Key inspection report

Care homes for older people

<table>
<thead>
<tr>
<th>Name:</th>
<th>Canwick House</th>
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</thead>
<tbody>
<tr>
<td>Address:</td>
<td>Hall Drive Canwick Lincs LN4 2RG</td>
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</tbody>
</table>

The quality rating for this care home is: two star good service

A quality rating is our assessment of how well a care home is meeting the needs of the people who use it. We give a quality rating following a full review of the service. We call this full review a ‘key’ inspection.

<table>
<thead>
<tr>
<th>Lead Inspector:</th>
<th>Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ken Hague</td>
<td>2011</td>
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0 1 1 2 0 0 9
This is a review of quality of outcomes that people experience in this care home. We believe high quality care should

- Be safe
- Have the right outcomes, including clinical outcomes
- Be a good experience for the people that use it
- Help prevent illness, and promote healthy, independent living
- Be available to those who need it when they need it.

The first part of the review gives the overall quality rating for the care home:

- 3 stars - excellent
- 2 stars - good
- 1 star - adequate
- 0 star - poor

There is also a bar chart that gives a quick way of seeing the quality of care that the home provides under key areas that matter to people.

There is a summary of what we think this service does well, what they have improved on and, where it applies, what they need to do better. We use the national minimum standards to describe the outcomes that people should experience. National minimum standards are written by the Department of Health for each type of care service.

After the summary there is more detail about our findings. The following table explains what you will see under each outcome area.

**Outcome area (for example Choice of home)**

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

- This box tells you the outcomes that we will always inspect against when we do a key inspection.
- This box tells you any additional outcomes that we may inspect against when we do a key inspection.

This is what people staying in this care home experience:

Judgement:

- This box tells you our opinion of what we have looked at in this outcome area. We will say whether it is excellent, good, adequate or poor.

Evidence:

- This box describes the information we used to come to our judgement.
We review the quality of the service against outcomes from the National Minimum Standards (NMS). Those standards are written by the Department of Health for each type of care service.

Copies of the National Minimum Standards – Care Homes for Older People can be found at www.dh.gov.uk or bought from The Stationery Office (TSO) PO Box 29, St Crispins, Duke Street, Norwich, NR3 1GN. Tel: 0870 600 5522. Online ordering from the Stationery Office is also available: www.tso.co.uk/bookshop

The mission of the Care Quality Commission is to make care better for people by:

- Regulating health and adult social care services to ensure quality and safety standards, drive improvement and stamp out bad practice
- Protecting the rights of people who use services, particularly the most vulnerable and those detained under the Mental Health Act 1983
- Providing accessible, trustworthy information on the quality of care and services so people can make better decisions about their care and so that commissioners and providers of services can improve services.
- Providing independent public accountability on how commissioners and providers of services are improving the quality of care and providing value for money.

Reader Information

<table>
<thead>
<tr>
<th>Document Purpose</th>
<th>Inspection report</th>
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<tbody>
<tr>
<td>Author</td>
<td>Care Quality Commission</td>
</tr>
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<td>Audience</td>
<td>General public</td>
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<tr>
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<td>Internet address</td>
<td><a href="http://www.cqc.org.uk">www.cqc.org.uk</a></td>
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**Information about the care home**

<table>
<thead>
<tr>
<th>Name of care home:</th>
<th>Canwick House</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address:</td>
<td>Hall Drive Canwick Lincs LN4 2RG</td>
</tr>
<tr>
<td>Telephone number:</td>
<td>01522522275</td>
</tr>
<tr>
<td>Email address:</td>
<td><a href="mailto:canwickhouse@tiscali.co.uk">canwickhouse@tiscali.co.uk</a></td>
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<table>
<thead>
<tr>
<th>Name of registered provider(s):</th>
<th>Mrs C Paul</th>
</tr>
</thead>
<tbody>
<tr>
<td>Type of registration:</td>
<td>care home</td>
</tr>
<tr>
<td>Number of places registered:</td>
<td>22</td>
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<table>
<thead>
<tr>
<th>Conditions of registration:</th>
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<tbody>
<tr>
<td>Category(ies) :</td>
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<tr>
<td></td>
</tr>
<tr>
<td>dementia</td>
</tr>
<tr>
<td>old age, not falling within any other category</td>
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</table>

**Additional conditions:**

The maximum number of users who can be accommodated is 22.

