Mrs Cindy E Paul
Canwick House

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<th>Region:</th>
<th>East Midlands</th>
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| Location address: | Canwick House  
|              | Hall Drive  
|              | Canwick  
|              | Lincolnshire  
|              | LN4 2RG |
| Type of service: | Accommodation for persons who require nursing or personal care |
| Publication date: | May 2011 |
| Overview of the service: | Canwick House is owned and managed by Mrs C E Paul. The home is a large three storey building, which is situated in a small village, which is approximately one mile from the centre of the city of Lincoln. The home is registered to provide accommodation for 22 older persons who require personal care. |
**What we found overall**

We found that Canwick House was meeting all the essential standards of quality and safety we reviewed.

The summary below describes why we carried out the 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 reviews.

**How we carried out this review**

We reviewed all the information we hold about this provider, carried out a visit on 18 May 2011, observed how people were being cared for, talked with people who use services, talked with staff, checked the provider’s records, and looked at records of people who use services.

**What people told us**

People who lived at Canwick House old us they were happy with the care and support that they received. During our visit to the service we met with a group of seven people who live there and they told us that the staff supported them in the way they wished saying “I don’t think anything could be better” and “I came here so that my care needs could be met and I am pleased to say they are”.

We also spoke to one relative who was visiting the home who said that “my partner comes here for short stay periods. It helps me to charge my batteries. The manager and staff are very good. I feel that my relative is safe here”.
What we found about the standards we reviewed and how well was meeting them

Outcome 4: People should get safe and appropriate care that meets their needs and supports their rights

People who live in the home receive individual care which is tailored to meet their needs and is supported by the assessment and care planning systems in place.

- Overall, we found that Canwick House was meeting this essential standard.

Outcome 7: People should be protected from abuse and staff should respect their human rights

People are protected from abuse or the risk of abuse and staff respond to concerns appropriately.

- Overall, we found that Canwick House was meeting this essential standard.

Outcome 16: The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

There are opportunities for people to make their views known about the service and their satisfaction with it.

- Overall, we found that Canwick House was meeting this essential standard.
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.

A **minor concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard.

A **moderate concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard and there is an impact on their health and wellbeing because of this.

A **major concern** means that people who use services are not experiencing the outcomes relating to this essential standard and are not protected from unsafe or inappropriate care, treatment and support.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary improvements are made. Where there are a number of concerns, we may look at them together to decide the level of action to take.

More information about each of the outcomes can be found in the *Guidance about compliance: Essential standards of quality and safety.*
Outcome 4:  
Care and welfare of people who use services

What the outcome says

This is what people who use services should expect.

People who use services:
- Experience effective, safe and appropriate care, treatment and support that meets their needs and protects their rights.

What we found

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<td>The provider is compliant with outcome 4: Care and welfare of people who use services</td>
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We spoke to two people about the content of their care plans. Both people told us they were aware of the information contained in them and that it provided information that showed how they wanted to be supported. One person told us “I don’t think anything could be better” Another person said “I came here so that my care needs could be met and I am pleased to say they are”.

During our visit to the service we also undertook a meeting with seven people who live at the home in order to obtain their views about the care provided. The people told us that they felt well supported and provided comments ranging from “when I need help I just use my call-bell and they come quickly” to “its great that we get out into the local community, we go to the village hall once every two weeks and enjoy the activities there”. Another person said that during the recent elections people were supported to vote either in person or by postal vote.

People told us that they had their dietary needs met in the way they wished. One person said “food is there when we want it, even in the middle of the night” another
Other evidence

The manager provided information contained in the homes statement of purpose, which was sent to us in March 2011 and told us that “Canwick House strives to provide a professional, holistic model of care for older people. We aim to empower and support each individual resident in fulfilling their wishes and achieving their optimum level of independence”.

The statement of purpose also told us that people who chose to live at Canwick House were supported to maintain their privacy, dignity and religious and cultural activities. Information also showed that people could access independent advocacy support if they need to.

