

**Good** 

Is the service responsive?

**Requires Improvement** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

This inspection was carried out over three days between 12 and 14 February 2018. Our initial visit on 12 February was unannounced.

We last inspected Cawood House in December 2016. At that inspection we rated the service as good in all domains.

Cawood House is one of 11 care homes in Stockport owned by Borough Care Limited. Cawood House is situated in the Brinnington area of Stockport and provides accommodation for up to 42 older people who require accommodation and personal care. All rooms provide single accommodation and nine rooms have en-suite facilities. Bedrooms are located over two floors and can be accessed by stairs or passenger lift. Communal bathrooms and toilet facilities are available throughout the home. The home is divided into two floors; each floor consists of a lounge and dining area. There is a quiet room on the first floor and a garden room on the ground floor. The laundry and large kitchen are located on the ground floor. There is a large enclosed paved patio and lawned areas to the rear of the building that are accessible to people who live at Cawood House.

At the time of our inspection there were 39 people living at Cawood House.

The service had a registered manager in place. 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.

This inspection was carried out in response to information contained in a regulation 28 report from the Coroner's office. This is a report that is written after an inquest into someone's death and the Coroner believes there is a risk of other deaths occurring in similar circumstances. Cawood House was not the subject of the regulation 28 report, but was involved in the care of the person who was the subject of the inquest and concerns relating to Cawood House were raised by the Coroner. .

We identified breaches of two regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These breaches related to Safe Care and Treatment, in particular infection control, accident management, individual risk assessments, care plans and Good Governance. You can see what action we told the provider to take at the back of this report.

We made three recommendations. One recommendation relates to the provider taking action to ensure people always receive their specifically prescribed fortified diet when required. The second recommendation relates to ensuring handover and meeting notes are completed. The third recommendation relates to ensuring only current policies and procedures are in place.

People, their relatives, visitors and staff spoke highly of the service; one person told us, "I can't fault the home...There's nothing they could do to look after [name] any better."

During this inspection we found that there were enough staff available to meet people's needs and they were being cared for by people who knew them well.

People were supported by staff who were kind and caring and ensured people's dignity was respected when providing care and support.

The staff files we looked at showed us that safe and appropriate recruitment and selection practices had been completed by management to satisfy themselves that suitable staff were employed to care for vulnerable people.

Staff we spoke with were aware of how to safeguard people and were able to demonstrate their knowledge around safeguarding procedures and how to inform the relevant authorities if they suspected anyone was at risk from harm.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service support this practice.

Relatives and staff gave us mixed feedback regarding the menu and food choices provided at the home. One relative told us, "The food is lovely." One staff member told us, "The food could be better...The people on a soft diet seem to get the same."

Care records at the home showed us that people received input from health care professionals, such as nurses, opticians and podiatrists. For example, we saw the district nursing team visiting the home to provide diabetes care and check people's skin integrity.

Medicines were safely managed at the home.

Some care files we looked at did not always accurately reflect people's current care needs as they had not always been kept up to date and relevant risk assessments were not always in place.

During our initial tour of Cawood House on the first morning of our inspection, we saw that the home was clean. However, we were aware of a malodour due to problems with drainage under the building and the home was having difficulties with the boiler system. The registered manager told us they were aware of the problem and they were in the process of rectifying the issues. The malodour had resolved by the end of our inspection; however, contractors were still remedying the boiler.

A full-time activities co-ordinator was employed and a full range of activities offered at the home.

There was a complaints policy in place and we saw that complaints were acted upon. The home had also received a large number of compliments.

People we spoke with were complimentary regarding the registered manager and felt they had made a positive impact on the home since their arrival in September 2017.

## 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 always safe.

The communal areas of the home were clean. However, we found risks associated with infection control in the laundry area.

Safe recruitment practices had been followed to ensure that suitable staff had been employed to care for vulnerable people.

Risk assessments were not always in place for people who had been identified as being at risk.

There was no analysis or oversight into accidents and incidents.

Staff were knowledgeable in recognising signs of potential abuse and the action they needed to take help protect people from the risk of abuse.

### Is the service effective?

**Good** 

The service was effective.

People were supported to have their health care needs met by health care practitioners and received prompt medical attention.

Staff received training, supervision and support from the management team.

