Review of compliance

Borough Care Limited Cawood House	
Region:	North West
Location address:	Lapwing Lane Brinnington Stockport Greater Manchester SK5 8JY
Type of service:	Care home service without nursing
Date of Publication:	August 2012
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 41 older people and specialises in caring for people living with dementia.

Summary of our findings
for the essential standards of quality and safety

Our current overall judgement

Cawood House was not meeting one or more essential standards. Action is needed.

The summary below describes why we carried out this review, what we found and any action required.

Why we carried out this review

We carried out this review as part of our routine schedule of planned reviews.

How we carried out this review

We reviewed all the information we hold about this provider, carried out a visit on 25 July 2012, observed how people were being cared for, looked at records of people who use services, talked to staff and talked to people who use services.

What people told us

People told us what it was like to live at this home and described how they were treated by staff and their involvement in making choices about their care. They also told us about the quality and choice of food and drink available. This was because this inspection was part of a themed inspection programme to assess whether older people living in care homes are treated with dignity and respect and whether their nutritional needs are met.

The inspection team was led by a Care Quality Commission (CQC) inspector joined by an Expert by Experience who has personal experience of using or caring for someone who uses this type of service.

At the time of our visit, 38 people lived in the home. We spoke with nine people who lived in the home, the acting deputy manager, two care assistants, the head chef and the registered manager. Limited information was obtained from some of the people using the service due to their dementia care needs or communication difficulties. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

During our observations we saw staff were respectful, kind and patient when addressing people or offering assistance. For example, we saw staff knock before they entered rooms, introduce themselves and ask permission before assisting people with personal care. From the staff interactions we observed we felt that staff had a good understanding of people's individual needs and personal preferences. They spoke with people in an appropriate manner, explained what they were doing and did not rush them, taking time to support them properly.

People we spoke to who live at the home told us they were treated well, with dignity and in a way that reflected and met their individual needs. For example, one person said; "The carers know what I like and meet all my requirements." Another said; "I am treated with respect." People also told us they were asked about what they wanted to do during the day and provided with choices. For example, one person said; "I pick my own clothes."

One area people were less happy about was the availability of things to do to keep them occupied and several raised this as an issue. One person said; "There is very little to do. We just sit and watch TV mostly." During our visit we did observe that people had little to keep them occupied in the morning. Once they had got up they had the choice of where they would like to go and most either sat upstairs watching TV or downstairs listening to music. In the afternoon there was more to do and we observed that one of the care assistants organised card playing in the downstairs lounge.

We observed that people were given choice about what they would like to eat and drink. For example, at lunchtime we saw people choose what they wanted for lunch from a menu that had alternatives for both the main meal and pudding. Additional alternatives were also made available for people with specific preferences or needs. A variety of drinks was offered regularly during the day and people were always asked what drink they preferred.

People we spoke to said they thought the food met their needs and told us they were always consulted and given choices about their next meal. One person said; "I always chose the things I want to eat and the food is adequate." They all said they were helped as needed to have sufficient to eat and drink.

We saw the interaction between people who lived at the home and the staff to be relaxed and informal. People looked comfortable and confident when in the company of staff and the atmosphere was friendly and relaxed. We also saw staff respond appropriately to people behaving in a way that presented a risk to themselves. For example, they responded quickly, communicated in a caring way and never shouted. We also saw people were being supported in an appropriate and safe manner. For example, people that needed help to mobilise were assisted in a way that kept them safe.

Every person we spoke with told us they were properly cared for by the staff at the home and they had no reason to complain. For example, one person told us; "I have no concerns about my care and no complaints. If I had I would raise them." Another said; "I feel safe."

What we found about the standards we reviewed and how well Cawood House was meeting them

Outcome 01: People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

The provider was meeting this standard.

People's privacy and dignity were respected and their views were taken into account in the way the service was provided.

Outcome 05: Food and drink should meet people's individual dietary needs

The provider was meeting this standard.

People were supported to eat and drink sufficient amounts to meet their needs and provided with a choice of suitable and nutritious food and drink

Outcome 07: People should be protected from abuse and staff should respect their human rights

The provider was meeting this standard.

People were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Outcome 13: There should be enough members of staff to keep people safe and meet their health and welfare needs

The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

Outcome 21: People's personal records, including medical records, should be accurate and kept safe and confidential

The provider was not meeting this standard. We judged this had a minor impact on people using the service and action was needed for this essential standard.

