

Borough Care Ltd

Cawood House

Inspection report

Lapwing Lane
Brinnington
Stockport
Greater Manchester
SK5 8JY

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Tel: 01614305441

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service: Cawood House is a purpose-built care home situated in the Brinnington area of Stockport. It provides accommodation and personal care for up to 42 older people. Cawood House is part of a group of homes administered by Borough Care Limited. At the time of our inspection 34 people were living at the service.

People's experience of using this service:

People, relatives, visitors and professionals were complimentary about the management, staff and the care provided at home.

Staff displayed caring values; they treated people with kindness, dignity and respect during care delivery. People were cared for by staff who knew them well.

There was a mandatory programme of training, supervision and managerial support for all staff.

The service was responsive to people's health and wellbeing needs; medical attention was sought when required.

The home was clean, and attention had been paid to the décor and lay out to make the home dementia friendly.

People were able to join in a programme of both group and personalised activities.

The safety and quality of the service was regularly monitored through a series of periodic checks and audits.

The registered manager was supported by an area manager and provider team. They were experienced and knowledgeable around people's healthcare, wellbeing and had established relationships with other healthcare professionals.

Rating at last inspection: At the last inspection published 13 April 2018, we rated the service as requires improvement. We identified two breaches of the Health and Social Care Act (Regulated Activities) Regulations 2014. These breaches related to risk assessments, infection control and management oversight. At this inspection we found improvements had been made and the requirements had been met. We made one recommendation to consider the volume of door alarms.

Why we inspected: This was a planned inspection based on the rating of the last inspection.

Follow up: We will continue to monitor intelligence we receive about the service until we return as per our inspection programme. If any concerning information is received, we may inspect sooner.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

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 not always safe.

Details are in our Safe findings below.

Requires Improvement 

Is the service effective?

The service was effective

Details are in our Effective findings below.

Good 

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 

Cawood House

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 two adult social care inspectors, one pharmacy specialist advisor and one 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. This person had experience of services for older people.

Service and service type:

This service is a residential care home providing personal care for up to 42 people. It provides a service for older adults and people living with dementia.

The service had a manager registered with the Care Quality Commission. This means they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

The inspection was unannounced.

What we did:

We reviewed information the provider had sent us in the Provider Information Return (PIR). This is information we require providers to send us at least once annually to give us some key information; what the service does well and improvements they plan to make. We checked information we held about the service including information received from the local authority's commissioning team. We also looked at notifications sent to us by the provider. Statutory notifications are information the provider is legally required to send us about significant events that happen within the service.

During the inspection:

We looked at policies and procedures relating to the delivery of care and other documents regarding the administration and management of the home and staff. This included four people's individual care records, a sample of seven people's medication administration records (MARs) and four staff personnel files. We also looked at files for staff training. We walked around the home and looked in communal areas, bathrooms, the laundry and several people's bedrooms. We observed how staff interacted and supported people throughout our visit. We spoke with one visiting professional, five relatives and eight people to ask about their experiences of living at the home. We also spoke with the registered manager, the area manager, six care staff and the activities and lifestyle facilitator.

Is the service safe?

Our findings

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

Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed. Regulations may or may not have been met.

At our last inspection published in April 2018 we rated this question as requires improvement. This was because we identified concerns in relation to infection control practice and the assessment and management of risk. At this inspection we found improvements had been made and action had been taken to reduce these risks.

Systems and processes to safeguard people from the risk of abuse

- There was a safeguarding policy and procedure in place. Staff had received up-to-date training about how to protect people from harm and abuse.
- Staff we spoke with demonstrated a good understanding of the signs of abuse and had a good knowledge of who to inform and what action to take if they had any concerns.
- The registered manager had links with local safeguarding teams and were aware of their responsibilities.

Assessing risk, safety monitoring and management: Learning lessons when things go wrong

- Accidents and incidents were recorded, managed and analysed. We saw clear evidence of actions taken to minimise any further risks to people.
- Arrangements were in place to deal with emergencies. People had personal evacuation plans in place (PEEPs) to inform staff about the support people would require in an emergency.
- The service had assessed the individual risks to people's health and wellbeing and each person had risk assessments in place. These were reviewed and updated as people's needs changed. At the time of the inspection, the service was in the process of changing from paper documentation to electronic records. We found some discrepancies with one aspect of two people's electronic records due to the changeover. We followed this up and found staff were able to demonstrate they were aware of people's needs and we did not find that this had an impact on people's care. We spoke with the registered manager and received assurances that this would be reviewed and rectified.

Staffing and recruitment

- Safe recruitment practices had been followed to ensure that suitable staff had been employed to care for vulnerable people. Staff had the necessary safety checks in place before starting work and completed an induction.
- Suitable numbers of staff were on shift day and night to appropriately support people. Staff knew people well; several staff had worked at the home for many years. They told us they were actively trying to recruit to two unfilled night carer.
- People we spoke with told us they were happy with the staff. One person told us, "Staff are very capable people."

