St Philips Care Limited

Canwick Court Care Centre

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

About the service
Canwick Court care Centre is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. It provides accommodation for older people including people living with dementia. The home can accommodate up to 30 people. At the time of our inspection there were 22 people living in the home. Accommodation is provided in two units, including a unit for people living with dementia.

People's experience of using this service and what we found
There was a process in place to carry out quality checks. These were carried out on a regular basis.
The home was clean, and staff understood how to prevent and manage infections. The environment was not consistently adapted to support people living with dementia.

There was enough staff to support people. Appropriate employment checks had been carried out to ensure staff were suitable to work with vulnerable people. Arrangements were in place to safeguard people against harm. People said they felt safe.

People enjoyed the meals and their dietary needs were catered for. This information was detailed in people's care plans. Staff followed guidance provided to manage people's nutrition and pressure care. People were supported by staff who had received training to ensure their needs could be met. Staff received regular supervision to support their role.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. However best interest decisions were not always completed.

People had good health care support from external professionals. When people were unwell, staff had raised the concern and acted with health professionals to address their health care needs. At the time of inspection people did not have access to a range of activities and leisure pursuits.

We saw evidence of caring relationships between staff and people who lived at the home. Staff were aware of people's life history and preferences and used this information to develop relationships. People felt well cared for by staff. Care records were personalised and were regularly reviewed.

The provider had displayed the latest CQC rating at the home and on their website. When required notifications had been completed to inform us of events and incidents.

More information is in the detailed findings below.

Rating at last inspection
The last rating for this service was Good (published February 2017). At this inspection the service remains rated Good.

Why we inspected
This was a planned inspection based on the previous rating.

Follow up
We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service was safe. Details are in our safe findings below.'	**Good**
Is the service effective? The service was not consistently effective. Details are in our effective findings below.	**Requires Improvement**
Is the service caring? The service was caring Details are in our caring findings below.	**Good**
Is the service responsive? The service was responsive. Details are in our responsive findings below.	**Good**
Is the service well-led? The service was well led. Details are in our well-led findings below.	**Good**

Canwick Court Care Centre

Detailed findings

Background to this inspection

The inspection:
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team
The inspection was carried out by an inspector, an assistant inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type
Canwick court is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The service did not have a manager registered with the Care Quality Commission in post. The manager was in the process of registering with CQC. A registered manager and provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection
This inspection was unannounced. We inspected the service on 30 September 2019.

What we did before the inspection
Prior to the inspection we examined information we held about the service.This included notifications of incidents that the registered persons had sent us since our last inspection. These are events that happened in the service that the registered persons are required to tell us about. We used all of this information to plan our inspection.

The provider had completed a Provider Information Return. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information

about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

During the inspection
During the inspection we spoke with seven people who lived at the service, three relatives, a family friend, three care staff, the manager, a registered manager from another company home and a director. We looked at four people's care records in detail and records that related to how the service was managed including staffing, training, medicines and quality assurance.

After the inspection
We continued to seek clarification from the provider to validate evidence found.

Good

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question had improved to Good. This meant people were safe and protected from avoidable harm.

Using Medicines Safely
•Written guidance was in place to enable staff to safely administer medicines which were prescribed to be given 'as required' (PRN). However, medicine records did not consistently record when PRN medicines had been offered. There was a risk records did not reflect actual practice. We spoke with the manager about this who told us they would clarify this with staff.
•When administering medicines staff explained what medicines were for and ensured they were given according to people's preferences.
•Medicines which required specialist arrangements for storage were stored correctly.
•Medicine records contained photographs of people to reduce the risk of medicines being given to the wrong person.
•Staff told us they had received training about medicines and had been observed when administering medicines to ensure they had the correct skills.

Preventing and controlling infection
•Infection control systems were effective. The home was clean.
•Staff had access to personal protective equipment (PPE) and used it according to the provider's policy. Staff told us that they were trained in the use of PPE. We also observed staff washing their hands on a regular basis to reduce the risk of cross infection. Staff were aware of the special precautions that needed to be taken in the case of an infection outbreak.

Assessing risk, safety monitoring and management
•We found that risks to people's individual safety had been assessed. Risk assessments were in place and these told the staff about the risks for each person and how to manage and minimise these risks. Staff used nationally recognised tools to assess the needs of people who lived at the service.
•People's needs had been assessed and their care given in a way that suited their needs, without placing unnecessary restrictions on them. A relative told us, "Definitely [family member] is safe here, [family member] is looked after really well."
•Where people utilised specific equipment to assist them with their care appropriate checks were made regularly to ensure it was safe.
•Plans were in place to assist people on an individual basis in the event of an emergency such as fire.

Staffing and recruitment
•At this inspection we found there were enough staff available to meet the needs of people. A relative told us, "When I arrive there is always a member of staff to let me in and ask me to sign in."
•People received care in a timely manner and according to their care plans. During the inspection we

observed staff responding to people in a timely manner.
•The registered persons had undertaken the necessary employment checks for new staff. These measures were important to establish the previous good conduct of the applicants and to ensure that they were suitable people to be employed in the service. This included checks with the Disclosure and Barring Service to show that the applicants did not have relevant criminal convictions and had not been guilty of professional misconduct.

