

Miss Catherine Elizabeth Paul

Canwick House Care Home

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Requires Improvement ●

Summary of findings

Overall summary

About the service

Canwick House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. It provides accommodation for a maximum of 20 older people in a single house. At the time of our inspection there were 14 people living at the service.

People's experience of using this service and what we found

There was a process in place to carry out quality checks. These were carried out on a regular basis. The home was clean, and staff understood how to prevent and manage infections.

There was enough staff to support people. Appropriate employment checks had been carried out to ensure staff were suitable to work with vulnerable people. Arrangements were in place to safeguard people against harm and staff were aware of these. People said they felt safe.

People enjoyed the meals and their dietary needs were catered for. This information was detailed in people's care plans. Staff followed guidance provided to manage people's nutrition and pressure care. People were supported by staff who had received training to ensure their needs could be met. Staff received regular supervision to support their role.

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

People had good health care support from external professionals. When people were unwell, staff had raised the concern and acted with health professionals to address their health care needs. People had access to a wide range of activities and leisure pursuits and were involved in planning these.

We saw evidence of caring relationships between staff and people who lived at the home. Staff were aware of people's life history and preferences and used this information to develop relationships. People felt well cared for by staff. Care records were personalised and were regularly reviewed. People had been involved in the development and review of their care plan.

The provider had displayed the latest CQC rating at the home and on their website. When required notifications had been completed to inform us of events and incidents.

More information is in the detailed findings below.

Rating at last inspection

The last rating for this service was Requires Improvement (published 16 March 2018). At this inspection the

service had improved to Good.

Why we inspected

This was a planned inspection based on the previous rating however the inspection was prompted in part due to concerns received about the management of the service. A decision was made for us to inspect. However, we did not examine those risks on inspection and are following up on our concerns outside of this regulatory process. We found no evidence during this inspection that people were at risk of harm from this concern. However we are continuing to monitor the issues with the provider.

Follow up

We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement ●

The service was not consistently well led.

Details are in our well led findings below.

Canwick House Care Home

Detailed findings

Background to this inspection

The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by two inspectors.

Service and service type

Canwick House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The service did not require a manager registered with the Care Quality Commission in post because the service was registered as a single provider. A registered manager and provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced. We inspected the service on 15 January 2020.

What we did before the inspection

Prior to the inspection we examined information we held about the service. This included notifications of incidents that the registered persons had sent us since our last inspection. These are events that happened in the service that the registered persons are required to tell us about. We used all this information to plan our inspection.

We used the information the provider sent us in the provider information return. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

During the inspection we spoke with three people who lived at the service, three care staff, the cook, the registered provider and the deputy manager. We looked at three people's care records in detail and records that related to how the service was managed including staffing, training, medicines and quality assurance. We also spoke with three relatives and a friend of a person living at the home.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Good. At this inspection this key question had remained same. This meant people were safe and protected from avoidable harm.

Using Medicines Safely

- An effective system for managing medicines was in place. For example, guidance was in place for (PRN) 'as required' medicines and arrangements were available for medicines which require specialist arrangements for storage.
- Staff told us they had received training about medicines and had been observed when administering medicines to ensure they had the correct skills.

Preventing and controlling infection

- Infection control systems were effective. A member of staff had been appointed as lead for infection control and we saw they carried out regular checks around the home. The home was clean.
- Staff had access to personal protective equipment (PPE) and used it according to the provider's policy. Staff were aware of the special precautions that needed to be taken in the case of an infection outbreak.

Assessing risk, safety monitoring and management

- We found that risks to people's individual safety had been assessed. Risk assessments were in place and these told the staff about the risks for each person and how to manage and minimise these risks. Staff used nationally recognised tools to assess the needs of people who lived at the service.
- People's needs had been assessed and their care given in a way that suited their needs, without placing unnecessary restrictions on them.
- Plans were in place to assist people on an individual basis in the event of an emergency such as fire.

Staffing and recruitment

- At this inspection we found there were enough staff available to meet the needs of people.
- People received care in a timely manner and according to their care plans. During the inspection we observed staff responding to people in a timely manner.
- The registered person had undertaken the necessary employment checks for new staff. These measures were important to establish the previous good conduct of the applicants and to ensure that they were suitable people to be employed in the service. This included checks with the Disclosure and Barring Service to show that the applicants did not have relevant criminal convictions and had not been guilty of professional misconduct.

Systems and processes to safeguard people from the risk of abuse

- Systems and process were in place to protect people from abuse. People told us they felt safe living at the home.
- We spoke with staff about the protection of vulnerable people. Staff knew the procedures to follow

internally and to external agencies such as the local authority. Records showed that care staff had completed training.