The registered provider may provide the following category of service only: Care home only - Code PC To service users of the following gender: Either Whose primary care needs on admission to the home are within the following categories: Old age, not falling within any other category - Code OP, Dementia over the age of 65 years - Code DE(E)

**Date of last inspection**

2 8 0 4 2 0 0 9

**Brief description of the care home**

Canwick House is a large three storey, listed building with a modern extension. The house is situated in a small village, which is approximately one mile from the centre of the city of Lincoln. The home has been adapted and extended to provide accommodation for up to 22 residents to receive personal care. There are 12 single rooms of which 8 have ensuite facilities, and 5 double bedrooms. The home is accessed by going through a shared driveway which opens on to a small tarmac car park. There is a local church nearby with all other amenities located within the city.
Brief description of the care home

The centre. The home is not located on a bus route and residents rely on relatives or the proprietors for transport when this is needed. To the rear of the property are secluded grounds and gardens, which are well maintained. Accommodation for residents is on the ground and first floor of the building. The second storey is reserved as the private accommodation of the proprietor. The home is run as a "family business" and the proprietor is fully involved in the management of the home as well as the delivery of personal care. The statement of purpose for the home is kept in the manager's office. Fees charged by the home for residential care on 14/04/09 were £450 to £460.
Summary
This is an overview of what we found during the inspection.

The quality rating for this care home is: two star good service

Our judgement for each outcome:

- Choice of home: Poor
- Health and personal care: Adequate
- Daily life and social activities: Excellent
- Complaints and protection: Good
- Environment: Good
- Staffing: Adequate
- Management and administration: Adequate

How we did our inspection:

The service has been awarded a two star rating. This means that there is good outcomes for residents.

The service did not know we were coming to carry out an inspection. This is referred to as an unannounced inspection. We visited on the 21 November 2009. The inspection lasted five hours. The inspection was carried out by a single inspector. The purpose of the visit was to establish how the care home is functioning and what are the outcomes for people who use the service. We also check that the practices are safe and that staff understand how to recognise abuse and report this appropriately.

Any previous information held by the Care Quality Commission about the care home was taken into account. Before our visit the provider returned an Annual Quality Assurance Assessment (AQAA). This document gives us additional information about how the home is meeting the needs of people using the resources of the service. We
sent out seven surveys to people who use the service, three were returned. We sent out surveys to staff who worked at the care home; two surveys were returned.

The method of inspection used is called case tracking and this involves selecting a proportion of the people who use the service and looking at the care they receive. For this service we case tracked three residents. This was done by checking their records, discussion with them and the staff who care for them, and observations of care practice.

At the visit we spoke to people using the service, staff and management. This gave us an overview of the service and enables us to make a judgement of the star rating shown above.
What the care home does well:

People staying in the home feel that it provides them with a comfortable and supportive environment in which to live. They feel staff and managers support them well and encourage them to develop their personal skills and enable them to live a lifestyle of their choice.

What has improved since the last inspection?

Care records has been improved. They are now very personalised documents which allow you to understand each individual person and their identified needs. Risk assessments have been reviewed and now contain more detail of any identified risk. Risk assessment are carried out for all new residents. The information obtained is written into the care plans including the management of any individual risk. Communication between residents and the manager of the home have improved.

What they could do better:

The registered manager must ensure that any event which may have a negative effect on the welfare and safety of residents is reported to the Care Quality Commission.

If you want to know what action the person responsible for this care home is taking following this report, you can contact them using the details on page 4.

The report of this inspection is available from our website www.cqc.org.uk. You can get printed copies from enquiries@cqc.org.uk or by telephoning our order line 0870 240 7535.
Details of our findings

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Staffing (standards 27 - 30)
Management and administration (standards 31 - 38)
Outstanding statutory requirements
Requirements and recommendations from this inspection
## Choice of home

**These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:**

<table>
<thead>
<tr>
<th>People are confident that the care home can support them. This is because there is an accurate assessment of their needs that they, or people close to them, have been involved in. This tells the home all about them and the support they need. People who stay at the home only for intermediate care, have a clear assessment that includes a plan on what they hope for and want to achieve when they return home.</th>
</tr>
</thead>
<tbody>
<tr>
<td>People can decide whether the care home can meet their support and accommodation needs. This is because they, or people close to them, have been able to visit the home and have got full, clear, accurate and up to date information about the home. If they decide to stay in the home they know about their rights and responsibilities because there is an easy to understand contract or statement of terms and conditions between them and the care home that includes how much they will pay and what the home provides for the money.</td>
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### This is what people staying in this care home experience:

**Judgement:**

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

New residents receive a comprehensive and detailed assessment to ensure that the identified needs of each person can be met by the resources of the care home.

