Miss Catherine Elizabeth Paul

Canwick House Care Home

Inspection report

Hall Drive
Canwick
Lincoln
Lincolnshire
LN4 2RG

Tel: 01522522275
Website: www.canwickhouse.com

Date of inspection visit:
07 September 2016

Date of publication:
07 October 2016

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?	Requires Improvement
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

This inspection took place on 7 September 2016 and was unannounced. Canwick House provides care for older people who have mental and physical health needs including people living with dementia. It provides accommodation for up to 20 people who require personal and nursing care. At the time of our inspection there were 12 people living at the home.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations.

On the day of our inspection staff interacted well with people and people were cared for safely. People and their relatives told us that they felt safe and well cared for. Staff knew how to keep people safe. The provider had systems and processes in place to keep people safe. Medicines were usually administered safely. Medication administration sheets (MARS) were completed fully. Allergies were not recorded consistently on the identification sheets in the medicine records.

The provider did not consistently act in accordance with the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. If the location is a care home the Care Quality Commission is required by law to monitor the operation of the DoLS, and to report on what we find.

We found that people's health care needs were assessed and care delivered to meet those needs. Care records did not always reflect the care people required. People had access to healthcare professionals such as the district nurse and GP and also specialist professionals. People had their nutritional needs assessed and were supported to eat enough to keep them healthy. People had access to drinks and snacks during the day and had choices at mealtimes. Where people had special dietary requirements we saw that these were provided for.

There were sufficient staff to meet people's needs and staff responded in a timely and appropriate manner to people. Staff were kind and sensitive to people when they were providing support and people had their privacy and dignity considered. Staff had a good understanding of people's needs and were provided with training on a variety of subjects to ensure that they had the skills to meet people's needs. The provider had a training plan in place and staff had received supervision.
People were provided with access to a limited range of activities.

Staff felt able to raise concerns and issues with management. Relatives were aware of the process for raising concerns and were confident that they would be listened to. Audits were carried out and action plans put in place to address any issues which were identified, however some issues had not been identified by the audit process. Accidents and incidents were recorded. The provider had informed us of incidents as required by

law. Notifications are events which have happened in the service that the provider is required to tell us about.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

Medicines were stored and usually administered safely. Allergies were not consistently recorded. As required medicines were not administered according to protocols.

Infection control was not effectively managed.

There were sufficient staff.

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

Is the service effective?

Requires Improvement

The service was not consistently effective.

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

Staff received regular supervision and training.

People had their nutritional needs met. People had access to a range of healthcare professionals and services.

Is the service caring?

Good

The service was caring

Staff responded to people in a kind and sensitive manner.

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

People were treated with privacy and dignity.

Is the service responsive?

Requires Improvement

The service was not consistently responsive.

Care plans were not personalised and did not reflect the care people required.

People had access to limited activities.

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

Is the service well-led?

Requires Improvement

The service was not consistently well led.

The systems and processes to check the quality of care and improve the service did not always identify issues of concern.

Staff felt able to raise concerns.

The registered manager created an open culture.

Canwick House Care Home

Detailed findings

Background to this inspection

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

This inspection took place on 7 September 2016 and was unannounced. The inspection was completed by an inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and what improvements they plan to make. We used this information to help plan our inspection.

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

During our inspection we observed care in the home and spoke with the registered manager, the deputy manager, two care staff and the cleaner. We looked at four people's care plans and records of staff training, audits and medicines. We spoke with six people and one relative. We also spoke with a visiting professional.

Requires Improvement

Is the service safe?

Our findings

We observed the medicine round and saw that medicines were usually administered and handled safely. Staff identified people by name and told them what medicines they were being given to ensure that they were receiving the correct medicines. People were not always asked if they needed their as required (PRN) medicines such as painkillers. It was also not clear from the records whether or not people could consent to having these as PRN protocols were not available. PRN protocols advise staff about how and when to administer as required medicines. We spoke with the deputy manager about this who advised us that they had previously had these in place but had removed them following external advice. They told us that they would reinstate these. Where people required their medicines to be given in their meals (covert medicines) this was documented and discussions had taken place with the GP and the pharmacist to ensure that the required effect of the medicines was not affected by being given in food.