- Where incidents had occurred the registered manager and staff had followed local safeguarding processes and notified us and the local authority of the action they had taken.

Learning lessons when things go wrong

- Records showed that arrangements were in place to record accidents and near misses. Arrangements to analyse these so that the registered person could establish how and why they had occurred, were also in place. Learning from any incidents or events was shared with staff, so they could work together to minimise risk.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

At the last inspection this key question was rated as good. At this inspection this key question had remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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 to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DOLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- We found the service was acting consistently within the principles of the MCA. Records showed that when people lacked mental capacity to make specific complex decisions a decision in people's best interests had been put in place.
- Staff had a good understanding of MCA and DoLS and had made appropriate referrals to the Local Authority. People's capacity to make day to day to day decisions had been assessed and documented which ensured they received appropriate support. Staff demonstrated an awareness of these assessments and what areas people needed more support with when making some more complex decisions.
- At the time of inspection there were four people subject to a DOLS.

Adapting service, design, decoration to meet people's needs

- Bedroom doors were numbered and had pictures and photographs to support people to orientate themselves around the home.
- People's bedrooms were personalised and where people required specific equipment to assist them with their care this was in place. Records detailed when checks had been made to ensure equipment was in working order.

Staff support: induction, training, skills and experience

- Arrangements were in place to provide regular updates on topics such as first aid and moving and handling to ensure their skills were up to date to provide effective and safe care.
- Staff we spoke with were knowledgeable about their roles and responsibilities for caring and supporting people who lived at the home. They told us they felt they had the skills for providing care to people.
- Supervisions had taken place. These were important because they provided staff with the opportunity to

review their performance and training needs.

- An induction process was in place and this was in line with the National Care Certificate for new staff. The National Care Certificate sets out common induction standards for social care staff and provides a framework to train staff to an acceptable standard.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Care plans were regularly reviewed and reflected people's changing needs and wishes.
- Assessments of people's needs were in place, expected outcomes were identified and care and support were reviewed when required.

Supporting people to eat and drink enough to maintain a balanced diet

- People were given a choice at mealtimes. We observed a person who was feeling unwell and staff offered them several alternative options for their lunch.
- Staff were familiar with people's needs and likes and dislikes.
- Where people had specific dietary requirements, arrangements were in place to ensure people received this.

Staff working with other agencies to provide consistent, effective, timely care ;Supporting people to live healthier lives, access healthcare services and support

- People's care records showed people who lived at the service had access to health professionals, to ensure their on-going health and well-being. Records showed that staff were proactive in their approach and made referrals to health professionals in a timely manner. One person told us the staff were, 'quick to get a GP if they needed it'.
- Where people had specific health needs for example gluten intolerant, care plans reflected this and detailed how to meet these needs.
- Care records included oral health assessments and we observed people had access to a dental service if required. A member of staff had been appointed to lead on oral health and had completed a SONA (swallowing oral health and nutrition ambassador) course to ensure they had the appropriate skills.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

At the last inspection this key question was rated as Good. At this inspection this key question had remained same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence

- We found people's dignity was respected. For example, staff spoke discreetly with people, when offering support and providing personal care.
- Suitable arrangements were maintained to ensure personal information was kept confidential. Records were kept securely and out of public view. For example, food and fluid charts were stored in the clinic room. Computer records were password protected so that they could only be accessed by authorised members of staff.
- We observed people were supported to maintain their independence. For example, staff told us about a person who had previously self-medicated. They explained they were working with the person and the district nurse to support them to be able to self-medicate again.

Ensuring people are well treated and supported; equality and diversity

- People were involved in their care planning and expressing their wishes about their care. A person told us, 'staff came to them regularly to check things in their care plan were as they wanted them'.
- We observed staff knew how to care for people who needed support to prevent any distress. For example, a person became upset and continually asked for help. Staff reassured them and talked to the person about their family to distract them. We checked the records and saw staff had addressed the issue according to the agreed care plan.
- Staff understood the importance of promoting equality and diversity and people were treated as individuals. For example, care records considered whether people's religious and cultural beliefs affected how their care was to be provided.
- Arrangements were in place to support people according to their religious wishes. The home had contacted religious leaders from a number of faiths to provide this if required.
- The provider recognised the importance of appropriately supporting people according to their sexuality. A policy to guide staff was in place. Staff were aware of this.