Gaps in documentation meant there was a risk people may have experienced unsafe or inappropriate care.

Actions we have asked the service to take

We have asked the provider to send us a report within 14 days of them receiving this report, setting out the action they will take. We will check to make sure that this action has been taken.

Where we have concerns we have a range of enforcement powers we can use to protect the safety and welfare of people who use this service. When we propose to take enforcement action, our decision is open to challenge by a registered person through a variety of internal and external appeal processes. We will publish a further report on any action we have taken.

Other information

Please see previous reports for more information about previous reviews.

What we found for each essential standard of quality and safety we reviewed

The following pages detail our findings and our regulatory judgement for each essential standard and outcome that we reviewed, linked to specific regulated activities where appropriate.

We will have reached one of the following judgements for each essential standard.

Compliant means that people who use services are experiencing the outcomes relating to the essential standard.

Where we judge that a provider is non-compliant with a standard, we make a judgement about whether the impact on people who use the service (or others) is minor, moderate or major:

A minor impact means that 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.

A moderate impact means that 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.

A major impact means that 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.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary changes are made.

More information about each of the outcomes can be found in the *Guidance about compliance: Essential standards of quality and safety*

Outcome 01:
Respecting and involving people who use services

What the outcome says

This is what people who use services should expect.

People who use services:
* Understand the care, treatment and support choices available to them.
* Can express their views, so far as they are able to do so, and are involved in making decisions about their care, treatment and support.
* Have their privacy, dignity and independence respected.
* Have their views and experiences taken into account in the way the service is provided and delivered.

What we found

Our judgement

The provider is compliant with Outcome 01: Respecting and involving people who use services

Our findings

What people who use the service experienced and told us
During our observations we saw staff were respectful, kind and patient when addressing people or offering assistance. For example, we saw staff knock before they entered rooms, introduce themselves and ask permission before assisting people with personal care. From the staff interactions we observed we felt that staff had a good understanding of people's individual needs and personal preferences. They spoke with people in an appropriate manner, explained what they were doing and did not rush them, taking time to support them properly.

People we spoke to who live at the home told us they were treated well, with dignity and in a way that reflected their individual needs. For example, one person said; "I am treated with respect." They also told us they were asked about what they wanted to do during the day and provided with choices. For example, one person said; "I pick my own clothes."

One area people were less happy about was the availability of things to do to keep them occupied and several raised this as an issue. One person said; "There is very little to do. We just sit and watch TV mostly." During our visit we did observe that people had little to keep them occupied in the morning. Once they had got up they had the choice of where they would like to go and most either sat upstairs watching TV or downstairs

listening to music. In the afternoon there was more to do and we observed that one of the care assistants organised card playing in the downstairs lounge.

Other evidence
Is people's privacy and dignity respected?

The staff we spoke to told us they had been trained to ensure people's dignity and privacy was respected and gave us examples of how they did this. These included always knocking on doors before entering people's rooms and ensuring doors were closed before they gave personal care. This is consistent with what we observed during our visit.

We spoke with three members of staff about activities and stimulation for people living at the home. All said they felt that at times people were sometimes bored although they did say that more activities were organised in the afternoon when there was more time available. They showed us the activities board and this had activities planned for most afternoons. As planned on this board, card games did take place on the afternoon of our visit. The home manager also acknowledged that due to mornings being so busy it was difficult to find time to put on activities then. She did say staff were busy helping with breakfast which was available from 7.30am – 10.30am. This allowed people did get up when they wanted and have breakfast when they wished.

However the provider may wish to note that whilst peoples views were taken into account over their care needs, people told us they would like more activities.

Are people involved in making decisions about their care?

All the staff we spoke to told us all that they tried their best to involve people who live at the home in making decisions about their care. We saw this happening in practice during our observations.

We also looked at the care plans of three people living at the home during our visit and these showed people were involved in making decisions about their care: All three plans had documentation showing information from individuals and their family members was used to help plan the care and support given to meet each individual's needs and preferences. Care plans contained very personalised entries regarding how people wanted to receive their care and listed the hobbies and interests and activities they would like to be involved in. Two of the three plans included consent to care forms signed by the individual or their family member if the individual was not able to give their own consent to care.

Our judgement
The provider was meeting this standard.