Identification sheets in the medicine documentation did not consistently include allergies which meant that staff could not easily check that people were not allergic to prescribed medicines. We saw that the medication administration records (MARS) had been fully completed according to the provider's policy and guidance. Arrangements were also in place to check MARS to ensure medicines had been administered and documentation completed. Medicines were stored in locked cupboards according to national guidance. Processes were in place to ensure that medicines were disposed of safely and records maintained regarding stock control.

The home was clean, however we observed some issues that related to infection control management. For example, a bathroom had cloth hand towels available for people to dry their hands. There was a risk of cross infection. In another bathroom we observed that paint on a work surface and the bath surround were chipped which would be a reservoir for cross infection. People's personal toiletries and creams were also left out in two bathrooms which meant that they were available for any person to use which is a cross infection risk.

People who used the service told us they felt safe living at the home and had confidence in the staff. One person told us, "I feel safe, it's my home." The relative we spoke with told us that they felt their family member was safe. They said, "My relative is safe and secure here." A visiting professional said, "Not had any concerns." Another person said, "I feel safe, the staff are lovely. But a horrible man wanders in my room now and then in the day. He stands and looks then sits down so I ring my bell." We saw that staff responded promptly to call bells and provided reassurance when required. We observed staff responded to people promptly.

People and staff told us that there was enough staff to provide safe care to people. A person said, "There seem to be enough" and another person told us, "They seem to be very good on numbers." The registered manager told us that they did not need to use agency staff. They said they had recently recruited a number of new staff which ensured that people received safe and appropriate care as they did not have to use agency staff who did not know people's needs. A dependency tool was used to assess the needs of people on a regular basis and ensure that sufficient staffing and support was available.

The registered provider had a recruitment process in place which included carrying out safety checks and obtaining references before staff commenced employment. When we spoke with staff they confirmed that they had had checks carried out before they started employment with the provider. These checks ensured that only suitable staff were employed by the provider.

Staff were aware of what steps they would take if they suspected that people were at risk of harm. One member of staff we spoke with was unsure about how they would report concerns outside of the organisation, for example, to the local authority. However we saw that information was on display in the clinical room. Not all staff had received training to support them in keeping people safe, however the provider had a plan in place in order to ensure that staff accessed this training. The registered provider had safeguarding policies and procedures in place to guide practice and we had evidence from our records that issues had been appropriately reported.

Individual risk assessments were completed for issues such as the risk of falls and skin care. Risk assessments were also in place where equipment was used such as bed rails. Accidents and incidents were recorded and investigated to help prevent them happening again. Individual plans were in place to support people in the event of an emergency such as fire or flood.

Requires Improvement

Is the service effective?

Our findings

The provider did not consistently act in accordance with the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving professionals and relatives who know the person well and other professionals, where relevant. Where best interest decisions were in place it was not detailed in these what decision it had been agreed that people required support with. This meant that staff were at risk of making decisions for people illegally. In one care record it stated, "[Person] finds it difficult to express their needs so staff are to act in [persons] best interest." The record did not detail what issues the person required support with. We saw on the MARS that some as required medicines were marked as 'offered but not required,' although we had not observed the person being asked. Staff were making decisions about as required medicines on behalf of people.

If the location is a care home the Care Quality Commission is required by law to monitor the operation of the DoLS, and to report on what we find. At the time of our inspection there was no one who was subject to DoLS, although applications had been made and the provider was awaiting the outcomes of these. DoLS provides legal protection for those vulnerable people who are, or may become, deprived of their liberty. We saw that the appropriate paperwork had been completed and the CQC had been notified of this. When we spoke with staff about the MCA and DoLS they were able to tell us about it and how it applied to people within the home.

