St Philips Care Limited

Canwick Court Care Centre

Inspection report

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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?	Good

Overall summary

This inspection took place on 10 December 2014 and was unannounced.

Canwick Court specialises in the care of older people who have mental health needs including people living with dementia. It is registered to provide accommodation for people who require nursing and personal care for up to 26 people in two units. At the time of our inspection there were 26 people living at the home.

At the time of our inspection 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 about how the service is run.

On the day of our inspection we found that staff interacted well with people and people were cared for safely. People were safe and well cared for. Staff knew how to keep people safe. The provider had systems and processes in place to keep people safe.

The provider did not act in accordance with the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).If the location is a care home Care

Summary of findings

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 was one person who was subject to DoLS.

We found that people's health care needs were assessed, and care planned and delivered

to meet those needs. People had access to other healthcare professionals such as a dietician and GP.

Although staff responded in a timely and appropriate manner to people there were not always sufficient staffing to meet people's needs. Staff were kind and sensitive to people when they were providing support. Staff had a good understanding of people's needs. People had access to activities and excursions to local facilities.

People had their privacy and dignity considered.

People were supported to eat enough 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.

Staff were provided with training on a variety of subjects to ensure that they had the skills to meet people's needs.

We saw that staff obtained people's consent before providing care to them.

Staff felt able to raise concerns and issues with management. We found people and relatives were clear about the process for raising concerns and were confident that they would be listened to.

Audits were carried out on a regular basis and action plans put in place to address any concerns and issues.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was not consistently safe

There were not always sufficient staffing available to keep people safe.

Processes were in place to keep people safe and staff were aware of these.

Medicines were administered on time and stored safely

Requires Improvement

Is the service effective?
The service was not consistently effective.

Staff had the knowledge and skills to provide effective care to people.

People had their nutritional needs assessed. Where people required additional support from other healthcare services we saw they received this.

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

Requires Improvement

Is the service caring?
The service was caring.

Staff treated people with kindness and were aware of people's preferences and choices.

People's privacy and dignity was protected.

Good

Is the service responsive?
The service was responsive.

The service provided activities to people on a group and individual basis including trips out to local facilities.

We observed occasions when the service changed their practice in response to people's needs and requests.

People knew how to complain and raise concerns.

Good

Is the service well-led?
The service was well led.

There were systems and processes in place for monitoring quality.

Staff felt supported and able to raise concerns and issues with management.

The manager was knowledgeable about people's needs and we observed them chatting with people and relatives.

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 10 December 2014 and was unannounced.

The inspection team consisted of an inspector and an expert by experience. An expert by experience is a person who has experience of using this type of service, for example, dementia care.

Before our inspection we contacted the Local Authority commissioners and looked at their most recent report in order to inform our inspection. We also looked at notifications which we held about the organisation.

During our inspection we observed care and spoke with the manager, four members of care staff, two relatives and six people who used the service. We also looked at three care plans and records of training, complaints and medicines.

We used the short observational framework for inspection (SOFI). SOFI is a way of observing care to help us understand the experiences of people who could not talk to us. We observed four people for a one hour period.

Requires Improvement

Is the service safe?

Our findings

People who used the service told us they felt safe living at the home. Relatives we spoke with told us that they felt their family member was safe. One relative said, “If I had concerns I would raise them with the manager or deputy.”

Staff that we spoke with were aware of what steps they would take if they suspected that people were at risk of harm. They told us that they had received training to support them in keeping people safe. Staff said that information about safeguarding concerns was fed back at staff meetings and that they were kept informed of safeguarding issues. The provider had safeguarding policies and procedures in place to guide practice.

Individual risk assessments were completed for people who used the service. The provider consulted with external healthcare professionals when completing risk assessments for people, for example the GP and dietician. Staff were familiar with the risks and were provided with information as to how to manage these risks and ensure people were protected. For example, where people were at risk of falls, assessment tools had been used and guidance provided on their care needs in order to manage the risk. Accidents and incidents were recorded and investigated to prevent reoccurrence.

One member of staff told us that the staffing arrangements meant that all staff were familiar with the needs of people in both units and therefore could provide support in either area. They said this meant that they could respond and provide staffing where it was required to ensure people’s needs were met safely. They told us that there were usually two staff available in the downstairs area. They said that on the occasions that there was one member of staff available they were able to request assistance from staff in the upstairs unit. However they said that this meant that sometimes people had to wait for assistance with personal care.

On occasions there were insufficient staff to meet people’s needs, for example on the day of our inspection we observed that six residents waited over 35 minutes to be assisted from the upstairs dining room after they had finished eating. We saw staff apologised to people for the wait and explained that they required two members of staff to help transfer people. The manager told us that they used a dependency tool but that this did not assist them to determine what staffing numbers were required in order to meet people’s needs. They said that the downstairs unit was used for people who needed less support from staff so that people didn’t have to wait for support however such people still had to wait for support.

The provider had a recruitment process in place which was managed centrally and included carrying out checks and obtaining references before staff commenced employment. This was in place to ensure that staff were suitable to work with vulnerable people.

