Random inspection report

Care homes for older people

<table>
<thead>
<tr>
<th>Name:</th>
<th>Canwick House</th>
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<tr>
<td>Address:</td>
<td>Hall Drive</td>
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<td>Canwick</td>
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<td>Lincs</td>
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<td>LN4 2RG</td>
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The quality rating for this care home is: zero star poor service

The rating was made on: 28/04/2009

A quality rating is our assessment of how well a care home, agency or scheme 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 review a ‘key’ inspection.

This is a report of a random inspection of this care home. A random inspection is a short, focussed review of the service. Details of how to get other inspection reports for this care home, including the last key inspection report, can be found on the last page of this report.

<table>
<thead>
<tr>
<th>Lead inspector:</th>
<th>Date:</th>
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<tbody>
<tr>
<td>Douglas Tunmore</td>
<td>2009</td>
</tr>
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</table>
Name of care home: Canwick House
Address: Hall Drive
Canwick
Lincs
LN4 2RG
Telephone number: 01522522275
Fax number:
Email address: canwickhouse@tiscali.co.uk
Provider web address:

Name of registered provider(s): Mrs C Paul
Type of registration: care home
Number of places registered: 22

Conditions of registration:

<table>
<thead>
<tr>
<th>Category(ies)</th>
<th>Number of places (if applicable):</th>
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<tr>
<td></td>
<td>Under 65</td>
</tr>
<tr>
<td>dementia</td>
<td></td>
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<tr>
<td>old age, not falling within any other</td>
<td>0</td>
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<td>category</td>
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Conditions of registration:

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. The home is accessed
Brief description of the care home

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 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
What we found:

Choice of Home.

No new admissions have been made due to the local authority suspending placements on the 29/04/09 until improvements have been made.

Since the last visit all assessments of people's needs and care plans have been updated by the manager. They had also been signed and dated by the manager. We looked at assessments and care plans of two people and found that risk assessments were in place and care plans reflected the care needs of residents. The manager said that in the future she will fully involved people in their assessments. However, prospective residents are not written to by the manager confirming whether they can meet their care needs or not. The manager wrote a draft copy of a letter during the visit, which will in the future form the basis for letters sent to people stating that their needs can be met or otherwise.

Health and personal care.

We looked at two peoples care plans, which described their health and welfare needs. These, the manager said had been updated since the last visit to the home. Care records included admission details, assessments of daily living, activities, moving handling assessments, risk assessments, and daily reports.

Monthly reviews are held which are detailed and give all the information relating to any changes in care required for individual residents. Care plans contained wider information on residents likes or dislikes, outside of the food they liked to eat. However social histories need to be expanded on so that staff can follow up people's old friendships or hobbies. The manager confirmed that she is going to do this as her next task. She also said that all staff can contact the residents GP or the hospital if a resident is unwell. A contact form was seen which showed that a resident had been referred to the GP and this was followed up by the manager completing the outcome of this referral on the second part of this document.

Care plans were seen to have been updated regularly but had not been signed by residents or their families acting on their behalf. The manager said that her next task is to fully involved all residents and their families in their care plans.

The local authority quality assurance officers visited this home on the 08/09/09 and found that care plans were much improved.

Care plans showed that residents dignity and privacy is maintained but did not show peoples individual choices regarding their personal care. We spoke to six people all of whom were very positive about their care and support. Comments included "everyone is so kind and helpful", "they are so polite and respectful", "if I need assistance I only have to ask and they come to my aid".

A number of staff told us that although they were receiving training they were not allowed to give medication until they had been assessed as safe to do so. There was guidance on the medicine trolley to guide people through safe medication processes. We
looked at medication sheets, which were signed with no gaps and a photograph of each person. The manager confirmed that none of the people in the home self medicates.

We contacted the pharmacist who visited on the 15/09/09. He said he carried out a sample check of medication sheets and looked at storage, all he said were satisfactory.

Daily life and social activities.

We spoke to a member of staff who told us that part of her role was as activities organiser and there was no set programme as she liked to have activities to suit the people. Activities included hymn singing, nursery rhymes, exercises, musical bingo, card games, skittles and ball games. She also said they had just started life story introductions to understand more about each person.