We looked at people's records and saw records included consent to treatment forms. However we observed that these were not always fully completed. Where people were unable to consent this was not clearly detailed in the care records or detailed what support people required and why. For example a person who used bedrails to keep them safe did not have a consent form in place. There was a risk that they were being restricted illegally. We observed that people were asked for their consent before care was provided. Staff were able to tell us what they would do if people refused care and we observed staff responding to people when they refused care. For example, one person had refused a biscuit initially when offered but staff checked with them before taking the trolley away that they had not changed their mind and offered biscuits again. The second time the person accepted a biscuit.

There was a breach of regulation 11 (1) (2) (3) The provider did not consistently act in accordance with the Mental Capacity Act 2005. It was not clear from records whether or not a person could consent to care and treatment.

People received care from staff who had the knowledge and skills to carry out their roles and responsibilities effectively. One person told us, "They seem very capable." The relative we spoke with said, "The staff are so good with [my family member's] challenges, they're super with them." A visiting professional said, "The staff seem to know how to look after the person I visit."

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. Some of the training was provided by the district nurses which meant that staff were familiar with the appropriate treatment which people required. Staff had received annual training on areas such as fire and health and safety and also training on specific subjects which were relevant to the care people required such as falls prevention and skin care.

We saw there was a system for monitoring training attendance and completion. It was clear who required training to ensure that they had the appropriate skills to provide care to people and that staff had the required skills to meet people's needs. Staff also had access to nationally recognised qualifications. New staff received an induction and when we spoke with staff they told us that they had received an induction and found this useful. The induction was in line with national guidance.

Staff were satisfied with the support they received from other staff and the registered manager of the service. They told us that they had received regular support and supervision and that supervision provided an opportunity to review their skills and experience. We saw that appraisals had not been carried out with most staff because they had not been working at the service for longer than a year. Appraisals are important as they provide an opportunity to review staff's performance and ensure that they have the appropriate skills for their role.

People who used the service told us that they enjoyed the food at the home. One person said, "The food is lovely. They [chef] does me a special sometimes, I like my gravy! They [chef] knows my likes and dislikes. They just bring me what's cooked that day." Another person said, "It's quite reasonable. I've never had a choice, they just bring something and I've accepted it."

We observed lunchtime and saw staff assisting people with their meal to ensure that they received sufficient nutrition. Interaction with people was kind but minimal conversation. Two people were slow in eating and received encouragement by a carer, but whilst standing beside them and leaning over rather than sitting beside them to facilitate interaction. However where people required support with all of their meal staff sat beside them. People were offered a choice of two meals by staff in the morning however staff told us if people did not want the offered meals or the meal they had chosen they were able to provide alternatives. We saw one person had a different meal at lunchtime. Staff told us that they used to ask people what choice of meal they liked on the previous day but that people could not remember their choices so they now asked each day after breakfast. However when we spoke with people they were unable to tell us about their choices.

People had been assessed with regard to their nutritional needs and where appropriate, plans of care had been put in place. For example to ensure that people received appropriate nutrition food supplements were given. Staff were familiar with people's needs and were aware of what nutrition they had received. Where people had allergies or particular dislikes these were not highlighted in the care plans. We observed people were offered drinks during the day according to their assessed needs. Staff were familiar with the nutritional requirements of people and records of food and fluid intake were maintained appropriately.

We found that people who used the service had access to local and specialist healthcare services and received on-going healthcare support from staff. One person told us, "The nurse comes in twice a day to dress my leg and injections. I've seen the optician here and have to have the chiropodist each time as I'm diabetic." Another person told us, "They're good at asking the doctor to come in." Where people had specific health needs such as diabetes information was available to staff to ensure that they provided the appropriate care. Staff received daily handovers where they discussed what had happened to people on the previous shift and their health and wellbeing.

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. The relative we spoke with confirmed they thought the staff were kind, courteous and treated the residents with respect. All the people we spoke with said that they felt well cared for. One person told us, "I've always found them kind and helpful" and another person said, "I do feel comfortable with them and they help me as much as they can."