**Evidence:**

The files of 3 individual residents were seen. They all contained an initial assessment completed by the registered manager which sets out the personal needs of each resident. A detailed risk assessment was found on each file. If a risk was identified a risk management strategy was in place to reduce or remove any risk. Residents confirmed that they had been involved in the initial assessments. There was an additional input from community health care services and family in each resident's assessment.

The registered manager stated that a letter is sent to each new resident confirming the conditions of their placement including the appropriate financial charge. The letter also confirms that identified needs of each resident can be met by the resources of the
Evidence:
care home. Assessments were carried out on a standard document written by the home and signed by the assessor and the individual resident.
Health and personal care

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People’s health, personal and social care needs are met. The home has a plan of care that the person, or someone close to them, has been involved in making. If they take medicine, they manage it themselves if they can. If they cannot manage their medicine, the care home supports them with it, in a safe way. People’s right to privacy is respected and the support they get from staff is given in a way that maintains their dignity.

If people are approaching the end of their life, the care home will respect their choices and help them feel comfortable and secure. They, and people close to them, are reassured that their death will be handled with sensitivity, dignity and respect, and take account of their spiritual and cultural wishes.

This is what people staying in this care home experience:

Judgement:

People using this service experience good quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

Detailed personalised care plans instruct staff how residents expect their personal care to be provided while maintaining personal dignity. Staff training and the home’s medication procedure ensure prescribed medication is stored and administered safely.

Evidence:

The care records for three residents were studied as part of the case tracking process. These had been reviewed since the last inspection. They were personalised and included detail risk assessments, which included risk management strategies where required. The individual care plans contained details of the input from Community Health Care Services. These included chiropody and eye care. Residents confirmed that chiropody, dental care are being provided to residents. Details of these services and visits were found to be recorded in individual plans

Resident's choices and likes and dislikes of food were recorded in their care records. Files contained a nutritional and dietary needs assessment for each resident.

Care plans contained details of the choices of activities which each resident had
Evidence:

discussed with a member of staff. Residents confirmed that the information recorded on their care plans corresponded with their actual wishes. Care plans instruct staff to ensure that the privacy and dignity of residents is respected and that personal care is provided in the manner of the residents choice.

Staff stated that care plans are used as working documents and are updated on a monthly basis. Staff confirmed that only trained staff are allowed to give out medication. Staff were able to discuss the medical needs and medication for the residents who were being case tracked.

Training records provided evidence that staff had been trained in the storage and administration of medication. The last pharmacy report was a positive one and contained no recommendations. The storage facilities for medication were viewed and a sample of records studied. We found that medication was being stored and administered in accordance with the medication procedure.

Three residents were interviewed they stated that they have been involved in the drawing up of individual personal care plans. They had signed a document after discussion with their key worker and they are actively involved in the updating and reviewing their personal care plans. A resident stated "my care plan sets out the help that I need and how I wish the staff to help me. It also tells staff parts of my personal care which I choose to carry out in private."

All residents spoken to confirmed that they had a copy of all their individual care plans. They were able to state the cost of their stay at the care home. The legal status of each resident was recorded on the individual care records.
Daily life and social activities

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

Each person is treated as an individual and the care home is responsive to his or her race, culture, religion, age, disability, gender and sexual orientation. They are part of their local community. The care home supports people to follow personal interests and activities. People are able to keep in touch with family, friends and representatives. They are as independent as they can be, lead their chosen lifestyle and have the opportunity to make the most of their abilities. People have nutritious and attractive meals and snacks, at a time and place to suit them.

There are no additional outcomes.