We know that care plans are created and agreed with the individual or their representative where ever possible and that they reflect their needs and preferences.

We know that assessments were being undertaken in order to create care plans and dependency levels were checked as part of this process before any new person moved into the home. The assessment information would then be used to the care plan to suit the individual and to meet their physical and emotional well being needs. It was also being used to risk assesses areas such as moving and handing. These assessments were signed by the individual to show they agreed with them and were used to inform care staff about how to deliver the care that each person needed.

During our visit to the service we saw that peoples care plans contained a photograph of the person so that they could be easily identified and that people had a named worker within the team who they could speak to about any personal issues regarding their care plan. The information provided details about peoples life history, religious needs, personal preferences and care needs, which the manager, staff and people who lived at the service said helped to ensure that needs were being met in the way each wished them to be.

Additional risk assessments had also been completed and were available to show how any nursing needs were being met by the local community nurse team. One care plan we looked at showed that the district nurse team had supplied a special mattress to support the person whilst being cared for in bed.

We know that staff members have been trained in moving and handling and that the equipment being used to provide safe care for people had been serviced and maintained in the right way.

People also had the option to complete an Advance Care Plan indicating their
preferred wishes at end of their life, unless they choose not to, and that district Nurses support the home to meet end of life needs if the individual wishes to remain at the home, palliative care services also provide support and guidance.

Care plans also contained a dietary advice sheet for each person showing food likes and dislikes, consistency of food needed, allergies, special dietary needs and details about how people liked to eat their food.

The cook showed us information that was kept in the kitchen area about each person’s likes dislikes and dietary needs. Menus were available to show what options were available and people told us that they could choose what they wanted or an alternative meal if they wished.

We observed that the home was clean and that staff were following procedures for ensuring that the risk of cross infection was minimised. The deputy manager showed us a copy of the most up to date department of health infection control guidance (2008) and confirmed that training is in place for staff to attend this training. We saw that doors to people’s rooms were personalised so that they knew where their individual room was, and that rooms were decorated and furnished in the way people had chosen. Communal doors to bathrooms and toilets were decorated in a way which people with confusion or visual impairment said enabled them to find them more easily and the signage in the home was clear. People said that this helped them to maintain their own dignity and to do as much as they could for themselves.

Our judgement

People who live in the home receive individual care which is tailored to meet their needs and is supported by the assessment and care planning systems in place.
Outcome 7: 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 7: Safeguarding people who use services from abuse

Our findings

What people who use the service experienced and told us

During our visit we spoke to a district nurse manager who told us that professional relationships between the teams were good saying that “we work well together and the communication has really developed and improved between the teams since January 2011. We visit the home regularly to provide support with any identified additional nursing needs and its clear that we are able to make things work for the good of the residents”

People told us that they felt safe living at the home. One person said “I feel they look after my needs and keep me safe” and during a meeting with a group of seven people they told us that they felt protected by the manager and care team.

Staff members told us that the training provided was good, that they had a good understanding of the need to safeguard people, and that they knew how to raise concerns when needed.

Two staff members told us about how they work as a team to identify any concerns and that when they change shift they have a meeting to ensure the new staff shift
receive clear communication about any or issues that had been raised.

**Other evidence**

We know that during the last year the local authority safeguarding team has worked with the manager to ensure that people were kept safe from harm and that the work completed showed that people who live at the service were being protected from abuse.

During our visit we observed that people were seen to taking part in individual activities and receiving visitors in the way they wished and that there was a calm atmosphere in the communal areas of the home, we observed staff treating people with dignity and respect.

The deputy manager and two staff members that we spoke to during our visit to the service told us that they were aware of the homes and the local authorities safeguarding vulnerable adult's policy and described what they would do if they had any concerns about people who use the service. Staff also told us how they would raise concerns if they about other staff at the home through the use of the homes whistle blowing policy.