People's privacy and dignity were respected and their views were taken into account in the way the service was provided.

Outcome 05:
Meeting nutritional needs

What the outcome says

This is what people who use services should expect.

People who use services:
* Are supported to have adequate nutrition and hydration.

What we found

Our judgement

The provider is compliant with Outcome 05: Meeting nutritional needs

Our findings

What people who use the service experienced and told us
We observed that people were given choice about what they would like to eat and drink. For example, at lunchtime we saw people choose what they wanted for lunch from a menu that had alternatives for both the main meal and pudding. Additional alternatives were also made available for people with specific preferences or needs. A variety of drinks was offered regularly during the day and people were asked what drink they preferred.

People we spoke to said they thought the food met their needs and told us they were always consulted and given choices about their next meal. One person said; "I always chose the things I want to eat and the food is adequate." No one said they had any particular cultural or religious need that needed special dietary requirements. They all said they were helped as needed to have sufficient to eat and drink.

Other evidence
Are people given a choice of suitable food and drink to meet nutritional needs?

We were shown the menu which set out the food for lunch and the evening meal on a rolling four week basis. There were two choices available for all these meals and the menu included pictures of each meal to help people make their selection. Staff said people could have alternatives if they did not like what was available and there was always a full choice for breakfast ranging from toast, fruit and cereals through to a full English breakfast.

The head chef told us she was happy with the food supplier the provider used and she

had a sufficient budget to allow her to buy nutritional food. In our discussions with her she assured us she had appropriate training and was knowledgeable about the need for nutritional and balanced diets.

The chef and staff we spoke to were aware of people with specific needs such as those with diabetes or people who required soft or pureed diets. Staff we spoke to were also aware of how to identify if people were at risk of poor nutrition and gave examples of the signs they would look for.

The care plans we looked at set out people's specific nutritional needs and preferences and how these should be met. Where appropriate these had been updated as people's nutritional needs changed.

Are people's religious or cultural backgrounds respected?

At the time of our visit no people living at the home had specific cultural or religious requirements in relation to food. We asked the head chef if there had ever been people living at the home who had such requirements whilst she had been working there and she said there had not been. She told us if this did occur she would undertake research so she could understand these needs and ensure appropriate food was sourced for them, prepared and provided as required. She did say they had provided specific cultural food for one person receiving day care but they had refused this and preferred what was on the menu.

Are people supported to eat and drink sufficient amounts to meet their needs?

During our visit all the people we saw had their observable food and hydration needs met. We saw people were regularly offered drinks and these were within easy reach of people and staff helped people who could not eat by themselves in a sensitive manner, some actively engaging with them when they did this. Staff also observed people who were not eating and encouraged them to eat in a calm and friendly way whilst still ensuring there were eating as independently as possible.

The head chef showed us a list of all people currently living at the home who required assistance and how this support needed to be provided. The care plans we looked at also contained very specific instructions about how people were to be supported to eat and drink. We saw people being supported in line with this guidance.

Where people had problems or concerns with meeting their nutritional needs these were clearly identified in care plans and appropriate action had been taken including referrals and follow-up.

Our judgement
The provider was meeting this standard.

People were supported to eat and drink sufficient amounts to meet their needs and provided with a choice of suitable and nutritious food and drink

Outcome 07:
Safeguarding people who use services from abuse

What the outcome says

This is what people who use services should expect.

People who use services:
* Are protected from abuse, or the risk of abuse, and their human rights are respected and upheld.

What we found

Our judgement

The provider is compliant with Outcome 07: Safeguarding people who use services from abuse

Our findings

What people who use the service experienced and told us
During our observations we saw staff respond appropriately to people behaving in a way that presented a risk to themselves. For example, they responded quickly, communicated in a caring way and never shouted. We also saw people were being supported in an appropriate and safe manner. For example, people that needed help to move around were assisted in a way that kept them safe

All the people who spoke to said they had no reason to complain. For example, one person told us; "I have no concerns about my care and no complaints. If I had I would raise them." Another said; "I feel safe."

Other evidence
Are steps taken to prevent abuse?

During our observations we saw staff respond appropriately to people behaving in a way that presented a risk to themselves. For example, they responded quickly, communicated in a caring way and never shouted. We also saw people were being supported in an appropriate and safe manner. For example, people that needed help to move around were assisted in a way that kept them safe

All the people who spoke to said they had no reason to complain. For example, one person told us; "I have no concerns about my care and no complaints. If I had I would raise them." Another said; "I feel safe."