The registered manager was aware of people living at the home who required authorisation to deprive people of their liberty and had ensured the legal safeguards were in place and up-to-date.

### Is the service caring?

**Good** 

The service was caring.

People and their relatives told us they were well cared for at Cawood House.

People received support by caring staff; they were treated with dignity and had their privacy respected.

We observed established, positive relationships between people and those who cared for them.

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

**Requires Improvement** ●

The service was not always responsive.

There was an activities co-ordinator in place to provide social stimulation for people living at the home.

People's care plans were inconsistent, not clear and contained old information.

There was a complaints system in place that allowed people the opportunity to complain in a variety of ways.

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

**Requires Improvement** ●

The service was not always well led.

Systems of audit and control had been carried out. However, these check systems had not identified the concerns found during this inspection and outlined in the safe domain of this report.

People, relatives and staff spoke highly of the registered manager and they were visible around the home throughout our inspection.

# Cawood House

## **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 12, 13 and 14 February 2018 and day one was unannounced. The inspection was carried out by two adult social care inspectors on day one, one adult social care inspector and one inspection manager on day two, and one adult social care inspector on day three.

Before we visited the home, we checked information we held about the service, including information gathered from the local authority and statutory notifications sent to us by the provider. Statutory notifications are information the provider is legally required to send us about significant events that happen within the service.

On this occasion, we had not asked the service to complete a Provider Information Return (PIR). This is a document that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We walked around the home and looked in all communal areas, bathrooms, store rooms, hairdressing room, the medication room and the laundry room.

During the three days of inspection, we reviewed a variety of documents, policies and procedures relating to the delivery of care and the administration and management of the home and staff. This included three people's individual care records, a sample of seven people's medication records and five staff personnel files to check for information to demonstrate safe recruitment practices, training and regular supervision had taken place.

As part of the inspection process we observed how staff interacted and supported people at mealtimes and throughout the three days of our visit in various areas of the home. We spoke with people who use the

service and two relatives. We also spoke with the registered manager, the deputy manager, the activities coordinator, laundry staff and five care workers. The registered manager was supported by the provider's area support manager and head of care.

We used the Short Observations Framework for Inspection (SOFI) in the lounge on the first day of our inspection. SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We also attended one staff handover meeting to assess daily communication transfer of people's immediate care needs.

# Is the service safe?

## Our findings

Relatives of people who lived at Cawood House and staff we spoke with told us they felt people were safe, one staff member told us, "People are safe, yes. We are trained to deal with someone who falls." A senior staff member told us, "Staff are very caring who work here, if there is any concern, staff will come to me."

We looked at staffing numbers at Cawood House to ascertain if safe and appropriate levels of care workers were on duty during the day and night. During the inspection we found day staff were visible around the home and we reviewed staff rotas for the previous six week period and this showed us consistent staffing levels were in place. Three members of the care staff we spoke with told us they thought they needed extra staffing to enable them to give more choices with personal care, such as bathing. We found that people were not offered the opportunity of a bath or shower each day.

When we reviewed night rotas and spoke with the registered manager, we found that three staff were on duty for each night shift to cover both floors and up to 42 people. Additionally, on three out of four of these nights, we found there was no staff member on site who was trained to administer medication. This meant that if anyone living at Cawood House required their PRN medicines (as and when required) between 9pm and 8am, then a senior staff member would need to be called out to the service during the night to administer the medication. Examples of medicines that may be required outside of the scheduled medication round are analgesics, inhalers or angina sprays. We spoke with the registered manager regarding our concerns and requested that immediate steps were taken to ensure that people living at the home had access to any required PRN medicines at all times and not just three nights per week. The registered manager was in the process of putting this in place during the inspection. When reviewing recent rotas and speaking with the registered manager, we found the home used agency staff regularly to cover night shifts. The use of agency staff meant that people were not always being cared for by people who knew them well or were fully aware of each person's individual care preferences. We received comments back from permanent staff that agency workers did not always complete the required tasks during the night shifts, such as, cleaning and laundry. We spoke with the registered manager regarding the use of agency staff at the home and they told us they were currently in the process of a recruitment drive and were hoping to fill the current vacancies soon to ensure people were cared for by regular staff, who knew people's preferences well

We found that medicines were managed safely and that people received their medicines in the right way at the right time. There was a medication policy in place along with PRN protocols and staff received regular training and competency checks. The home used a local community pharmacy to manage the stocks and deliver the medicines.

