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

**Canwick House Care Home**

Hall Drive, Canwick, Lincoln, LN4 2RG  
Tel: 01522522275

Date of Inspection: 16 May 2013  
Date of Publication: June 2013

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

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<th>Standard</th>
<th>Met this standard</th>
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<tr>
<td>Care and welfare of people who use services</td>
<td>✓ Met this standard</td>
</tr>
<tr>
<td>Meeting nutritional needs</td>
<td>✓ Met this standard</td>
</tr>
<tr>
<td>Management of medicines</td>
<td>✓ Met this standard</td>
</tr>
<tr>
<td>Staffing</td>
<td>✓ Met this standard</td>
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</table>
## Details about this location

<table>
<thead>
<tr>
<th>Registered Provider</th>
<th>Mrs C E Paul</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overview of the service</td>
<td><strong>Canwick House Care Home</strong> offers accommodation for up to 22 older men and women. It is situated in the village of Canwick close to the centre of Lincoln. It is registered to care for people who require accommodation for persons who require personal care.</td>
</tr>
<tr>
<td>Type of service</td>
<td>Care home service without nursing</td>
</tr>
<tr>
<td>Regulated activity</td>
<td>Accommodation for persons who require nursing or personal care</td>
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When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

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Summary of this inspection

Why we carried out this inspection

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

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 16 May 2013, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service, talked with carers and / or family members, talked with staff and reviewed information given to us by the provider. We reviewed information sent to us by other regulators or the Department of Health.

What people told us and what we found

As part of our inspection we spoke with two people who used the service. We also spoke with staff and relatives and looked at records.

Overall we observed that people were supported by skilled and experienced staff who understood their roles and responsibilities. Staff told us there were enough qualified, skilled and experienced staff to meet people's needs.

We saw people were treated with dignity and respect. Care and treatment was planned and delivered in a way that ensured people's safety and welfare.

We looked at people's nutritional needs and saw people received a nutritious and varied diet. People told us they liked the food. They said, "The food is very good."

People told us they liked living at the home. We observed staff interacted well with people and provided support to them.

We spoke with a visitor who told us their relative was getting good care.

We observed procedures for the administration of medicines and found there were safe and appropriate policies and procedures in place.

You can see our judgements on the front page of this report.
More information about the provider

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

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

<table>
<thead>
<tr>
<th>Care and welfare of people who use services</th>
<th>Met this standard</th>
</tr>
</thead>
<tbody>
<tr>
<td>People should get safe and appropriate care that meets their needs and supports their rights</td>
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</table>

**Our judgement**

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

**Reasons for our judgement**

Care and treatment was planned and delivered in a way that ensured people's safety and welfare. We looked at three care plans and saw they were person centred and had information about people's personal preferences. For example one care plan detailed how to communicate with a person, "Always use eye contact and wait for xxxx to reply."

We saw care plans had been updated and reviewed.

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan.

We saw records were maintained about people's day to day well being and changes were documented. For example, "Been prescribed a higher dose of xxxx."

We saw where people required additional support for a short period this was documented. For example, a person required additional care to protect their skin and the plans recorded this. In another record a person had required antibiotics and a care plan had been completed. The provider may find it useful to note we saw where a person required a catheter this had not been included in a care plan to ensure staff were clear about the care the person required.

We looked at the daily records and saw interventions had been recorded and care had been given according to the plan.

Risk assessments had been carried out to identify specific risks for individuals and care had been planned to manage those risks. We saw people had risk assessments in place for issues such as falls, skin care and the use of bed rails.

We spent time observing how staff interacted with people and found staff enabled people to make choices about their care. For example staff asked a person who had a visitor...
where they wanted their lunch. We observed staff moving people in a safe way at their own pace. We observed when staff supported people to move they provided encouragement and interaction.

When we spoke with staff they were able to tell us about people's care.

We spoke with a relative who told us they were, "On the whole happy with the care." However they told us they were concerned about the amount of times their relative had fallen out of bed resulting in bruising. We spoke with the manager who told us there were risk assessments in place and they had additional measures planned in order to support the person. We looked in the person's bedroom and saw appropriate support was being provided in order to protect people.

The provider may find it useful to note none of the care plans we looked at were signed by people to indicate they were in agreement with the care plan. People were at risk of receiving care they had not agreed to.

In two care records mental capacity statements were in place where required, for people who were unable to make decisions for themselves. Mental Capacity Act (2005) and Deprivation of Liberty Safeguards is law protecting people who are unable to make decisions for themselves.

The provider may find it useful to note we saw in one record staff had signed a consent form for bed rails on the person's behalf. However an assessment of their mental capacity had not been completed. This meant the person was at risk of receiving care that was not in their best interests.
Meeting nutritional needs

Food and drink should meet people’s individual dietary needs

Our judgement

The provider was meeting this standard.

People were protected from the risks of inadequate nutrition and dehydration.

Reasons for our judgement

People were provided with a choice of suitable and nutritious food and drink.

We observed regular drinks were served to people and we saw staff assisted people to drink.

At lunchtime we saw people had different meals according to their choice.

We looked at the menu and saw there was always a choice at each mealtime.

We spoke with the cook who showed us a list of people’s choices for meals on that day. They told us they asked people what they wanted for their meals on a daily basis. When we spoke with people they were able to tell us about their choices.