Do people know how to raise concerns?

Staff we spoke to told us they knew what to do if they suspected abuse or the risk of abuse. One gave us a good example of how they had raised concerns about potential abuse and made sure proper steps were taken to investigate it and deal with it appropriately.

The home manager had notified social services and the CQC when concerns or incidents had happened to people living at the home and these had been dealt with appropriately. She also said she had an open door policy and was always available to people living at the home or their relatives if they need to raise any concerns. She told us she usually worked into the evening so she could be available when most relatives visited.

People we spoke with said they would raise concerns if they had them and told us they felt safe in the home.

Are Deprivation of Liberty Safeguards used appropriately?

The Mental Capacity Act and Deprivation of Liberty Safeguards (DoLS) are legal requirements that need to be followed to ensure decisions made about people who do not have capacity are made in their best interests. The senior staff we spoke to were aware of the principles of the Mental Capacity Act and the need for best interest meetings to be held when certain decisions needed to be made. They told us these involved relatives or the person's advocate and multi disciplinary input from appropriate health and social care professionals. They were less aware of DoLS principles.

Our review of care plans showed they contained instructions on how to meet residents needs in relation to their decision making capacities. The home manager told us any assessment relating to the Mental Capacity Act would be held in the resident's secure files. We discussed the Mental Capacity Act and DoLS awareness with the home manager who agreed that there was scope for care plans to more explicitly address assessment of capacity and documentation to more clearly demonstrate how best interest decisions had been made. She also acknowledged that further training was needed to raise staff awareness of the Mental Capacity Act and (DoLS) and told us she would ensure this was organised. She showed us the provider's training plan which did include briefing sessions for staff.

Our judgement
The provider was meeting this standard.

People were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Outcome 13:
Staffing

What the outcome says

This is what people who use services should expect.

People who use services:
* Are safe and their health and welfare needs are met by sufficient numbers of appropriate staff.

What we found

Our judgement

The provider is compliant with Outcome 13: Staffing

Our findings

What people who use the service experienced and told us
During our observations we saw the interaction between people who lived at the home and the staff to be relaxed and informal. People looked comfortable and confident when in the company of staff. The atmosphere was friendly and relaxed. Staff did not appear to be rushed and were seen to have good relationships with people. We did not observe any negative interactions.

Every person we spoke with told us they were properly cared for by the staff at the home. For example, one person said; "The carers know what I like and meet all my requirements."

Other evidence
Are there sufficient numbers of staff?

At all times during our visit there were sufficient numbers of staff available to meet people's observable personal, support and nutritional needs. For example, lunch was organised into two sessions so there were enough staff to provide the required level of support to enable people to eat and drink sufficiently. All the staff we spoke to told us there was sufficient staff to meet people's needs and said that they had never seen people put at risk due to inadequate staffing levels.

Staff told us that gaps due to staff sickness, holiday or training were managed well using permanent staff flexibly or casual staff (staff employed to provide cover at short notice). They said it was rare that agency staff needed to be used.

The home manager told us about the numbers of staff she planned for each shift and how staff were deployed flexibly to meet needs across the home. She said these staffing levels were enough to meet needs and that it was very rare for actual staffing levels to be lower than planned. She also said that sickness, holidays and training were usually covered by asking permanent staff to work flexibly or calling in casual staff.

Do staff have the appropriate skills, knowledge and experience?

Staff had the appropriate skills, knowledge and experience to meet people's needs: During our visit we saw that staff were knowledgeable about the needs of individuals and how to meet these appropriately. We also saw they were able to support people to eat and drink sufficiently to meet their needs.

Staff we spoke to told us they had appropriate nutrition, hydration, privacy and dignity training and they felt competent to meet people's needs in these areas and did not have any unmet training needs. The home manager assured us that appropriate training took place and that there were systems to monitor and flag when update training was required.

Our judgement
The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

Outcome 21:
Records

What the outcome says

This is what people who use services should expect.

People who use services can be confident that:
* Their personal records including medical records are accurate, fit for purpose, held securely and remain confidential.
* Other records required to be kept to protect their safety and well being are maintained and held securely where required.