Using medicines safely

- Medicines were managed and administered safely by suitably trained and competent staff.
- We conducted an audit of medicines and safe storage checks and found everything to be in order. We observed a medication round and saw that this was conducted safely. Regular medication audits and checks were carried out.
- The service used an electronic system for the administration of medicines and recorded medicine administration on an Electronic Medication Administration Record (EMAR). Only senior, permanent staff conducted medicines administration. We found the EMAR system did not include information about some medicines to be given 'when required' and the site of people's pain patches. We received assurances that this information was available in other formats, and staff were aware of people's needs. However, we spoke with the registered manager about consulting their EMAR provider to request this information is recorded on the E-MAR system to prompt staff at each medication round. We will review this at the next inspection.

Preventing and controlling infection

- The home was clean and tidy. We saw that staff wore appropriate personal protective equipment (PPE) to minimise the risk of infection. The service employed cleaners, and cleaning schedules and audits were in place.
- Staff had up-to-date training on infection control.
- The laundry was clean and organised with hand-washing facilities. The washing and drying machines were close together; however, the laundry assistant explained the process and how they managed this risk. We received conflicting information from staff regarding how effectively the laundry was safely segregated into separate bags. We reported this information to the registered manager who gave assurances that laundry was segregated as required and would follow this up. The local authority infection control audit conducted in October 2018 showed there were no concerns regarding laundry practice.

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

People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Supporting people to live healthier lives, access healthcare services and support

- People received an initial assessment of their care and support needs to help the service decide if they could meet the needs of each person. Assessments and care plans were individualised and specific to the person.
- People had access to healthcare services; visitors to the home included podiatrist, optician and hairdresser.

Staff support: induction, training, skills and experience

- Staff had undergone training to ensure they had the skills to provide safe and effective care and support. There was support from the management team provided to staff regarding appraisal and supervision.
- New staff completed a comprehensive induction. Staff who were new to the care sector were enrolled to complete The Care Certificate. This is a recognised training approach for staff new to health and social care.
- The registered manager was able to keep oversight of staff training levels as they received weekly reports from head office. Staff told us they are informed when their training is due.
- Staff told us they felt supported at work. One staff member told us, "The manager is lovely; very supportive...knowledgeable and fair."

Supporting people to eat and drink enough to maintain a balanced diet

- People's nutritional needs had been assessed and relevant care plans were in place.
- Where staff had identified potential concerns around people's eating and drinking; referrals had been made to the appropriate healthcare professionals. We saw input from dietician and the speech and language therapy services (SALT).
- People were supported at meal times by staff who were aware of people's individual dietary needs and preferences.
- The service used an external organisation to deliver ready meals for people's main meals; however, the service had a cook who also made lighter meals and a cooked breakfast at weekends.
- The majority of people we spoke with told us the food was good; however, two people told us the food was okay. One person told us, "The food is very nice." Another person told us, "The food tastes about the same all the time."

Staff working with other agencies to provide consistent, effective, timely care

- The service had close links with local healthcare providers. People had access to GPs and district nurses.

The local GP visited the home at least weekly and two people living at the home were visited daily by district nurses due to their health conditions.

- One person told us they had been unwell, and staff had acted quickly to gain medical attention. They told us, "I don't think I could have had quicker attention if I was at home."
- We received positive feedback from the visiting healthcare professional. They told us the home were quick to make referrals to healthcare if they were concerned about anyone. They also told us staff follow medical instructions; they commented, "When they (staff) are asked to do something; they do it."

Adapting service, design, decoration to meet people's needs

- The accommodation's decoration had been adapted to meet people's needs; particularly regarding those people living with dementia.
- We found the use of photographs on doors to aid people to orientate them around the home and there was evidence of contrasting colours being used to aid independence, for instance on light switches, grab rails and bathroom doors. Bedroom doors had decals to give the impression of different coloured front doors. Some people also had memory boxes outside their bedroom doors reflecting their lives, such as, family photographs.
- The service had implemented door alarms for people's safety; for example, to alert staff that people had accessed the garden. We observed these alarms were loud and frequent; however, people at the home did not appear to be visibly concerned. We recommend the provider considers the volume of this alarm and any potential impact on people living at the home.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular 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 particular 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 they were.

- The management team and staff were knowledgeable regarding the legal safeguards and could demonstrate what these meant for people.
- Where required, the management team would make an application for DoLS and monitor this in a tracking document.
- Consent was always gained, choices and explanations always offered, and reassurances given at all times.

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

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff demonstrated respect and care when providing support to people.
- Staff we spoke with described how they always promote people's independence and choice when providing care. We observed people were spoken with in a dignified and respectful manner throughout the inspection. Consent was always gained, choices and explanations always offered, and reassurances given at all times.
- The service has been awarded the Dignity in Care award for good practice.
- The visiting professional told us they felt staff were caring, they told us, "Staff show care and compassion to people."
- People and their relatives were complimentary about the caring ways of the staff. One person told us, "Lovely caring people; staff are wonderful and fantastic." One visitor told us, "Staff are helpful and friendly. They look after [name] well."
- An equality, diversity and inclusion policy was in place and staff had undergone training. The registered manager told us the service is sensitive to people's differing needs and they ensure no-one is discriminated against.