A relative told us, "They're all very caring and helpful. They give me an update. One day they sat my family member in the office to help do paperwork as they know what they used to do as their job." A visiting professional said, "It's a lovely warm atmosphere." We observed staff acting in a kind, calm way with people, often holding their hand or placing an arm round them when talking with them.

People were involved in deciding how their care was provided and encouraged to participate in their care. For example, at lunchtime, we observed a member of staff encouraging a person living with dementia, to make choices. The person had finished their lunch and was trying to understand how to undo the apron strap behind their head. The member of staff came to them and offered to undo it, which they agreed to. After undoing the fastening the member of staff removed the apron and showed the person how the row of fasteners could be worked. The staff member asked, them if they would like to fasten them. The person agreed and was focused on doing up the fasteners. We observed they grinned widely when they had completed it. The member of staff then asked, "How would you like them to remain?" and, "Would you like to help me fold it now?" The person agreed and proceeded to fold the apron.

We saw that staff interacted in a positive manner with people and that they were sensitive to people's needs. For example when serving morning drinks staff asked people if they were alright and ensured that they received their choice of drink. Drinks were served in individual cups and china mugs according to people's choices and needs. For example, one person had a straw in their mug to assist them with drinking. Another person was confused when being supported to move into the dining room for lunch despite staff explaining what was happening before supporting them. We observed that staff were calm and reassured them, explaining where they were going and why.

When staff supported people to move they did so at their own pace and provided encouragement and support. Staff checked that they were happy and comfortable during the process. Staff explained what they were going to do and also what the person needed to do to assist them. For example when using a hoist they explained to the person when they were going to be lifted to ensure they were comfortable with this. They said, "Going up [person], are you alright?"

People who used the service told us that staff treated them well and respected their privacy. People told us and we observed that staff knocked on their bedroom doors. We saw that when staff offered people support with their personal care they did this discreetly. For example a person was receiving support with their personal care when a member of staff went to administer their medicines. We observed the staff member withdrew and waited until the person was ready for their medicines. Staff understood the need for

confidentiality and records were stored appropriately to ensure people's personal details were protected. We saw that staff addressed people by their preferred name and that this was recorded in the person's care record.

Requires Improvement

Is the service responsive?

Our findings

We looked at care records for four people who lived at the home. Care plans had been reviewed but they had not always been updated. People were at risk of receiving inappropriate care because records did not reflect the care which they required. For example in two records we saw people were recorded as having skin problems in the professional visits section of the care record. However despite the care plans for personal care being reviewed they did not refer to these issues. There was a risk that people would not receive the prescribed care for their skincare. One of these care records also stated that the person was disinterested in food but a plan of care was not in place to advise staff how to support the person with this.

Another person had been assessed as being at a high risk of malnutrition on 25 august 2016 but the care plan had not been revised to reflect this and did not detail how staff should support the person. In the same care record a care plan stated the person had a good appetite however the review in June 2016 stated that the person now had a poor appetite. The care plan did not reflect the change in need or the current status of the person.

We saw that body charts had not been completed in two records where people had ongoing skin care issues. One chart had not been dated so it was difficult to monitor progress and another chart had not been completed at all. Where people had specific needs such as a visual impairment or used a catheter it was not clear from the records how this impacted on their life and how staff should respond to their needs. Care records included risk assessments and personal care support plans.

There was a breach of regulation 17(2) (c) records were not accurate and up to date. They did not accurately reflect the care and treatment provided to people.

People's care records did not detail people's past life experiences or hobbies in order to help inform staff about people's interests. People had been asked about activities as part of the annual survey. We saw that two people had said that they would like more activities but one person stated that they were not interested in activities. Another person had expressed a wish to have more magazines and we saw that the home had agreed to consider accessing a subscription for magazines. The relative we spoke with told us they thought there should be more activities and that music made such a difference to their relative's demeanour.

