Inspection Report

We are the regulator: *Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

Cawood House

Lapwing Lane, Brinnington, Stockport, SK5 8JY

Tel: 01614305441

Date of Inspection: 02 May 2014

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We inspected the following standards as part of a routine inspection. This is what we found:

Care and welfare of people who use services	✓ Met this standard
Cooperating with other providers	✓ Met this standard
Management of medicines	✓ Met this standard
Requirements relating to workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Borough Care Ltd
Registered Manager	Miss Diane Tarmey
Overview of the service	Cawood House is a purpose built care home situated on a housing estate in the Brinnington area of Stockport. It provides accommodation and personal care for up to 42 older people and specialises in caring for people living with dementia. Cawood House is part of a group of homes administered by Borough Care Limited.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 2 May 2014, observed how people were being cared for and talked with people who use the service. We talked with carers and / or family members, talked with staff and reviewed information given to us by the provider.

We spoke with a health professional who has regularly visited this service.

What people told us and what we found

During our inspection we spoke with the Registered Manager, Deputy Manager, two senior carers and one care assistant. We also spoke with two people who lived at the home and two visiting relatives. We spent some time observing how people were cared for and looked at a selection of the provider's policies and records, including a sample of people's care records. Following our inspection we contacted a health professional by telephone, who regularly visited Cawood, to ask for their feedback on the service.

We considered the evidence collected under the outcomes and addressed the following questions: Is the service safe? Is the service effective? Is the service caring? Is the service responsive? Is the service well led?

Below is a summary of what we found. Please read the full report for the evidence supporting our summary.

Is the service safe?
People were treated with dignity and respect by staff. People told us they had no concerns about their safety or the care they were receiving. One person told us "I feel safe here, no one bothers me, I get good sleep".

There were effective systems to manage people's medication. People were supported with their medication by staff who were appropriately trained in this area. Staff worked within a system that was regularly monitored to ensure it worked safely and effectively.

There were effective recruitment processes in place and we saw that the required employment checks had been carried out before people started to work at Cawood. New staff underwent an induction period, where they received support from experienced staff and training to equip them for their role.

Is the service effective?

People's care needs were assessed with them, and where appropriate their families were involved. People's care plans were person centred and generally provided clear guidance for staff in how to deliver people's care. We did find some examples where people's care records were not as up to date as they could have been, however the service was in the process of introducing new care plan documentation, which staff were getting used to. Staff told us they were able to access appropriate information to guide them in supporting people and they demonstrated a good understanding of the needs of the people they worked with.

The people we spoke with made generally positive comments about the staff and the care they or their relatives living at the home received. Two visiting relatives told us that staff understood their relative's needs and that they had settled well at Cawood House.

Staff understood the importance of working with the other professionals involved in people's care and their responsibilities in accessing this support, including medical advice and treatment. Staff told us they had a good working relationship with local medical professionals. Staff also showed an understanding of what action to take when people needed medical attention, including in an emergency. Staff were aware of the importance of passing on essential information about a person to the health professionals treating them. We spoke with a health care professional who regularly visited the service. They told us that staff communicated well and were available to assist them during their treatment visits to Cawood. They told us staff were proactive in referring people and seeking advice when people needed treatment.

Is the service caring?
We saw staff treating people with respect and warmth and the care we observed was provided in a sensitive, personal way. The people we spoke with generally made positive comments about the care they or their relative received. Two relatives we spoke with told us staff treated their relative with dignity and respect, and that staff were caring.

Before people started using the service, the Registered Manager told us they were encouraged to spend some time visiting the home, where they could enjoy a meal and get to know some of the staff.

The Registered Manager clearly understood the importance of respecting people's wishes around their end of life care and supported them and their family to receive the care they wanted during this time.

Is the service responsive?
We saw that reviews of people's care were carried out and people's preferences and preferred routines considered.

There was a complaints procedure in place and the people who used the service we spoke with, and staff, felt able to express their concerns to the management team.

Staff were aware of the importance of engaging medical practitioners and other professionals in people's care when required and were proactive in accessing this support to ensure people's changing needs were met.

Is the service well led?
Staff felt supported by the management team in place. Staff were provided with support when they started working at Cawood, though shadowing experienced staff and training to equip them in their role. Staff showed a clear understanding of the protocols in place which

guided their work.

There were effective systems in place to monitor the quality and the safety of the service that people received. This meant that the service was able to identify and respond to any shortfalls in the service, as well as recognising the strengths of the service people received.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Care and welfare of people who use services ✓ Met this standard

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

Care was planned and delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

During our inspection we spoke with the Registered Manager, Deputy Manager, two senior carers and one care assistant. They all showed a clear understanding of the needs of the people they cared for and how to support them.