We saw six people in the lounge either reading newspapers, talking or dozing. We saw staff occasionally come into the lounge and talk to the people. People were observed singing and laughing with members of staff. We spoke to the people sitting in the lounge. All were very positive about the food. Comments included "I like the food, it suits my needs" and "I had an enjoyable breakfast". We also saw lunch being served in the dining room. Staff were serving a casserole with carrots and cauliflower and again people were very positive about the food. We were told that if a person did not like the set menu an alternative would be found.

The cook stated that she is aware of the likes and dislikes of people and she has access to their care plans to see what they like to eat. She also said that choices are available to people. The minutes of the residents meeting held on the 23/09/09, showed that six residents attended and agreed that the food is getting better. They also agreed the monthly menu for the following month.

Complaints and protection.

At the last visit in April 2009, people stated that they felt confident in being able to raise concerns. One resident said that we complained at a residents meeting about the menu and there has been an improvement.

We had been informed that there was two on-going adult safeguarding investigations being carried out at this home in April 2009. The safeguarding vulnerable adults team were contacted by the inspector and they confirmed that the manager had worked closely with them and all issues have been resolved satisfactorily.

We talked to four staff who knew what abuse was and what their role was but were not fully aware of where to refer issues outside the home (the local authority safeguarding adults team).

The provider has a copy of Lincolnshire County Councils revised safeguarding adults protocol. People who use this service are supplied with a complaints procedure that they can understand. The complaints procedure is clearly displayed in the reception area as is other information about the home and other agencies involved in caring for older people.

During this visit no residents or staff made a negative comment about their care to either inspector. Observations made were that people are treated with dignity and respect by
we looked at the staff training profile, which showed that safeguarding training had been undertaken on the 30/05/09 and other training relating to new laws affecting the rights of people on the 16/05/09. The local authority officer for training and advising providers is visiting the manager on the 15/10/09 to discuss the implications for staff and people at the home regarding the new laws about protecting peoples rights.

Environment.

Throughout our visit areas of the home was being painted and we could see many areas of the home were newly painted. Areas were odour free throughout. We saw there were alcohol hand washes to reduce the risk of cross infection and staff wearing aprons and gloves. All doors which contains hazardous substances were locked and the key kept in a safe place. After we made a referral to the Environment Health Office, they made a visit on the 30/04/09 and satisfied themselves that the issues raised were in order. we undertook a full tour of the environment accompanied by a member of staff and looked at bedrooms on the ground floor and on the first floor. All bedrooms excepting one had window restrictors to wooden windows. One window had a metal frame and the width of the opening was controlled by an adjuster but the window could open wide with no restrictor and could pose a risk as the window opened over a sloping roof. It was seen that a bathroom also had metal windows but had a new restrictor, which had been installed to prevent risk. On the 30/09/10 the manager contacted CQC and informed us that a new window restrictor was to be fitted to the window mentioned above on the 02/10/09.

All bedrooms seen showed evidence of personalization with televisions, pictures, furniture and personal mementoes. We were also informed a new call system had been installed two months ago which enabled the call to be cancelled where it was made so staff would check about the reason why the call was made. In addition staff also had pagers. People told us they liked their rooms, felt the home was clean and their clothes were looked after.

Staffing.

We spoke to four staff who told us they had been correctly recruited with a check by the Criminal Records Bureau and had undertaken a supported induction. This lasted two to three days and people felt they were supported throughout. Two personnel files were seen and showed that the staff had been recruited safely. Training had included moving and handling, fire prevention and staff had achieved National Vocational Qualification, in working with elderly people at level 2 or about to start NVQ level 2. All told us about the part three Dementia awareness course from Boston College which they had just started and a number were in the process of studying a 3 unit medication awareness course for Lloyd’s pharmacy.

All the staff we spoke with were very positive about working in the home. There were two overseas staff both of whom had good command of English. Comments included "I love working here", "when I arrived I received a very warm and friendly welcome", "we have a good relationship with the residents", "everyone is very friendly" and "the manager is very good and supportive". People we spoke with told us "staff have time to chat", "I can't fault them", "the staff are smashing" and "the staff are brilliant". A visitor
commented "I am very satisfied", "the staff have endless patience and understanding" and "I have no concerns whatsoever".