During our tour of the home we checked to see that areas were clean and good infection control practices were employed. We looked in all communal areas and found them to be clean and free from odour; bathrooms and toilets had appropriate hand washing facilities. People and relatives we spoke with told us they had no concerns with the cleanliness of the home and one relative told us, "It's always clean."



We found the kitchen area was clean and the Food Standards Agency had conducted an inspection in June 2016 and the home was awarded a rating of Level 4 out of 5.

We found that sluice rooms and store rooms were locked. This meant that harmful substances, such as chemical cleaners, and soiled items were not accessible to people who lived at the home, some of whom live with dementia and mental health conditions.

We checked equipment such as bath-lifts and hoists and found them to be clean; people had their own individual slings for use with the hoist to prevent cross-contamination during use. We saw throughout the inspection that staff had access to personal protective equipment (PPE), such as, disposable aprons and gloves to minimise the risk of cross infection when providing care and support to people. We mostly saw that staff wore PPE when necessary; however, we did see occasions where staff did not always wear disposable aprons, such as, when handling used laundry. We referred our observations to the registered manager who told us staff are supplied with aprons and all staff should wear aprons when handling laundry.

We looked at how the laundry system was managed at the home; the main laundry room was located on the ground floor and had a key entry system. We found there was no clean and dirty flow in the laundry to ensure clean and dirty items were kept separate, as the washing machines and dryers were located adjacent to each other. We became aware that staff did not sort laundry into individual sacks for washing, but placed all items for washing together. Staff we spoke with told us that not all staff followed the correct infection control procedures and did not always place heavily soiled items in the required sluice bags. We reported our concerns to the registered manager, who told us they would address the issues in the laundry and also told us of plans to create a more suitable clean and dirty flow by repositioning the washers and dryers.

The above infection control concerns demonstrate a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Safe care and treatment.

We found that people had personal emergency evacuation plans (PEEPs) in place in their care plans. A PEEP provides additional information on accessibility and means of escape for people with limited mobility or understanding and includes a plan specifically designed for an individual who may not be able to reach a place of safety unaided in an emergency situation, such as a building fire. These PEEPs were due for review at the time of our inspection.

We looked at a sample of three people's individual care records and found that either risk assessments were not in place, not completed or files contained a mixture of old and new documentation that could be confusing for staff. We did not find where people had come to harm as a result of risk assessments not being in place or up to date. We reported our findings to the registered manager who acknowledged that care files needed to be updated. They told us a programme was currently in place to update all the care files of people living at Cawood House.

We raised concerns during our inspection regarding the ease of access some people had to the enclosed garden area. We saw one person access the garden unaccompanied by unlocking the dining room door. A number of people and staff used the garden as a smoking area. On first day of our inspection it was snowing and the outside area was wet and potentially slippery underfoot. In addition, there were areas around the garden which were people were not always visible. We spoke with the registered manager regarding risk assessments for people using the garden and we were told there was a risk assessment in place for people smoking in the garden. However, CQC is aware of a recent incident at another care home, owned by Borough Care Limited, where someone came to harm as a result of accessing the garden alone. The

registered manager was aware of this incident and was in the process of implementing pendant alarms for people to wear when accessing the garden area; however, these had not yet been delivered or implemented. We asked the registered manager and provider to action the pendant alarms as a matter of urgency to ensure the safety of people accessing the garden area.

As part of our inspection we look at how accidents and incidents are recorded, analysed and acted upon to minimise the risk of future accidents and incidents occurring. The registered manager provided us with a file. The file was disorganised and we were unable to ascertain the number of accidents and incidents as some had been recorded in the file and some had been recorded electronically. However, from information in the file, we found that between July and November 2017 there had been 14 falls recorded. On the first day of inspection we were made aware that one person had fallen in the night and had fractured their hip. Records showed the same person had fallen the previous afternoon. We asked what control measures had been put in place to minimise any risks to people living at the home who were at risk of falls. The registered manager told us they reported incidents to head office on a quarterly basis, completed a weekly incident form and attended monthly management meetings where these concerns were addressed. We did not see evidence that any analysis or investigations had been carried out by the home or the provider. This would highlight areas of concern or trends regarding accidents and incidents or where action had been taken to minimise any potential risks to people to reduce accidents and incidents at the home.