People told us that they received their medicines on time. We observed the medicine round at lunchtime. We saw that medicines were administered and handled safely. When administering medicines staff addressed people by their name and the member of staff explained what medicines they had for them. This ensured that medicines were given to the right people. 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.

Requires Improvement

Is the service effective?

Our findings

People received care from staff who had the knowledge and skills to carry out their roles and responsibilities effectively. One relative said, "Staff are very good." Another person said, "You will go a long way before you get better than here."

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. They said that they had received training in areas such as moving and handling, food hygiene and infection control. Two of the staff whom we spoke with told us that they had attended dementia care training which assisted them in meeting the needs of people. Training was provided via both a computer based system and face to face training. We saw a training plan was in place and had been updated to reflect what training had taken place and what training was required. We spoke with a member of staff who had recently started employment and they told us that they had received an induction.

Staff told us that they had daily handovers where they discussed what had happened to people on the previous shift. They said that these helped them to respond appropriately to people and ensure that they were aware of any changes to their care and health. Records of handovers were documented in the communication book which staff told us they looked at when they came on shift.

Staff were also satisfied with the support they received from other staff and the manager of the service. One staff member said, "They (the provider) are very good with training and making sure that you get what you need." Another told us that they felt supported in their role.

People who used the service told us that they enjoyed the food at the home. One person we spoke with at lunchtime said, "The food is very good."

The daily menu was on display in the dining area but this was for the previous day. However we observed that staff asked people what they would like to eat by showing them the meals which were available so that they could make an informed choice.

People had been assessed with regard to their nutritional needs and where appropriate plans of care had been put in place. We observed people were offered drinks during the day according to their assessed needs. Care staff were familiar with the nutritional requirements of people. For example, we observed when a group of people were going out for lunch staff confirmed who required their nutrition monitoring. Where people had specific nutritional needs referrals had been made to speech and language therapists and dieticians to assist staff in meeting their needs.

We found that people who used the service had access to local healthcare services and received on-going healthcare support from staff. The provider made appropriate referrals when required for advice and support. Staff that we spoke with gave us examples of how they had supported people with managing changes to their health, for example, one person who had previously suffered a mental illness had become very anxious and they spoke with the GP to request additional advice. services.

Where people did not have the capacity to consent, the provider did not act in accordance with

the Mental Capacity Act 2005 (MCA). The MCA protects people who might not be able to make informed decisions on their own about their care or treatment. Where it is judged that a person lacks capacity a person making a decision on their behalf must do this in their best interests. Processes and policies were in place to support staff to implement the MCA.

One person told us that they had had bedrails put in place during the night against their wishes and were distressed about this. We spoke with the deputy manager who told us that they were able to consent and should not have had these put in place. They spoke with the night staff and clarified this during our visit.

We looked at whether the service was applying the Deprivation of Liberty Safeguards (DoLS) appropriately. These safeguards protect the rights of people using services by ensuring that if there are restrictions on their freedom and liberty these are assessed by professionals who are

trained to assess whether the restriction is needed. At the time of our inspection there was one person who was subject to DoLS.

In all three care plans we looked at we saw that the care records indicated that people lacked the capacity to

Requires Improvement

Is the service effective?

consent to aspects of their care, for example the use of bedrails. However best interest assessments did not explain what decision they were in place for. People were at risk of receiving care that wasn't in their best interests.

Good

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. One person said, "I am very happy here everyone is lovely and very kind". Another person told us, "It's very, very good here everyone is very kind and caring."

A relative told us that they were 'very happy' with the care their relative received.

We saw that staff interacted in a positive manner with people and that they were sensitive to people's needs. For example after coffee time staff asked people if they had finished their drinks before removing the cups. People who were unable to verbally express their views appeared very comfortable with the staff who supported them. We saw staff use signs and written communication in order to explain to a person what the plan was for a trip out.

We observed staff were aware of people's care needs for example, we saw one carer speaking into the left ear of one resident who we had spoken to and they had told us that this was their best ear. The carer noticed the person was not wearing their hearing aid and asked where it was. The person said that the battery was broken so it was in their room. The carer asked if they could fetch it and if they would like to put it on. The person indicated that they would. The person indicated their pleasure when they had the hearing aid fitted in.

We observed lunchtime and found this to be a pleasant and enjoyable experience for people. People appeared relaxed and chatted with each other. Staff provided support and assistance to people in a sensitive manner in order to ensure that people received sufficient nutrition. For example, they showed people what meals were available to enable them to make a choice.

We saw that caring relationships had developed between people who used the service and staff. We observed staff asked people if they were alright and whether they needed anything. One person was confused about where they were and staff took time to explain. Another person was anxious and we observed staff reassured the person and spent time talking to them about their occupation and family.

When staff supported people to move they did so at their own pace and provided encouragement and support. Staff explained what they were going to do and also what the person needed to do to assist them. They said, "Can you stand up for me" and explained how people needed to support themselves to stand.

Relatives that we spoke with told us they visited the service regularly and found that staff welcomed them. One relative told us, that they felt involved in the care of their relative and were kept informed about their care.