The daily staff rota showed that there was a minimum of three to four staff for seventeen people. In addition the manager could assist during busy periods.

The manager said that they will have 100% of staff members who have a National Vocational Qualification. One care staff is to start NVQ 3 in September 2009 and another is undertaking NVQ 4 at the same time. This will help them to further their careers and have further knowledge about the care needs of the elderly.

Management and administration.

Four hot water points were checked and it was found that the water was not above 43 degrees. The hot water check book also showed that weekly checks are undertaken at different hot water outlets. Two fire exit doors were seen and found to have no obstructions to the exit. The manager said that a fire officer visited and confirmed that steps had been taken in relation to the fire doors and the fitting of a key pad on one of these doors.

The community fire officer visited on the 01/05/09 and reported that 'all three items have been addressed'.

Staff stated that they have been trained in moving and handling techniques. They said that the hoists had been serviced and equipment is provided to ensure people can be moved safely. We looked at two residents care plans, which gave us details of how these tasks can be carried out and how many staff were needed for this task.

What the care home does well:

Throughout this report the term 'we' and 'us' refer to the Care Quality Commission, which since the 1st April 2009 became the new regulator for health and social care services.

This visit was an unannounced random visit undertaken by two inspectors. We can do a random visit in-between key visits at any time for various reasons, such as to check that requirements have been addressed or to look at areas of concern. On this occasion we wanted to assess what progress had been made to meet the requirements made at the last Key Inspection on May 4th 2009.

The manager who is also the provider was on duty and we also spoke to four members of staff and six residents. We undertook a full tour of the building looking at bedrooms, bathrooms and communal areas. We also looked at various documentation including, care plans, risk assessments, medication records, complaints procedures, training records and daily staffing rotas.

The main findings of the visit are set out below under the standard headings we looked at.

People in this home told us that they were well cared for by a committed and friendly care team. Staff treat people with dignity and respect. They are well trained and have a
good understanding of peoples needs and wishes. They encourage people to make their own choices and decisions and to be as independent as possible.

There are good systems in place to make sure people are protected, including staff training, risk assessments and policies; people who use this service told us that they feel safe living in the home.

There is a range of activities and relatives and friends are made welcome when they visit the home.

What they could do better:

We made some suggestions to help make things better. We said that people or their representatives should be involved in their care plans. This would help to ensure that people have a say in what care they wish to have and how it is to be delivered. We also said that care plans should provide more information about how peoples personal care needs are to be met. This would help people to decide who should undertake their personal care and how it would be undertaken. We found that people who come to this home are not informed in writing that the provider can meet their needs. This would ensure that the provider has assessed that persons needs and written to them confirming that their needs can be met. We said that social histories should be available, which tells staff what jobs, families and hobbies that people might have had in the past. This information is important in planning peoples care and what hobbies and friendships they wish to keep. Lastly we said that staff must be aware of what agencies they could contact for reporting adult protection issues. This will ensure that any concerns are dealt with by the appropriate agencies.

The manager told us that they are going to encourage people or their family and friends to be involved in their care plans. She said that peoples care plans will be updated after discussions with them to ensure that their personal needs are met in a way which is suitable to them. The manager informed us that all but one of the windows have had restrictors fitted and the last one will be fitted immediately. She also confirmed that the activities organiser is undertaking the task of writing peoples social histories with them. Before this visit finished the manager showed us a draft letter which will be given to people who are assessed as able to come and live in this home.

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 set out on page 2.
Are there any outstanding requirements from the last inspection?

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<td>Yes</td>
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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, Regulations 2001 and the National Minimum Standards.

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<tr>
<th>No.</th>
<th>Standard</th>
<th>Regulation</th>
<th>Requirement</th>
<th>Timescale for action</th>
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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.

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

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<th>Requirement</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.

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<tr>
<th>No</th>
<th>Refer to Standard</th>
<th>Good Practice Recommendations</th>
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Our duty to regulate social care services is set out in the Care Standards Act 2000. Copies of the National Minimum Standards – Care Homes for Older People can be found at www.dh.gov.uk or got 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

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