Supporting people to express their views and be involved in making decisions about their care

- Staff knew people well and we saw established, caring relationships between people. Staff spoke fondly of people during shift handover and demonstrated a high level of knowledge of individual care needs.
- Staff told us they always gave people choices around their care and support delivery. We observed people being offered choices throughout the inspection. Staff demonstrated how they knew individual communication needs.

Respecting and promoting people's privacy, dignity and independence

- Staff we spoke with described how they always promote people's independence when providing care. We observed people were spoken with in a dignified and respectful manner throughout the inspection. Staff would come down to the level of people and ask discreetly if they required any assistance.
- People we spoke with told us they are encouraged by staff to do what they can for themselves before providing assistance. One person told us, "I dress and wash myself and they help me by keeping out of my way, but they will help me when I need help; like getting out of bed or washing my back."
- People's privacy was protected. Staff ensured doors were locked and people were covered up when providing personal care. One person told us, "I am treated extremely well here. People are very kind. I could not suggest anything to make it better."

Is the service responsive?

Our findings

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

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

- Informative care plans reflected the person's individual needs and preferences for their care. Sections in care plans included information around what is important to individuals and life history. Care plans were being transitioned to electronic versions and we will review the impact of this at the next inspection.
- There was a full activity programme at the service and they employed a full-time activities and lifestyle facilitator. This person organised a variety of group activities, whilst ensuring people's personal preferences for activities were addressed. Each person had their own file detailing what activities they liked to do.
- The registered manager was aware of the Accessible Information Standard (AIS) and each person had individual communication care plan. The AIS aims to ensure that people with a disability or sensory loss receive information in a way they can understand. They told us they had equipment at the home to help people with their communication.
- Staff told us communication was good; they were kept informed when people's needs, or care choices changed.

Improving care quality in response to complaints or concerns

- The home had a complaints policy in place. People were given a service user information pack and a welcome brochure when they went to live at Cawood House. Information was also displayed in the home's entrance. All these documents held information around how to make a complaint about the service and which other organisations could help if they were not satisfied.
- We saw evidence that complaints were recorded, responded to and action taken where appropriate.

End of life care and support

- People were given the opportunity to plan for their end of life care if they wanted to. A 'looking ahead' document was available to be completed by people and their families.
- Several staff have undergone the '6 steps' training in end of life care. The 6 steps is a programme of learning to develop awareness and knowledge of end of life care. One staff member we spoke with told us they felt trained and supported to provide care. They had felt supported by management throughout when they had cared for someone at the end of their life.
- The registered manager told us they felt they provided good end of life care, but they aspired to be fully accredited to the 6 steps programme within the next twelve months.

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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At our last inspection published in April 2018 we rated this question as requires improvement. This was because we identified concerns in relation auditing procedures and management oversight. At this inspection we found improvements had been made and action had been taken to reduce these risks.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- The registered manager demonstrated their commitment to provide person-centred care by engaging with people who use the service, their relatives and staff.
- Staff told us the registered manager promoted a friendly culture at the home. They told us they could question practice if necessary and suggestions were welcomed.
- The registered manager understood their responsibility to let people know if something went wrong under their duty of candour.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager was familiar with CQC standards and was clear around their regulatory responsibilities. Relevant statutory notifications had been received by the CQC. The home's previous rating was on display in the home and on their website.
- The service had a corporate system of quality monitoring and auditing systems. These systems gave the management team oversight to ensure the safety and quality of the service. Regular checks and audits enabled the service to maintain standards of care and safety.
- We received positive feedback about the registered manager from people, their relatives and staff. One relative told us, "Staff and the manager are approachable. They will brief me about [name]. They will ring me if they're [relative] not well and tell me what they are doing about it."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Regular team meetings were held with staff and the registered manager had recently held a relatives' meeting to introduce herself to friends and families of people living at the home.
- The registered manager had an open-door policy and people living at the service, visitors and staff were encouraged to go and speak to them at any time.
- People and relatives were encouraged to complete online and postal feedback. Provider-level surveys are completed annually.

- One person we spoke with told us, "The manager is a lovely lady...She always gives me a big hug. I feel comfortable to go up to speak to her, or any staff, about any concern."

Continuous learning and improving care; Working in partnership with others

- The registered manager was supported in their role and during the inspection by the area manager. They were also supported across the provider group and shared best practice and was involved in their management development programme.
- The management team had good links with healthcare teams and the local authority and worked in partnership with them to ensure people's safety and health needs were met.
- The registered manager told us their aspirations are to drive improvement at the home and make a difference to people living at the home.