Supporting people to express their views and be involved in making decisions about their care

- People were supported to express their views and be involved in making decisions about their care and treatment. For example, staff asked people if they needed assistance before providing it.
- Staff gave each person appropriate care and respect while considering what they wanted. We observed a person did not want to wear a clothes protector at lunchtime and staff respected this.
- People had access to advocacy resources and staff had ensured that people were aware of this by providing information and talking to each person on an individual basis about it. Advocates are

independent of the service and can support people to make decisions and communicate their wishes.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People's care needs had been assessed and care plans had been regularly reviewed and updated to reflect people's changing needs and choices.
- Care records included areas such as; supporting people with their personal care, eating and drinking, keeping the person healthy and safe, supporting the person with activities and their likes and dislikes. Staff were aware of people's likes and dislikes and used their knowledge to enhanced personalised care. For example, the cook had records of conversations she had had with people about their likes and dislikes and used these to inform the menu plans.
- An arrangement to ensure information was available when people required emergency treatment or hospital care had been put in place. Individual information cards were stored in an identifiable box to ensure staff could easily access this. This meant people's needs and wishes would be met.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People had access to hobbies and activities on a regular basis. On the day of inspection people were making valentine decorations and took part in a game of bowls. People were also supported on an individual basis with jigsaws and quizzes.
- People were involved with organisations in the community for example, they regularly went to a local restaurant. Organisations also came to visit the home, such as PAT dogs and a choir whom people sang with as part of a public performance.
- Care records included information about people's history. This is important because it helps staff to understand people's needs and wishes. We observed this information was used to care for people for example, sourcing a piano for a person who had been a musician and talking to a person about the places they used to travel to.
- People were encouraged to maintain relationships. For example, a relative told us they were, "Always made to feel welcome." Another relative told us the wife of their family member regularly stayed for meals and was encouraged to stay at the home.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Care plans included information about how to communicate with people. For example, a care record explained how a person expressed pain by using facial expressions and gestures. This information was also

available in the medicine file to assist staff to understand when the person required pain relief.

- Information was provided in a range of formats to assist people to understand information.
- The provider had developed a range of photographic prompts to assist people to be involved with their care such as pain and medicines.

Improving care quality in response to complaints or concerns

- There were arrangements to ensure that people's concerns and complaints were listened and responded to, to improve the quality of care. At the time of our inspection there were no ongoing complaints.
- A policy for dealing with complaints was in place and available to people and their relatives.

End of life care and support

- People had been given the opportunity to put in place advanced care plans so that staff were aware of their wishes at the end of their life.
- Records recorded people's preferences for care and for funeral arrangements.
- The provider had worked with other agencies to ensure for two people that medicines to support their end of life care were in place.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained requires improvement. This is the fifth consecutive inspection at which the rating for well led is 'requires improvement. Continued concerns demonstrate that the service is still not consistently well led and does not give us confidence that the provider can deliver and sustain the standard of management needed to ensure the health, safety and welfare of people using the service. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. We are continuing to investigate the concerns.

Continuous learning and improving care; Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Prior to inspection CQC had been made aware of a number of concerns relating to the management of the service. Investigations are ongoing with regard to these issues which reflect on the ongoing governance of the home. These issues have been taken into account. The provider had notified CQC of accidents and incidents as required.
- A process for managing quality checks was in place and the provider had systems in place to ensure that action was taken when issues were identified.
- The provider had followed best practice guidance in relation to management of risk, provision of care and infection control and specialist roles had been developed to ensure staff were kept informed and updated about topics such as nutrition and infection control.
- The service had an open culture. Staff told us the registered manager was supportive and they felt able to raise issues.
- The previous inspection rating was displayed in the home and on the registered providers website.
- The provider had introduced a number of innovative methods to ensure the quality of people's care was maintained. For example, a book of photographic prompts of cups used in the home helped staff to calculate how much fluid people had received. Another photographic prompt was used to show people what medicines they were taking and what they were for.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Arrangements were in place to involve people in the day to day running of the home. For example, arrangements were in place for people to be involved in the recruitment of staff.
- Staff were engaged in discussions about the service and the responsible person had put arrangements in place to facilitate this. Including regular staff meetings and supervisions.
- Staff told us they thought the registered manager was approachable. They said the manager was open and visible and they felt involved in the running of the home.
- Regular meetings were held with people who lived at the home. People were encouraged to be involved in

decisions. For example, deciding on colours for decorating the home.

Working in partnership with others

- The manager worked with other organisations and health and community professionals to plan and discuss people's on-going support within the service and looked at ways how to improve people's quality of life.
- Working relationships had been developed with other professionals, to access advice and support.