The above concerns around the assessment and management of risk demonstrate a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Safe care and treatment.

Suitable arrangements were in place to help safeguard people from potential abuse. There was a safeguarding adult policy and procedure in place and when asked, staff spoken with were fully aware of this procedure and demonstrated a good understanding of the subject. They were able to tell us about the different types of abuse and what steps to take to report any concerns they might have. Staff told us they would not hesitate to report any concerns and they were confident that the management team would listen and support them with any concerns they had raised. Staff had a good understanding of whistleblowing (reporting poor practice) and felt confident to report their concerns to the appropriate organisation if they felt that sufficient action was not being taken by management. The registered manager shared with us information that showed staff had received regular training in safeguarding people from abuse, one staff member told us they have to do regular training and they are reminded by email if they are due to have their training refreshed.

During the inspection we looked at five staff personnel files to check that safe recruitment practices had been undertaken. We reviewed these files to check they contained required information including, a full work history, photographic identification checks, health information, a minimum of two references from previous employers and checks from the Disclosure and Barring Service (DBS). The DBS carries out checks and identifies to the home manager if any information is found that could mean a person may be unsuitable to work with vulnerable adults. We found that the personnel files contained all the required information. This meant that robust and safe recruitment practices had been followed to safeguard people and ensure suitable staff had been employed to care for vulnerable people.

Cawood House had fire safety records detailing essential, regular safety checks, such as, fire drills, fire system weekly checks, emergency lighting and fire-fighting equipment. We saw that these checks had been carried out regularly. Other safety check systems for the home and equipment, such as, hoists, electricity systems, legionella and gas boiler checks were in place and up to date.

# Is the service effective?

## Our findings

During this inspection we reviewed three people's personal care files to check if people were supported to maintain their health and well-being. We saw people were supported to access other health care professionals, such as the local district nurses and dieticians alongside other services, such as, an optician. We saw that prompt referrals had been made where staff had identified a specific need. Cawood House provides residential care only and therefore, district nurses attended the home regularly to provide a service to people around their specific nursing needs, such as, diabetes and pressure care. One relative told us, "If something goes wrong they react quickly, for example, if [person] needs to go to hospital she gets the care quickly."

One relative we spoke with told us they were made to feel welcome and said they were kept informed of their relative's condition. They told us, "The management are approachable. I feel I can go to them with any problem and feel they would act on it." Another relative told us, "I find it encouraging they make sure I am aware. [Name] is deteriorating, but they get the care."

We asked care workers how they felt supported in their role through management supervision and training. Staff told us they felt they received good support and had received supervision and appraisal where they could discuss anything with the registered manager. They felt the registered manager was approachable and felt they were receiving appropriate support and guidance to enable them to fulfil their role effectively. One staff member told us, "Management are good. The registered manager has helped me a lot...she is approachable and acts straight away." Staff told us they felt listened to, were regularly asked what can be improved at the home and if they have any problems at work. The provider had recently implemented a new shift system at its locations and we spoke with staff around the impact of this on staff and residents. The small number of staff we spoke with told us that this was working well. One staff member told us, "It works much better for the residents because the same staff member can be with them throughout the day."

Staff members we spoke with told us they had received regular training and found this helped them in their role. One staff member told us, "I'm trained to keep people safe, for example, if someone falls I know what to do." The staff member was able to comprehensively describe the procedure to deal with someone who may have fallen or may have a head injury.

The registered manager provided us with an up to date staff training matrix, this showed us what training staff had undergone and when refresher training was due. We saw that the majority of staff had undergone the required training to ensure people were provided with safe and effective care. For example, mental capacity, food safety and health and safety.

As part of our inspection, we looked at the menus and food choices available to people living within the home. People were given choices every day from the set menu and the menu for the current day was displayed on the dining room tables. The registered manager told us the provider had a system in place where one person from one of their homes could choose a dish of their preference to be included on the

next roll out of set menus.