Feedback from people we spoke with was not consistently positive about the activities provision. A number of people mentioned their enjoyment of music or singing but during our visit we observed during the day in the lounge, there was no TV or background music. In the afternoon the registered manager involved some residents in catching a soft ball and spent some time chatting to individuals. The registered manager told us that there was a member of staff who was responsible for providing activities one day a week. However they said that a lot of the people living at the home declined to take part in activities.

A person told us, "I get bored at times. We do nothing. The singer has stopped coming now. It's TV or nothing. I'd love any film or some music as I never learnt to read. We have an occasional push round the village but not often." Another said, ""I pass the time of day reading a book. I love music and singing, I was a

church organist"
A relative told us that their family member had recently had a birthday and as family were coming to visit, the registered manager offered to provide some 'nibbles,' Which turned out to be a choice of filled rolls, crisps, cakes and a birthday cake. They said the family were delighted and added, "Such a surprise and so kind of them." We saw that a party was planned the following day in memory of a person who had lived at the home. The party included friends and family and an external entertainer had been arranged.

Bedroom and bathroom areas were not clearly marked with pictures and written labels in order to help people to orientate themselves around the building. Visual prompts are important to people with dementia because it assists them with memories.

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

A complaints policy and procedure was in place and on display in the foyer area. We looked at the policy and saw that the information was out of date. We spoke with the deputy manager who said they would amend the document. Relatives and people who lived at the home told us they would go to the manager or person on duty at the home. At the time of our inspection there were no ongoing complaints. The complaints procedure was only available in a written format Complaints were monitored for themes and learning.

Requires Improvement

Is the service well-led?

Our findings

A process was in place to check the current service across a range of issues. Checks were carried out on areas such as health and safety, falls and infection control. However they did not consistently identify issues. For example we found that there were gaps and inconsistencies in care records despite the care records having been reviewed. The infection control audit had not identified the issues which we found during our inspection. We saw that there were some areas of the home which required refurbishment. The registered manager told us that there were plans in place to carry out refurbishment and that a small amount of decorating had already been carried out.

The registered manager had a good understanding of people's needs and personal circumstances. We observed that throughout the day they interacted with people and their relatives. They told us that they liked to be 'hands on' because it helped them to understand people's needs and the needs of the staff. They also told us that their priority was to ensure that people had a good quality of life. However when we asked about the number of people who had a DoLS authorisation in place or application made they were unsure and asked the deputy manager for this information.

One person told us, "The manager comes up now and then. She's very easy to talk to." Another person said, "[registered manager] is very kind and kind to talk to as well."

Members of staff and relatives told us that the registered manager and other senior staff were approachable and supportive. A visiting professional said, "Managers are very approachable." A member of staff told us, "The management now is much better. I've seen some changes over the years. We're a good team now with the carers, we can handover so easily and it's good to know the residents so well."

Staff said that they felt able to raise issues and felt valued by the registered manager and provider. They told us that staff meetings were held and if there were specific issues which needed discussing additional meetings would be arranged.

Relatives' meetings were not held on a regular basis. The registered manager told us that it was difficult to get relatives to attend unless there was a special occasion such as a party. They said that they tried to encourage relatives to speak with them on a regular basis by making themselves available. The registered manager told us that they encouraged people and staff to come and speak with her at any time and that she had an 'open door' policy. They said that they tried to resolve any issues of concern at an early stage to prevent undue stress to people and staff.

Surveys had been carried out with people and their relatives and positive responses received people's opinions had been sought on issues such as activities and the care people received. We saw that action had been taken where issues had been raised. For example a person had requested curry and an action was to offer the person a curry once a month.

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 registered manager.

The provider had informed us about events and incidents as notifications. Notifications are events which have happened in the service which the provider is required by law to inform us of.

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 11 HSCA RA Regulations 2014 Need for consent There was a breach of regulation 11 (1) (2) (3) The provider did not consistently act in accordance with the Mental Capacity Act 2005. It was not clear from records whether or not a person could consent to care and treatment.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance There was a breach of regulation 17(2) (c) records were not accurate and up to date. They did not accurately reflect the care and treatment provided to people.