At lunchtime staff asked people what they wanted for their pudding. We observed a person ask for sugar to put on their pudding and saw staff obtained this for them and provided assistance.

We asked people what the food was like and they told us, “The food is usually good, depends what it is" and "The food is very good."

We saw evidence of people’s dietary needs and preferences recorded. For example, "Likes tinned salmon but no other" and "Does not like tuna, tinned fish or baked beans." We saw the information was reviewed on a monthly basis.

People were supported to eat and drink sufficient amounts to meet their needs.

We looked in records and saw details of whether people required assistance or equipment to support them at mealtimes. We observed staff assisting people to eat their meals at their own pace. We saw people had equipment to assist them at mealtimes. For example plate guards were used to support people to scoop food.

We looked at care plans and saw where appropriate people were weighed on a monthly basis and this was recorded. The provider may find it useful to note we saw one care plan stated a person required weekly weighing. However this was not reflected in the nutritional care plan. This meant there was a risk people would not receive the correct care to
maintain their health and well being.

The provider may find it useful to note we saw in one care plan a person had been assessed as being a high nutritional risk but this wasn't reflected in their eating and drinking plan. This meant there was a risk people wouldn't receive the appropriate amount of food to maintain their health.
Management of medicines

Met this standard

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

Medicines were prescribed and given to people appropriately.

Appropriate arrangements were in place in relation to the recording of the administration of medicine. We looked at six medication administration sheets (MARS) for April/May 2013. We observed that during the day they were completed and appropriately signed by staff. However we found there were gaps in all six charts for medication which was required at 21.00. These gaps meant it was not clear whether people had received their medication or not.

We spoke with the manager who told us they would address this as a matter of urgency and speak with the staff. They told us they would put in a process of supervision to ensure this did not occur again

Medicines were handled appropriately. We observed a medication round. The member of staff administering medication locked the door of the cupboard in between giving each medication to ensure drugs were always kept in a locked cupboard.

When giving people medicines we observed staff called people by their name and explained what they were doing. Staff offered people water with their medicines and waited for them to confirm they had swallowed their medicines.

We looked at training records and saw evidence staff had completed appropriate training to be able to give people medication. We saw on the rota the person responsible for giving medication was highlighted to ensure staff understood their roles and appropriate staff were available.

We saw the medication policy included guidance on self administration and administering medicines in food or drink.

Medicines were kept safely.

We looked in the controlled medicines book and saw it was signed and logged according to statutory guidance. We looked in the controlled drugs cabinet and checked the
medicines in the cupboard matched with the record for one person.

We saw evidence of regular medication audits being completed. We looked at an audit carried out in April 2013 by the previous home manager. The audit did not identify any issues of concern.

The manager told us they were expecting an external audit the following week from their supplier of medications.
**Staffing**

<table>
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<th>Met this standard</th>
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**There should be enough members of staff to keep people safe and meet their health and welfare needs**

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**Our judgement**

The provider was meeting this standard.

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

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**Reasons for our judgement**

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

The manager told us what staffing numbers the home ran on. We looked at staff rotas for the previous month and this month and saw that staffing was as stated.

We spoke with a member of staff who told us they felt the staffing numbers were sufficient and enabled them to spend time with people. They told us they worked well as a team.

We saw the provider employed support staff, for example kitchen staff and an activity co-ordinator to support the care staff and ensure people had the right skills for their roles.

Appropriate checks were undertaken before staff began work and there were effective recruitment and selection processes in place.

We saw there was a recruitment policy in place which included references and Criminal Record Bureau (CRB) checks to ensure people had the relevant experiences and were suitable for working with vulnerable people. We looked at two staff files and saw they had evidence of a recruitment process and support systems for staff. The recruitment process included application forms and interview records which showed the skills people required for their roles.

We spoke with staff and they told us they felt adequately supported and had the skills to care for people appropriately.

We saw records of training for areas such as health and safety, first aid and fire. We also saw staff were able to access external courses and training to ensure staff had the appropriate skills to care for people.

We saw staff had received an induction programme when they commenced employment with the provider. When we spoke with staff they told us they had received an induction and found it useful. The manager told us staff received training and supervision during their induction period. The manager also said they were currently reviewing the programme to ensure it prepared people to work with vulnerable people.
About CQC inspections

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

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

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

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

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

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

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

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

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

You can tell us about your experience of this provider on our website.
How we define our judgements

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

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

✓ Met this standard  This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

✗ Action needed  This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

✗ Enforcement action taken  If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.
How we define our judgements (continued)

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

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

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

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

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.
Glossary of terms we use in this report

**Essential standard**

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

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<td>Consent to care and treatment</td>
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<td>Care and welfare of people who use services</td>
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<td>Meeting Nutritional Needs</td>
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<td>Cooperating with other providers</td>
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<td>Safeguarding people who use services from abuse</td>
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<td>Records</td>
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**Regulated activity**

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.
Glossary of terms we use in this report (continued)

(Registered) Provider

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

Regulations

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

Responsive inspection

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

Routine inspection

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

Themed inspection

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

<table>
<thead>
<tr>
<th>Phone:</th>
<th>03000 616161</th>
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</thead>
<tbody>
<tr>
<td>Email:</td>
<td><a href="mailto:enquiries@cqc.org.uk">enquiries@cqc.org.uk</a></td>
</tr>
</tbody>
</table>
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