We know that staff members had received some training during their induction in order to be able to take action to protect people when they needed to and the manager told us that there are plans in place for update training on safeguarding vulnerable adults and the staff training record plan confirmed this. We also saw that the staff team had access to a range of training that linked to the safety and support of people including nationally recognised qualifications.

The deputy manager told us that when people move into the home they are invited to have their own key worker and that this is arranged through consultation with people so that people are “matched” with carers according to the needs identified.

People told us that they thought this helped staff to get to know them better and that they could make their own decisions with this support. On the day of our visit the deputy manager told us that there were no people using the service who were subject to deprivation of liberty safeguards. These safeguards are put in place to provide protection for people in care homes who may need to be deprived of their liberty in order to protect them from harm.

The deputy manager showed us that they understand the process for undertaking assessments to determine whether people have capacity to make their own decisions or if they needed support to do this, and showed how they completed best interest assessments to ensure people have capacity and that they understand how to request support from other professionals when they need to.

We also know that staff members have received training in dementia awareness and that further training had been arranged for October 2011. During our visit we observed staff members applying the outcome of the training received by supporting and communicating with people in a sensitive way.
Our judgement

People are protected from abuse or the risk of abuse and staff respond to concerns appropriately.
Outcome 16: Assessing and monitoring the quality of service provision

What the outcome says

This is what people who use services should expect.

People who use services:
- Benefit from safe quality care, treatment and support, due to effective decision making and the management of risks to their health, welfare and safety.

What we found

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<td>We know that the home undertook a quality assurance review in January 2011. Questionnaires were sent to people who use and visit the service. We looked at the returned forms during our visit and saw that they contained positive comments ranging from “staff are always friendly and happy, very good communication” to “my relative loves it here and is perfectly happy with the care provided, it is very clean and tidy”</td>
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<td>When meeting with people who use the service they told us that they had a formal residents meeting every two months where they could discuss any issues relating to their care and support and that felt they could raise any concerns direct with the manager or staff members. People said they did not feel they needed to wait for the residents meeting if they had concerns and one person said “the manager is easy to talk to and I would have no hesitation in saying if there was something is was concerned about”.</td>
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comes here for short stay periods. It helps me to charge my batteries. The manager and staff are very good. I feel that my relative is safe here”.

The deputy manager showed us a folder containing thank you messages from people who are using the service and had done so in the past. She told us that this was maintained as part of the home quality assurance process. There were no negative comments available. One recent message stated “Thank you for making our parents final months as comfortable as possible. It is heart warming to see how everyone worked so hard to provide them with everything they could”.

Other evidence
The statement of purpose provided information about how people could give feedback on the service being provided and how to raise concerns. This information was also in the reception area of the home when we undertook our visit.

We know that the manager keeps a suggestion box in the reception area of the home so that people who live there and their visitors had an opportunity to make suggestions or raise concerns directly or anonymously if they wish. Staff members said that they could also make suggestions through the suggestion box.

Our judgement
There are opportunities for people to make their views known about the service and their satisfaction with it.
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.

When making our judgements about whether services are meeting essential standards, we decide whether we need to take further regulatory action. This might include discussions with the provider about how they could improve. We only use this approach where issues can be resolved quickly, easily and where there is no immediate risk of serious harm to people.

Where we have concerns that providers are not meeting essential standards, or where we judge that they are not going to keep meeting them, we may also set improvement actions or compliance actions, or take enforcement action:

**Improvement actions**: These are actions a provider should take so that they maintain continuous compliance with essential standards. Where a provider is complying with essential standards, but we are concerned that they will not be able to maintain this, we ask them to send us a report describing the improvements they will make to enable them to do so.

**Compliance actions**: These are actions a provider must take so that they achieve compliance with the essential standards. Where a provider is not meeting the essential standards but people are not at immediate risk of serious harm, 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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<th>Review of compliance report</th>
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<td>Author</td>
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