Systems and processes to safeguard people from the risk of abuse
•Systems and process were in place to protect people from abuse. People told us they felt safe living at the home.
•We spoke with staff about the protection of vulnerable people. Staff knew the procedures to follow internally but were unclear about reporting to external agencies such as the local authority. Records showed that care staff had completed training and we discussed the gap with the manager.
•Where incidents had occurred the registered manager and staff had followed local safeguarding processes and notified us and the local authority of the action they had taken.

Learning lessons when things go wrong
•Records showed that arrangements were in place to record accidents and near misses. Arrangements to analyse these so that the registered manager could establish how and why they had occurred, were also in place. Learning from any incidents or events was shared with staff, so they could work together to minimise risk.

Requires Improvement

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

At the last inspection this key question was rated as good. At this inspection this key question had deteriorated to Requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Ensuring consent to care and treatment in line with law and guidance
The Mental Capacity Act 2005 (MCA) provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take decisions, any made on their behalf must be in their best interests and as least restrictive as possible."

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met

•We found the service was not acting consistently within the principles of the MCA. Records showed that when people lacked mental capacity to make specific complex decisions a decision in people's best interests had not always been put in place. For example, a person who required bed rails to keep them safe and were unable to consent to these did not have a best interest assessment in place.
•Where people were unable to consent, the provider had not ensured records detailed where relatives had legal responsibility to make decisions on people's behalf. For example, a family member had consented on their relative's behalf and they were not legally able to do this. There was a risk that decisions were being made which were not in people's best interests.
•Staff had a good understanding of MCA and DoLS and had made appropriate referrals to the Local Authority. People's capacity to make day to day to day decisions had been assessed and documented which ensured they received appropriate support. Staff demonstrated an awareness of these assessments and what areas people needed more support with when making some more complex decisions.
•We found where DoLS were in place conditions were being met.

Adapting service, design, decoration to meet people's needs
•Arrangements were not consistently in place to assist people with orientation around the home. For example, there were few signs in words and pictures to assist people in finding their way around. Bedroom doors were numbered and had labels with people's names on and some had significant details so that people could identify their bedrooms for example memory boxes. Memory boxes contain items and photographs of things which were important to people to help them to recognise their rooms. We spoke

with the registered manager about this and they told us there were plans in place to address this.
•People's bedrooms were personalised and where people required specific equipment to assist them with their care this was in place. Records detailed when checks had been made to ensure equipment was in working order.

Staff support: induction, training, skills and experience
•People told us they thought staff had the appropriate skills, a person said, "The staff do know what they are doing, they all get training, [carer]told me she had been off doing some training." Staff had had access to regular updates on topics such as first aid and moving and handling to ensure their skills were up to date to provide effective and safe care. Staff we spoke with were knowledgeable about their roles and responsibilities for caring and supporting people who lived at the home. They told us they felt they had the skills for providing care to people.
•Supervisions had taken place. These were important because they provided staff with the opportunity to review their performance and training needs.
•An induction process was in place and this was in line with the National Care Certificate for new staff. The National Care Certificate sets out common induction standards for social care staff and provides a framework to train staff to an acceptable standard.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
•Care plans were regularly reviewed and reflected people's changing needs and wishes.
•Assessments of people's needs were in place, expected outcomes were identified and care and support were reviewed when required.

Supporting people to eat and drink enough to maintain a balanced diet
•People were given a choice at lunchtime, to assist them to make a choice they were shown the available meals. One person said, "The lunches are just the same as mothers homemade cooking."
•Staff were familiar with people's needs and likes and dislikes. Where people required adapted cutlery and plates, to help them eat independently, these were available, and we observed them in use during meal times.
•Where people had specific dietary requirements, arrangements were in place to ensure people received this.

Staff working with other agencies to provide consistent, effective, timely care
•People's care records showed people who lived at the service had access to health professionals, to ensure their on-going health and well-being. Records showed that staff were proactive in their approach and made referrals to health professionals in a timely manner.

Supporting people to live healthier lives, access healthcare services and support
•Records confirmed that people received the help they needed to see their doctor and other healthcare professionals such as specialist nurses, dentists, opticians and dieticians.
•Where people had specific health needs for example diabetes, care plans reflected this and detailed how to meet these needs.
•Care records included oral health assessments and we observed people had access to a community dental service if required.

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

At the last inspection this key question was rated as Good. At this inspection this key question had remained Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence
•We found people's dignity was respected. For example, staff closed bedroom doors when delivering care. One person told us, "The staff always knock on my door, they are a great bunch."
•Suitable arrangements were maintained to ensure personal information was kept confidential. Records were kept securely, and computer records were password protected so that they could only be accessed by authorised members of staff.