What we found

Our judgement

The provider is non-compliant with Outcome 21: Records. We have judged that this has a minor impact on people who use the service.

Our findings

What people who use the service experienced and told us
We did not collect evidence of people's experiences for this outcome area.

Other evidence
Are accurate records of appropriate information kept?

We looked at the care plans of three people who lived at the home. We found they had enough information to help staff to care for and meet people's needs. For example, we saw care plans and risk assessments were reviewed regularly and we could identify when changes had been made to them, the actions taken and the reasons why. The home manager told us she reviewed and updated care plans every month and it was clear this was happening in practice.

We did identify gaps in two of the care plans that gave us some concerns. One person's records of baths showed on a number of occasions that they had only been bathed once every two weeks. Another person's record showed they had not had a bath for two weeks. We discussed this with the home manager who told us that she thought it was very unlikely these people had been bathed so infrequently and that staff had probably forgotten to record them. She also said that sometimes people were not bathed if they refused or became distressed. However she acknowledged that if this had been the case staff should have recorded this in the documentation.

Additionally, two people's weight records were not complete for June and July 2012.They both had care plans setting out they should be weighed weekly as both people had been identified as being at risk of malnutrition. However the documentation showed they had been weighed every two weeks. The home manager acknowledged this was an omission.

Although we did not identify that these gaps in documentation had caused people any harm, there was a risk that with inaccurate documentation people may have experienced unsafe or inappropriate care.

Following our inspection the home manager told us new daily monitoring systems had been put in place, in the form of daily task sheets. These required staff to sign for tasks that had been assigned to them daily. The task sheets were held in the office to enable senior members of staff to check at a glance that residents had received the appropriate support needed.

The home manager told us that senior carers were responsible for checking documentation was up to date but one was off sick and plans had not been reviewed recently. She also said she carried a rolling programme of audits which included review of documentation and she was currently working through the documentation of all people in the home.

Are records stored securely?

The home manager told us that that all information and records were treated confidentially. She said the home had record keeping policies and procedures. She told us that care plans were kept in people's bedrooms and so were available to all who entered the room. She said that on admission discussions were held regarding consent to care and access to these records. The care plans we looked at included records that showed this consent had been given.

Our judgement
The provider was not meeting this standard. We judged this had a minor impact on people using the service and action was needed for this essential standard.

Gaps in documentation meant there was a risk people may have experienced unsafe or inappropriate care.

Action
we have asked the provider to take

Compliance actions

The table below shows the essential standards of quality and safety that **are not being met**. Action must be taken to achieve compliance.

Regulated activity	Regulation	Outcome
Accommodation for persons who require nursing or personal care	Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 21: Records
	How the regulation is not being met: The provider was not meeting this standard. We judged this had a minor impact on people using the service and action was needed for this essential standard. Gaps in documentation meant there was a risk people may have experienced unsafe or inappropriate care.	

The provider must send CQC a report that says what action they are going to take to achieve compliance with these essential standards.

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent to us within 14 days of the date that the final review of compliance report is sent to them.

Where a provider has already sent us a report about any of the above compliance actions, they do not need to include them in any new report sent to us after this review of compliance.

CQC should be informed in writing when these compliance actions are complete.

What is a review of compliance?

By law, providers of certain adult social care and health 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 Care Quality Commission (CQC) has written guidance about what people who use services should experience when providers are meeting essential standards, called *Guidance about compliance: Essential standards of quality and safety*.

CQC licenses services if they meet essential standards and will constantly monitor whether they continue to do so. We formally review services when we receive information that is of concern and as a result decide we need to check whether a service is still meeting one or more of the essential standards. We also formally review them at least every two years to check whether a service is meeting all of the essential standards in each of their locations. Our reviews include checking all available information and intelligence we hold about a provider. We may seek further information by contacting people who use services, public representative groups and organisations such as other regulators. We may also ask for further information from the provider and carry out a visit with direct observations of care.

Where we judge that providers are not meeting essential standards, we may set compliance actions or take enforcement action:

Compliance actions: These are actions a provider must take so that they **achieve** compliance with the essential standards. We ask them to send us a report that says what they will do to make sure they comply. We monitor the implementation of action plans in these reports and, if necessary, take further action to make sure that essential standards are met.

Enforcement action: These are actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers are set out in the law and mean that we can take swift, targeted action where services are failing people.

Information for the reader

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