This is what people staying in this care home experience:

Judgement:

People using this service experience good quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service. A range of activities are provided which ensures residents can take part in activities of their choice. The home has a comprehensive and varied menu which ensures the dietary needs of individual residents are met.

Evidence:

Activities are organised within the home and in the community. The registered manager stated that residents are encouraged to go out into the community to local shops and to coffee mornings. Transport is provided to make this possible. Care records contained the choices and wishes of individual residents in respect of the activities. Discussions with these residents confirmed that the recorded activities corresponded with the resident's personal choices.

Residents stated that their family and friends are encouraged to keep in contact and are made welcome when they come to the care home. A relative spoken to at the site visit said "I am always made welcome and staff are very helpful". Staff stated that visiting is an important part of the social life the residents, we encourage families to visit residents.

The care homes menu is changed on a four-week rota. The dietary needs of each
Evidence:

individual resident is recorded on their personal care plans and where a special diet is required details are also kept in the kitchen. A resident stated "the food here is very good I could not ask for better food". A second resident stated "there is some food I do not enjoy but an alternative meal is always provided to me. My care plan tells staff what kind of food I like." No negative comments in relation to food were received at this inspection.
Complaints and protection

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

<table>
<thead>
<tr>
<th>Complaints and protection outcomes</th>
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<tbody>
<tr>
<td>If people have concerns with their care, they or people close to them know how to complain. Any concern is looked into and action taken to put things right. The care home safeguards people from abuse and neglect and takes action to follow up any allegations.</td>
</tr>
<tr>
<td>People’s legal rights are protected, including being able to vote in elections.</td>
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</tbody>
</table>

This is what people staying in this care home experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

People are protected by updated and informative policies and procedures, and staff know how to put them into practice.

Evidence:

Records show us that no complaints have been made about the service since we last visited. The complaints policy is available in the entrance hall. Residents told us that they know how to make a complaint, and who to speak to if they are not happy. Residents stated that the home responds in the right way if any concerns are raised.

We saw that there are leaflets about how people can contact independent advocacy services if they want help to express their views, including financial advocacy. Some people who stay at the home keep and manage their own money, and the staff record how much they have brought with them. Some people need more help and staff keep records and receipts of how much money they have brought and what they have spent.

There are no ongoing investigations being carried out by the Local Authority Safeguarding Team. The home has their own policy about how to keep people safe which is available in the entrance hall.

Staff were able to tell us how they would manage and report any situation where people were at risk of abuse, and records showed us that they are regularly trained...
Evidence:

about how to keep people safe. There were no health and safety issues or infection control problems identified during this inspection.
Environment

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

| People stay in a safe and well-maintained home that is homely, clean, pleasant and hygienic. |
| People stay in a home that has enough space and facilities for them to lead the life they choose and to meet their needs. The home makes sure they have the right specialist equipment that encourages and promotes their independence. Their room feels like their own, it is comfortable and they feel safe when they use it. |

This is what people staying in this care home experience:

Judgement:

People using this service experience good quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

People have a homely and comfortable environment to stay in, which can meet their assessed needs.

Evidence:

Residents said that the home is kept fresh and clean, and one resident said "I am very comfortable in my chosen bedroom, and I can keep it how I like. I have my own personal items and some personal furniture within my room."

The home is furnished and decorated in a comfortable and homely way.

Corridors, doorways and rooms are spacious enough for people who use wheelchairs, and there is a range of equipment available to help people move around. Records show us that all of the equipment is regularly serviced and maintained.

We know that the home has a range of policies to help keep the home safe and comfortable for people to use, including one about controlling the spread of infection. We saw information leaflets and notices around the home about things like washing hands. There were gloves and aprons around the home for people to use when they needed to.
Staffing

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

<table>
<thead>
<tr>
<th>People have safe and appropriate support as there are enough competent staff on duty at all times. They have confidence in the staff at the home because checks have been done to make sure that they are suitable to care for them. Their needs are met and they are cared for by staff who get the relevant training and support from their managers.</th>
</tr>
</thead>
<tbody>
<tr>
<td>There are no additional outcomes.</td>
</tr>
</tbody>
</table>

This is what people staying in this care home experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

Residents are supported by an effective staff team who understand and do what is expected of them.