Ensuring people are well treated and supported; equality and diversity
•People were involved in their care planning and expressing their wishes about their care. Staff interacted positively with people who used the service. For example, when supporting a person to move staff checked they were happy and explained what they were going to do. One person told us, "The care I get is great." Another said, "The staff are always there for the residents."
•We observed staff knew how to care for people who needed support to prevent any distress. For example, a person became upset when being supported to move, staff reassured them and diverted their attention by chatting and singing with them.
•Staff understood the importance of promoting equality and diversity and people were treated as individuals when care was being provided and respected by staff. For example, care records indicated people's preferences for their appearance, gender of staff and form of address.
•The provider recognised the importance of appropriately supporting people if they identified as gay, lesbian, bisexual and transgender. A policy to guide staff was in place and staff were aware of this.

Supporting people to express their views and be involved in making decisions about their care
•People were supported to express their views and be involved in making decisions about their care and treatment as far as possible. For example, we observed staff checked with people if they required support before providing it.
•Staff gave each person appropriate care and respect while considering what they wanted.
•Most people had family, friends or representatives who could support them to express their preferences. People also had access to advocacy resources. Advocates are independent of the service and can support people to make decisions and communicate their wishes.

Good

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

At the last inspection this key question was rated as good. At this inspection this key question remained Good. This meant people's needs were met through good organisation and delivery.
Planning personalised care to meet people's needs, preferences, interests and give them choice and control
•People's care needs had been assessed and care plans had been regularly reviewed and updated to reflect people's changing needs.
•People were involved in developing their care plans and care plans reflected people's choices. For example, care records explained how people preferred their medicines administered.
•Where turn charts were in place to ensure people were supported to maintain their skin integrity we observed the recommended frequency was maintained.
• Care records included areas such as; supporting people with their personal care, eating and drinking, keeping the person healthy and safe, supporting the person with activities and their likes and dislikes.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them
•People had previously had access to hobbies and activities on a regular basis during the week. However, the member of staff responsible for activities had recently left this post. Another member of staff was taking on the role and we spoke with them about future provision. We saw they had maintained events and external activities to the home and were talking with people about what activities they would like.
•People told us about recent events which had taken place, one person told us, "I really enjoyed the fete, and always look forward to the coffee mornings we have here." Another person told us about the regular visits from a PAT dog and a coffee morning had been held as part of the Macmillan fundraising
•Staff were aware of people's past experiences and used their knowledge to make a more comfortable environment for people.
•People were encouraged to maintain relationships. For example, a care record stated, 'My family mean a lot to me and they visit regularly'.

Meeting people's communication needs
Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.
•Care plans included information about how to communicate with people. For example, a care record explained that staff should provide visual options to support a person to choose their own clothing. Another stated that staff should use facial expressions and gestures when communicating with a person.

Improving care quality in response to complaints or concerns
•There were arrangements to ensure that people's concerns and complaints were listened and responded to, to improve the quality of care. At the time of our inspection there were no ongoing complaints.

•A policy for dealing with complaints was in place and available to people and their relatives.

End of life care and support
•The provider had arrangements in place to support people at the end of their life if required. Where appropriate records detailed people's wishes in the event of a deterioration of their condition. In addition, care records detailed whether people had funeral plans in place and what their wishes were in the event of their death. A relative of a person who was nearing the end of their life told us, "Everyone here has been very comforting to me. The family has been kept informed and included in all discussions."
•Medicines were stocked and arrangements in place for people who may require these at the end of their life to ensure they were comfortable and pain free.

Good

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

At the last inspection this key question was rated as Good. At this inspection this key question has remained 'good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Continuous learning and improving care; Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements
•The provider had systems in place to ensure that action was taken when issues were identified.
•A process for managing quality checks was in place. The manager was responsible for ensuring local checks were completed and outcomes were reviewed on a regular basis by the area manager.
•The provider had followed best practice guidance in relation to management of risk, provision of care and infection control.
•The service had an open culture. Staff told us the registered manager was supportive and they felt able to raise issues.
•The provider had notified CQC of accidents and incidents as required.
•The service did not have a manager registered with the Care Quality Commission in post, however the current manager was in the process of registering with CQC and an application to become the registered manager had been submitted.
•The previous inspection rating was displayed in the home and on the registered providers website.
•A system was in place to monitor and analyse accidents and incidents. The information allowed the manager to have oversight of logged incidents. This assisted with making changes to improve the quality of the service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
•Arrangements were in place to involve people in the day to day running of the home. For example, when decoration took place in both communal and bedroom areas people were asked about their preferences. The chef had also recently spoke with people about meal preferences and altered the menu accordingly. Residents and relative meetings had not been held on a regular basis. However, the manager had plans to reintroduce these when the member of staff responsible for activities came into post.
•Staff were engaged in discussions and the manager had put arrangements in place to facilitate this. Including regular staff meetings.
•Staff told us the registered manager was open and visible and they felt involved in the running of the home.

Working in partnership with others
•The manager worked with other organisations and health and community professionals to plan and discuss people's on-going support within the service and looked at ways how to improve people's quality of

life. For example,
•Working relationships had been developed with other professionals, to access advice and support.