The Registered Manager demonstrated an understanding of the requirements under Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS), and was aware of the current developments in these areas and how this might affect the people using the service. These are safeguards to ensure that people are supported appropriately to make decisions, or where decisions are made on someone's behalf, this is done in their best interest and in the least restrictive way. If a service thinks it needs to place restrictions on the behaviour of someone who does not have the capacity to make their own decisions, they must apply to the Local Authority for permission, to ensure they are not being unreasonable or unlawful.

We asked the Registered Manager about the process when someone started using the service. We were told that people were first encouraged to visit the home, where they could experience a meal time and meet some of the staff. An initial assessment was carried out with the person and where appropriate a family member, representative or professional involved in their care. This identified their needs and risks to their health and well-being. From this, a plan of how to deliver the person's care was developed.

The Registered Manager told us that the provider had recently introduced a new care plan format and explained the home was in the process of transferring people's care records on to this new documentation. Concise support plans had been introduced, providing staff with guidance on how to deliver people's day to day support. More detailed information was available on people's care files. We looked at care plan documentation for four people who used the service, which included some new care support plans. We saw that care plans were written in a person centred way, highlighting people's strengths as well as their needs and preferences for how they should be supported. Generally we found that risks to people's health and well-being were identified and guidance directing staff in how to deliver

care was available.

We saw evidence that the care people received was regularly reviewed to ensure it was meeting their needs and that people's family had been involved in this process where appropriate. Although it is acknowledged that staff have been getting used to the new care records, the provider may find it useful to note that some of the care records we looked at had not been kept as up to date as they could have been. Care records should provide accurate up to date information about the care a person requires and receives.

We had the opportunity to observe some of the care provided by care staff. We saw that staff took the time to explain to people what they were assisting them with and why and that staff offered encouragement and reassurance. We saw support provided in a warm, friendly and patient manner.

We saw that people were free to move around the home as they wished or sit in the communal areas. One person who we spoke with told us they went out with their daughter, and we saw that another person who lived at Cawood House went to a local shop independently.

We were told entertainers visited the home and that senior staff assisted people to engage in group activities for a period each afternoon. The service had purchased materials to prompt and assist group and individual activities. There were also physical items for people to engage with as they wished, which included memory boxes. These are boxes which contain items that stimulate memories, engagement and discussion for people living with dementia. There were also computer based materials that people could access, which included music and pictures, which helped to stimulate discussion about people's life experiences.

We spoke with two people who lived at Cawood House and two visiting relatives. We received mixed comments about the care that people received and we have addressed some of the comments made to us relating to access to medical professional support under the outcome which addresses 'Cooperating with other providers', in this report. We also received some positive comments about the care people received.

One person told us "I'm happy here" and "I feel safe here, no one bothers me, I get good sleep". This person also told us that staff were polite and treated them with dignity and respect, although they felt that sometimes staff were too busy to talk with them. They went on to say that there were activities for them to enjoy, commenting "There are things to do if you want to".

Two visiting relatives told us that staff understood their relative's needs and that they had settled well at Cawood House. They told us staff treated their relative with dignity and respect, and that staff were caring. The provider may find it useful to note that we were also told that staff did not always seem to have enough time to spend with people. We were told that although people's physical needs were being met, people sometimes lacked supervision in the communal areas when staff attended to people elsewhere.

Cooperating with other providers ✓ Met this standard

People should get safe and coordinated care when they move between different services

Our judgement

The provider was meeting this standard.

People's health, safety and welfare was protected when more than one provider was involved in their care and treatment. This was because the provider worked in co-operation with others

Reasons for our judgement

We spoke with the Registered Manager, Deputy Manager, two senior carers and one care assistant. They all showed a clear understanding of the need to contact other medical professionals when people required medical treatment or specialist assessment, advice and support.

It was explained to us that staff escorted people when they attended hospital if family support was unavailable and we were shown the information that was provided to medical staff when a person attended hospital. This helped to ensure that there was a continuity of care for people being treated by medical professionals, who had access to the information that they needed.

We spoke with two visiting relatives who told us that although the home generally responded quickly when their relative was unwell, there had been occasions when they had felt the need to prompt staff to make referrals to medical professionals such as the GP and podiatry. They also told us that on these occasions, they felt that communication from staff about their relative's needs had not been as good as it could have been. We were told these issues had occurred several months ago and they had since discussed them with the Registered Manager.

We discussed these comments with the Registered Manager who told us that they had discussed these concerns with the person's relatives and that the person using the service had received appropriate input from the District Nurses, Podiatry and the GP when needed.

Staff we spoke with told us that the home was proactive in getting medical or other professional support for people when needed. We were also told that the home had a good relationship with local health providers, including GPs, District Nurses and the local mental health team, who they could access for support and advice.

We spoke with a health professional who regularly visited the home. They told us that people were referred to them quickly and appropriately by staff and that staff sought medical advice when needed. They also told us that staff were available to assist them

during their visits and that communication with staff was "Very good", they commented "They [staff] know what's going on [with the people living at Cawood]".