People and their relatives who were complimentary about the quality of the food provided at Cawood House. One relative told us, "The food is lovely." However, staff we spoke with felt the food could be better. The registered manager told us they were in the process of changing provider for their meal provision and would soon be providing meals from a market-leading ready meal service.

We observed the mealtime experience for people on the ground floor of the home. We saw that people were served their meals from the hot serving hatch in the dining room that was clean and decorated brightly. The food was well presented and looked appetising. We observed staff assisting some people who required assistance to eat their meals, we saw they did this with dignity and respect; staff spoke to people throughout and gave them their full attention. Staff noticed when people required assistance or prompting and helped them accordingly.

People with certain health conditions require their food to be prepared in a specific way to ensure they can eat their food comfortably and safely. For example, a 'Category C' diet means that food needs to be of a thick pureed consistency. We spoke with the registered manager regarding their knowledge around people's special diets and they provided us with a matrix of people living at the home who required their food to be prepared a specific way. We checked with staff around their knowledge of people's dietary requirements and found staff were aware of who needed to have their food prepared to a specific consistency.

This meant that staff were aware of how to prepare and serve food in such a way as to minimise the risk of the person choking. However, we found that one person people was not always receiving a fortified diet in order to maximise intake of calories when required. The registered manager told us they believed the relevant people were receiving a fortified diet; however, kitchen staff confirmed that people were not receiving fortified meals and drinks as required. We found during our inspection that no-one had come to harm as a result of our findings.

We recommend steps are taken by the provider to ensure all staff are aware of and implement actions to ensure people received a fortified diet where deemed necessary by dieticians.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. We saw that staff had undergone this training and staff we spoke with during the inspection demonstrated their knowledge around MCA and DoLS and told us what this meant for people living at Cawood House.

We found that DoLS applications had been submitted to the local authority for relevant people living at the home and authorisations had been received or were awaiting approval. The registered manager kept files

for each floor of the home that showed information on applications and approvals so that it could be seen at a glance; which people had a current DoLS in place and when a new application needed to be made. This meant the registered manager could be reassured that anyone at the home had been assessed and the legal safeguards were in place.

During our observations we saw that people were mostly asked their consent before providing care and support. One staff member we spoke with told us how they would always ask consent before providing care and support to people. We saw that people were offered support and mostly given choices; for example, we observed where staff asked people if they would like to go to the dining room for lunch. However, we also observed a small number of situations where staff were busy and told people what they were doing or where they were going without first giving them a choice or explanation. We made the registered manager aware of these situations and they told us they would speak to staff to ensure they were aware to always request consent before offering support.

We looked at how consent to care was gained and what documentation was in place in people's care files at Cawood House. We found the registered manager was in the process of setting up separate files for official documentation regarding people's capacity to consent and what safeguards were already in place. Consent to care must be provided in accordance with the requirements of the Mental Capacity Act 2005 and associated Codes of Practice. The registered manager was in the process of finding out which relatives or friends of residents had the legal safeguards in place to make decisions for people around their care. These legal safeguards include Lasting Power of Attorney (LPA) for Health and Welfare or a Court of Protection Order; the registered manager was liaising with one relative and requesting proof of LPA from one relative during our inspection.

We found that attention had been paid to make the environment of the home more conducive to meet the needs of people living at the home and reflect best practice in dementia care. We found use of photographs and memory boxes next to doors to aid people to orientate themselves around the home. We also saw that decals had been applied to several doors which made them resemble a traditional front door of a house. We saw that not all doors had the memory boxes and decals and the registered manager told us they were in the process of introducing these throughout the home. There was evidence of contrasting colours being used to aid independence, for instance on light switches, grab rails, toilet seats and bathroom doors. Corridors had handrails which were specifically decorated with regards to differentiation of colour. Attention had also been paid to the era that many people would have grown up in making the décor appealing and interesting to people: pictures on corridors represented film stars and singers from decades such as the 1950s and 1960s. There was a garden room that was decorated to look like a garden shed. The registered manager told us they had plans to develop another room into a tea room and shop counter.

# Is the service caring?

## Our findings

Visitors we spoke with gave us positive feedback regarding the care at the home. One relative told us, "They're so good with [name]. I couldn't fault them. I'm so happy; I can go home and know they're being looked after." Another visitor told us, "The care is quite adequate. They are fairly well looked after."