People who used the service told us that staff treated them well and respected their privacy. We observed staff knocked on people's bedroom doors before entering and asked if it was alright to come in. However, one person expressed concern to staff that they had seen a member of staff going into their room without permission. The staff member apologised and explained why they had gone into the person's room in order to fetch the person a coat to go out in.

We noticed most of the bedroom doors were left open as they were being cleaned and linen changed which meant anyone could have had access to people's personal space.

All rooms at the home were for single occupancy. This meant that people were able to

spend time in private if they wished to. Bedrooms had been personalised with people's belongings, to assist people to feel at home. We saw that bedroom and bathroom doors were always kept closed when people were being supported with personal care. The home was spacious and there were areas for people to spend time with their families if they wanted to, including the main lounges. Staff we spoke with understood what privacy and dignity meant in relation to supporting people with personal care. Staff spoke discreetly to people and asked them if they required assistance. We saw that staff addressed people by their preferred name and that this was recorded in the person's care record.

Good

Is the service responsive?

Our findings

The people we spoke with told us that they had their choices respected. We observed occasions when people were given choices by staff about their care for example where they would like to eat their meal and whether they would prefer to sit in their wheelchair or an easy chair.

A relative said that their family member had chosen to have a lie in last week until 11am. They said that staff were supportive of their choice and then made them breakfast at a later time. They said, "They are flexible on meal times, and getting up and going to bed. When [family member] didn't feel hungry at lunch time they would make her something later on."

One person said, "It's just like being at home. You can have what you like when you like. When I was well I did crafts and the hair dresser comes every week."

The home had access to transport once a month and used this to maintain links with the local community. One resident told us they had been out on a number of trips, one to a local dairy farm ice cream parlour, another to a farm to see some birds and several trips in to town.

On the day of our inspection a small group of people had gone out to lunch however we saw that the remainder of people did not have access to leisure activities. Two people we spoke with told us that they were bored and didn't have anything to do. They were unable to go out on the trip as the transport was full. However during our visit we observed staff sitting with them discussing their past life and plans for Xmas. When we spoke with the activities coordinator they told us they provided one on one activities regularly and gave examples of people and the sort of activities they liked such as puzzles and hand massage. They also said that although trips were limited to numbers due to the size of the minibus they tried to give everyone the opportunity to go on the trips.

Staff that we spoke with were knowledgeable about people's likes, dislikes and the type of activities they enjoyed. For example we observed a member of staff supporting a person to go outside to have a cigarette. Another person's relative told us that they liked boxing and we saw they had a book about boxing to look at.

We looked at care records for three people who used the service. Care records included risk assessments and personal care support plans. Records detailed what choices people had made as part of their care and who had been involved in discussions about their care. We saw that care records had been reviewed and updated on a regular basis which ensured that they reflected the care and support people required. When we spoke with staff they were able to tell us about the changes and the choices people had made. For example, one person refused to go into the dining room for lunch. Staff told us that they often preferred to remain alone in the lounge but would ask for their lunch later in the day.

The complaints procedure was on display in the home. Relatives told us that they would know how to complain if they needed to but that they hadn't had cause to do so. We saw that a recent complaint had been resolved satisfactorily. The manager kept a log of complaints and reviewed this on a regular basis in order to identify and trends. The service encouraged feedback from people and a survey had been carried out. .

Good

Is the service well-led?

Our findings

Staff meetings were held and we saw that, where required, actions resulting from these were carried out. Staff told us that they thought there were good communication arrangements in place which supported them in their role, for example the communication book which all staff could write in to ensure that staff were aware of issues. Staff told us that they would feel comfortable raising issues. One staff member told us they had raised an issue with the manager and this had been addressed and resolved satisfactorily.

Staff understood their role within the home and were aware of the lines of accountability. They said they would feel comfortable speaking with their line manager for support and advice. The deputy manager told us that they were in the process of putting together a development programme for carers to become senior carers in order to aid staff retention and continuity of care for people.

The relatives we spoke with told us that they had completed surveys. Surveys had also been carried out with people who used the service, staff and professionals. The manager told us that the results were currently being collated and a report would be available for people when this was completed. They said that an action plan would be put in place to address any concerns or suggestions which had been made.

The manager told us they were responsible for undertaking regular audits of the home which were then collated centrally by the provider. Audits had been carried out on areas such as accidents and incidences, medicines and infection control. Records showed that the provider regularly carried out health and safety audits for the home which covered fire safety, electrical checks, temperature checks and clinical waste. Where required action plans were in place and these were reviewed on a regular basis with the regional manager to ensure progress was made.

The service had a whistleblowing policy and contact numbers to report issues 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 acting manager. One staff member said that they “Enjoyed the job and felt supported in their role.” Another said, “If there is something I want to do I will raise it with the manager.”

The relatives we spoke with told us that they would be happy to raise any concerns they had. They said that they would go to the manager and were confident that they would sort it out quickly. We observed that the manager took an active role in the running of the home and had a good knowledge of the people who used the service and the staff. We saw that people appeared very comfortable and relaxed with the management team. One member of staff told us that they were responsible for producing a monthly newsletter and acted as a point of contact for relatives to raise concerns and issues.