We spoke with the Registered Manager about the care that people received at Cawood House when they were at the end of their life. A good understanding of the importance of respecting and supporting people and their families in their choice about the care they received was shown. As was the importance of working collaboratively with other professionals to ensure people received the appropriate treatment and support during this time. Senior staff were also undergoing "6 Steps" end of life care training. This is a nationally recognised training program, which supports staff to enhance the care people receive at the end of their life.

Management of medicines ✓ Met this standard

People should be given the medicines they need when they need them, and in a safe way

Our judgement

The provider was meeting this standard.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

Reasons for our judgement

We saw that there was an effective system in place to manage people's medication. Senior care staff were responsible for prompting and administering medication, updating the Medication Administration Record (MAR), completing daily checks of medication stocks and records and reporting and resolving any issues around medication. We spoke with two senior care staff about the medication support they provided and both told us they had received appropriate medication training. They told us the system ran smoothly and that they had no concerns about the support people received with their medication.

We saw that medication was kept securely in medication trolleys. These were put away in a lockable medication room when not in use. We found that the medication room was tidy and well organised. There was suitable secure storage for controlled drugs and medication that needed to be refrigerated.

We saw that there were systems in place to record the administration of medication, including controlled drug medication and when medication was returned to the chemist when no longer needed.

Daily medication audits were carried out by the senior care staff and monthly audits completed by the Deputy Manager. We saw that there was a medication policy in place, which senior care staff had signed to confirm they had read and understood it.

Requirements relating to workers ✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

Our judgement

The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

Reasons for our judgement

We asked the Registered Manager about the process in place to recruit new staff. Applications were submitted to the provider's head office, who shortlisted candidates who they assessed as potentially appropriate for the role. Managers then carried out interviews with the candidates.

Pre-employment checks, such as applications to the Disclosure and Barring Service, obtaining references and assessment with occupational health were completed by the provider's head office.

We were told that both permanent and bank staff were subject to this recruitment process prior to starting work with the home. We looked at the files of two members of staff who had been recruited in the past 12 months. We saw that appropriate checks had been carried out before the staff had commenced their employment.

New staff completed a three month probationary period when they started. This involved a period shadowing experienced staff and completing training in areas including moving and handling, food hygiene, and safeguarding vulnerable adults. We saw evidence of training completed in the staff files we looked at. We were also told that all staff were encouraged to go on to complete further training such as NVQ qualifications.

We saw that there was a structure in place to supervise and support staff, through the management team and senior care staff. We spoke with a senior carer and a care assistant. Both members of staff told us that the management team were approachable and supportive. We also saw that there was a disciplinary procedure in place.

Assessing and monitoring the quality of service provision ✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive and an effective system in place to identify, assess and manage risks to the health, safety and welfare of people who use the service and others.

Reasons for our judgement

We saw that there was a process in place for dealing with people's complaints about the service and that information about how to make a complaint was displayed in the home. We spoke with two people who lived at Cawood House and two visiting relatives. They told us that they were aware of how to make a complaint and would feel comfortable to do this if they needed to. In addition, the Registered Manager told us that the provider used an external company to independently seek the opinions of people who use the service.

We spoke with a senior carer and a care assistant. Both members of staff told us that they could approach the management team if they had any concerns about the care that people received or the service that was provided. One member of staff told us "Everything works smoothly, we work as a team". We saw evidence that regular staff supervision meetings and team meetings were held.

We saw that regular audits (checks) were carried out on people's care records to ensure they were accurate and up to date. Audits were also carried out on the medication system in place on a daily basis by senior care staff administering the medication and also by the Deputy manager on a monthly basis.

We saw that regular quality monitoring visits were also carried out by the provider's Quality Manager, who produced a report of their findings and actions taken to resolve any issues identified. We saw that during these visits the Quality Manager spoke with staff and people who used the service, checked care records and carried out environmental checks on the building.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ **Met this standard**	This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.
✖ **Action needed**	This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.
✖ **Enforcement action taken**	If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)
Consent to care and treatment - Outcome 2 (Regulation 18)
Care and welfare of people who use services - Outcome 4 (Regulation 9)
Meeting Nutritional Needs - Outcome 5 (Regulation 14)
Cooperating with other providers - Outcome 6 (Regulation 24)
Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)
Cleanliness and infection control - Outcome 8 (Regulation 12)
Management of medicines - Outcome 9 (Regulation 13)
Safety and suitability of premises - Outcome 10 (Regulation 15)
Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)
Requirements relating to workers - Outcome 12 (Regulation 21)
Staffing - Outcome 13 (Regulation 22)
Supporting Staff - Outcome 14 (Regulation 23)
Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)
Complaints - Outcome 17 (Regulation 19)
Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

Contact us

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