It was clear throughout the inspection that there were established, positive relationships between staff and people at the home. Staff we spoke with talked fondly of the people who live at Cawood House and demonstrated a good knowledge of people. Staff told us they were happy working at the home and told us, "I love it. I love helping the residents. I really enjoy being here and staff are very caring who work here." Another staff member told us, "People are looked after here and I would recommend it to a family member. Care is good; we all try our best to make sure people get what they need. I love my job, it's rewarding and I feel proud to be a carer."

We observed throughout the visit that staff talked kindly to people and were encouraging when providing assistance. Staff were attentive and responded to people in a sensitive and caring manner. We saw that staff were encouraging when assisting people to move to another room or eat their meals. We saw that people were given choices at mealtimes and throughout the day, for example, they were asked if they would like to join in with the activities that were on offer or whether they would like to watch television. When we reviewed people's care plans we found information had been gathered and recorded around people's preferences and choices about their care, for example, what they prefer to wear and what they like to eat. This meant staff who were providing care and support to people would be aware of their individual preferences.

Staff were kind and caring when supporting people offering reassurance and explanations. We observed staff sensitively assisting a person to stand up, maintaining the person's dignity and comfort. One visitor told us they felt their relative was always treated with dignity and respect and said, "There is nothing they could do to look after [name] any better."

Staff we spoke with also told us they would like to improve the care by spending more time with people providing personal care for people. One staff member told us, "Care is good, but could be better, for example, cleaning people's nails" Staff told us they supported people to have a shower once per week, but would like to support people to have more choice and options. One visitor we spoke with told us that they had been concerned regarding the infrequent brushing of their relative's teeth. However, they had not raised this with staff. We found when looking in care plans that people were supported to shower or bathe at specific times, for example, every five days. We spoke with the registered manager in relation to this, and we had observed during the initial tour, that not all bath/shower rooms were currently in operation due to refurbishment. However, the registered manager told us they were managing the current situation and would soon have the full complement of bathing areas and also had installed a spa bath on the first floor. We will monitor this at our next inspection.

We visited a small number of people's bedrooms and saw they were clean and tidy with rooms decorated in a personalised way. People had a key worker who was a member of staff responsible for ensuring the individual care needs of people were met.

We spoke with the registered manager around equality and diversity and the individual rights of people living at Cawood House. They had an understanding of equality and diversity and told us they would ensure the rights of people would be protected. The home had an equality and diversity policy in place to protect people living and working at the home.

Cawood House was awarded the 'Daisy Accreditation' in November 2017. This is an award winning accreditation scheme designed to foster an environment where Dignity in Care is at the forefront of everything that is done. The Accreditation is open to all organisations but with a focus on Health and Social Care Providers.



## Is the service responsive?

### Our findings

We looked at how people's current care needs were communicated between staff and found there were a number of communication exchanges that took place each day. These were shift handover meetings that occurred morning, afternoon and evening where staff would use a form to ensure that all residents were discussed and any important information handed over to the next shift.

We observed morning handover at the start of our inspection and found staff discussed each person's care needs and what was needed to be done for them on the next shift. This handover meeting was led by the deputy manager and used notes to verbally tell staff the information handed over from the previous night shift. Details around people's current physical and mental health needs were discussed, for example, where someone was not feeling well and required a GP visit. A written record of handover meetings was also in place; however on review of the file, we found these were not always completed, therefore, there was not always a contemporaneous, written record of the information that had verbally been handed over at these meetings.

There was a communication book used by senior carers and the deputy manager to pass on important information between each other. The registered manager told us they held daily meetings mid-afternoon with the deputy manager and senior carer on duty. This meeting was referred to as a 'catch up' and used to handover any pertinent information. The use of handover meetings and afternoon senior meetings meant that staff and the manager were kept informed of any issues or concerns around the home and allowed them to respond in a timely manner. However, no records were kept of these afternoon meetings. This meant that there was a risk some information may not be acted upon or lost for future reference.

We recommend that the provider maintains written records for handover and daily meetings where information around people is discussed.