Evidence:

Staff told us that there are usually enough of them on duty to meet the needs of the people who come to stay at the home. Staff rotas show which people are using the service at any one time so that the right number of staff are allocated.

We saw that the rotas are flexible, for example sometimes staffing levels had been increased if residents needs had changed and more time was required to provided safe care. The registered manager confirmed that staffing levels are increased in these circumstances.

We also saw that there are a number of staff employed to work only when they are needed, which means that extra staff can be called upon who people know.

Staff files contain things like criminal record bureau checks, written references, application forms, and identification. Staff told us that they had thorough recruitment checks before they started work, including an interview. The manager told us that she is very careful to ensure that only staff with the necessary skills to meet the needs of residents are recruited. She stated that by using the recruitment procedure to ensure
Evidence:
that all staff were recruited safely and residents were safe.

Records show that there is an induction programme for new staff which follows a nationally recognised format. It includes information about things like record keeping, fire safety, and confidentiality.

Staff told us that as well as their induction, they are given on-going training that helps them keep up to date with good practice. We saw that there is a set yearly plan for this training, and records show staff have done courses about things like dementia, communication, first aid, and risk assessment. Records also show that over 50% of staff have gained a nationally recognised care qualification NVQ level 2 or above in care.

Staff told us that they get good support from the manager and their supervisors. Records show that staff are receiving supervision sessions, from the registered manager. They also receive yearly appraisals of their work performance. The manager told us that she audits the supervision records, to make sure that everyone has received at least six sessions before the end of their working year.
Management and administration

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

| People have confidence in the care home because it is led and managed appropriately. People control their own money and choose how they spend it. If they or someone close to them cannot manage their money, it is managed by the care home in their best interests. The environment is safe for people and staff because appropriate health and safety practices are carried out. |
| People get the right support from the care home because the manager runs it appropriately with an open approach that makes them feel valued and respected. The people staying at the home are safeguarded because it follows clear financial and accounting procedures, keeps records appropriately and ensures their staff understand the way things should be done. They get the right care because the staff are supervised and supported by their managers. |

This is what people staying in this care home experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

People benefit from a well managed home, and they are protected by the health, safety, and welfare arrangements.

Evidence:

The registered manager has nationally recognised care and management qualifications. Residents told us that they think the manager has the right skills and experience to support people, and manage the service well. Staff told us that she is very supportive.

We know that there is a quality assurance system in place, and we saw recent quality assurance feedback forms which contain only positive comments.

Records show that the manager carries out an audit of incidents and accidents which occur within the home. Complaints and concerns raised by residents of relatives this includes taking an active part in resident meetings held within the care home.
Evidence:

The registered manager stated that staff check the fire alarm every week. Records show that the fire alarm system is regularly serviced and fire safety checks are carried out. Staff also check and record things like water temperatures, and fridge and freezer temperatures. They were able to tell us what the temperatures should be set at, and what to do if they were too high or too low.

Any substances that could cause harm to people, such as cleaning fluids, were found to be kept in a locked cupboard, and there is lots of information available about how to manage the substances safely. There are risk assessments in place for things like kitchen hazards, slips and falls.
Are there any outstanding requirements from the last inspection?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
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**Outstanding statutory requirements**

These are requirements that were set at the previous inspection, but have still not been met. They say what the registered person had to do to meet the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards.

<table>
<thead>
<tr>
<th>No.</th>
<th>Standard</th>
<th>Regulation</th>
<th>Requirement</th>
<th>Timescale for action</th>
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</thead>
</table>
Requirements and recommendations from this inspection:

Immediate requirements:
These are immediate requirements that were set on the day we visited this care home. The registered person had to meet these within 48 hours.

<table>
<thead>
<tr>
<th>No.</th>
<th>Standard</th>
<th>Regulation</th>
<th>Requirement</th>
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Statutory requirements
These requirements set out what the registered person must do to meet the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards. The registered person(s) must do this within the timescales we have set.

<table>
<thead>
<tr>
<th>No.</th>
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<th>Regulation</th>
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Recommendations
These recommendations are taken from the best practice described in the National Minimum Standards and the registered person(s) should consider them as a way of improving their service.

<table>
<thead>
<tr>
<th>No.</th>
<th>Refer to Standard</th>
<th>Good Practice Recommendations</th>
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