During our inspection, we looked at the activities provided for people who live at Cawood House. We found there was a full time activities co-ordinator (known as the activities lifestyle facilitator) employed by the home and a comprehensive programme of activities was provided to people who wished to participate. We saw information clearly displayed on notices boards of upcoming events. On the day of our inspection, some people were being taken out to an organised tea dance; one lady told us she was really looking forward to it as she had never been to one before. The activities programme was varied and included people coming into the home to perform singing, comedy, chair-based exercises or trips out. The home benefitted from a budget allocated by the provider for activities. The registered manager told us they had also secured funding for an external organisation to provide a specialised programme of exercise aimed at reducing the instances of people falling.

One visitor we spoke with told us they were happy with the activities provided at the home, they said, "They have very good activities. They had a Chinese dragon and Super 60s entertainment." They also told us the activities co-ordinator had provided one to one time with their relative. However, another visitor we spoke



with told us, "There could be a little bit more stimulation on an individual basis as [name] cannot take part in the mass activities."

We spoke with the activities co-ordinator who was responsible for developing and co-ordinating the activities provided at Cawood House. They were passionate about the importance of providing stimulation in the care home environment and each person living at the home had their own assessment documenting what activities they liked to participate in. They spent time with the person and spoke with people's families around what activities were personal to them. They gave us examples of personalised activities they had carried out with people who did not always enjoy the generic activities on offer at the home. NICE quality standards on the mental wellbeing of older people state that older people in care homes should be encouraged to take an active role in choosing and defining activities that are meaningful to them. This promotes their mental health and well-being. Cawood House had invested in providing a full-time staff member and a wide range of resources, such as musical instruments, to ensure people received stimulation whilst living at the home.

The registered manager told us of plans to introduce a whole raft of technology into the home to enhance performance and to improve the experience of people living at the home. These new technologies included, Wi-Fi throughout the home, laptops and other equipment to play music on demand.

We will monitor this at our next inspection.

We reviewed three people's care documentation and found that they included information on how to care for the person by the way of care plans. Each person had personalised care records which gave information around people's likes, dislikes and preferences and also the person's life history. We looked in a number of these care records and found that some files contained more information than others about people's individual choices and preferences and the types of documentation was inconsistent. For example, one person's care file contained documents called my autobiography, map of life, favourite activities and favourite foods. Another person had the document my autobiography but this was blank alongside other documents, such as, 'about me'. Information on how to provide personalised care was included in two separate care plans, but was inconsistent and sometimes incomplete and difficult to find. We spoke with the registered manager over the care files and they acknowledged the care files were not clear, inconsistent and contained old information. They explained they were in the process of updating all care plans for all residents living at Cawood House. Additionally, the registered manager told us they would soon be introducing a new system of electronic care plans. They told us this would resolve the current issues and ensure streamlining of the system and enable easy access to pertinent and current information around each person.

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

Staff we spoke with knew people well and they told us they get the opportunity to read people's care files and feel there is enough information included in the files to enable them to effectively care for people. They told us, "Care plans are a bit muddled; they will be better when we get the electronic recorder."

As part of our inspection, we looked at how complaints were responded to and managed at the home. A complaints policy was displayed and a suggestion box in reception. The resident guide also gave detailed information on how to complain about the service and contact details of other agencies to go to if they were not satisfied with their service. We saw documentary evidence that complaints were responded to. There were two recorded complaints for 2017 and we could see a summary and actions taken had been noted;

however, we did not see how the complaints had been investigated. A corporate complaints policy was in place and accessible; however, this was an old version and the registered manager informed us they had purchased a new set of corporate policies that were in the process of being implemented.

We recommend checks are made to ensure old versions of policies and procedures are removed so that only relevant and current documentation is in place.

The complaints file also included a large number of compliments, which we were able to review. These compliments were mainly from relatives, such as, "To all staff at Cawood House, words cannot describe how much we appreciate the way you looked after [our relative] for the last two years of her life. Thank you for all your kindness and love you showed [our relative] with heartfelt gratitude." However, they also included a compliment from a local GP who wrote, "Commend the deputy for her professional performance."

The registered manager told us they had an open door policy and we found that office doors were always open throughout the inspection. They told us they had identified that smaller complaints were not recorded and had set up a file to record what they considered to be smaller issues brought to their attention, such as, people's missing items. They felt that, although smaller issues may not be considered to be a formal complaint, they should still be recorded and acted upon and had therefore set up the new system.

Visitors we spoke with told us they felt management was approachable and one visitor told us, "I feel that I can go to her with any problem and I feel she would act on it."

As part of our inspection we looked at how people were supported and cared for at the end of their life. At the time of our inspection no-one at Cawood was receiving end of life care. The registered manager had received training in end of life care and planned to cascade this training to other care staff members. Staff we spoke with were aware that some people living at the home had their wishes recorded in a Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) form and knew these forms were readily accessible to staff. This meant people's wishes around end of life could be respected in the event of an emergency.

# Is the service well-led?

## Our findings

The home had a manager in post who had been registered with the Care Quality Commission (CQC) since December 2017 at this location.

A registered manager has responsibility under their registration with the Care Quality Commission to have regard, read, and consider guidance in relation to the regulated activities they provide, as it will assist them to understand what they need to do to meet the regulations. We found that the registered manager had knowledge and documentation that showed us they were aware of their obligations. However, we found breaches of two regulations during our inspection.

This inspection was carried out in response to information contained in a regulation 28 report from the Coroner's office. This is a report that is written after an inquest into someone's death and the Coroner believes there is a risk of other deaths occurring in similar circumstances. Cawood House was not the subject of the regulation 28 report, but was involved in the care of the person who was the subject of the inquest and their record keeping and communication with community nursing teams was noted by the coroner. As part of our inspection we looked at what improvements the provider had stated they had made as a result of information contained in the Coroner's report. We found that although the provider had taken action, systems and process introduced had not been completed fully. We found that care records still lacked detail and meetings with community nursing teams had not always taken place.

Before our inspection, we checked the records we held about the service including statutory notifications we had received. We found the Care Quality Commission (CQC) had not always been notified of safeguarding allegations as they are required to do so. This meant that we were not able to see if appropriate action had been taken to ensure people were being kept safe. We brought this to the attention of the registered manager who investigated and found the previous deputy manager had not submitted these relevant notifications. The registered manager submitted the notifications during the inspection.

As part of our inspection we look at how the involvement and feedback of people living at the home was used to improve and personalise the service. The registered manager told us, they regularly sit at the dining table to speak to people; however there is no programme in place to regularly gain the views and satisfaction of people who use the service.

The home is run and managed by Borough Care Limited and a specific system and process of auditing was in place. These systems had not identified the issues we raised during this inspection as detailed within this report.

The above examples demonstrate a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Good Governance.

Personal information around people who lived at the home was kept confidential and systems adhered to the Data Protection Act 1998. Personal information, such as, care plans, were stored in locked cabinets and

accessible only with a key held by senior staff. This meant that personal, private information was kept secure and not accessible to anyone living at or visiting Cawood House.

We reviewed the business continuity plan for the home; this sets out what plans are in place if something significant occurs to affect the running of the care home, for example, a building fire, and an outbreak of influenza or financial insolvency of the provider. This meant that systems were in place to protect the health and safety of residents in the event of an emergency situation.

The registered manager told us they were keen to engage with relatives and friends of people living at Cawood House along with the people living there. They told us they had held their first relatives' meeting in January 2018 and intended to hold these quarterly. We asked the registered manager if they had a vision for the service and they told us they intended to improve the service overall for people. They gave us a copy of an action plan titled, 'Making a Difference' which outlined the future plans for the service. These plans included improvements to the environment, flexible mealtimes, resident reviews and a programme of personalisation.

It was clear that there was a strong and supportive staff network throughout the home that was led by the registered manager who was well thought of by people, staff and visitors. Staff were positive about the developments they had seen within the home over the last few months. They made various positive comments such as, "It's a lot better here...The manager is a lot more approachable, you can raise anything with her."

We saw that team meetings took place periodically; these were meetings held with different staff groups, such as, care staff or the senior care team.

Throughout the inspection we fed back to the registered manager, and area support manager, our findings that required attention. They acknowledged our findings and told us they were aware improvements needed to be made in the areas we had identified and had already started to implement change at the service.

We found the registered manager to be visible around the home during our inspection and it was clear the people and relatives knew them well. The registered manager and all staff were co-operative and helpful throughout the inspection visits.

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	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  Concerns were found around the assessment and management of risk. Poor infection control practice in the laundry.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  Ineffective care records. Current audits had not identified the issues we raised during this inspection.