Regal Care Trading Ltd

St Catherines Nursing Home

Inspection report

152 Burngreave Road
Sheffield
South Yorkshire
S3 9DH

Tel: 01142723523

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05 September 2016

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

St. Catherine's is registered to provide accommodation, nursing and personal care for up to 67 older people, some of whom may have a diagnosis of Dementia. The home is situated in the Burngreave area of Sheffield, close to transport links and local amenities.

There was a manager at the service who was registered with CQC. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

Our last inspection at St. Catherine's took place on 12 May 2014. The home was found to be meeting the requirements of the regulations we inspected at that time.

This inspection took place on 2 and 5 September 2016 and was unannounced. This meant the people who lived at St. Catherine's and the staff who worked there did not know we were coming. On the day of our inspection there were 35 people living at St. Catherine's. The home comprised of two separate buildings and at the time of this inspection the lower building was unoccupied as it was being refurbished and renovated.

People spoken with were very positive about their experience of living at St. Catherine's. They told us they felt safe and they liked the staff.

Relatives spoke highly of the staff and the care provided to their family member. They had no concerns or complaints about the home.

We found systems were in place to make sure people received their medicines safely.

Some gaps in staff recruitment records showed procedures had not always been adhered to so people's safety was promoted and risks minimised.

Staff were provided with relevant induction and some training to make sure they had the right skills for their role. Records showed some staff required refresher training to update their knowledge. Some staff had not been provided with supervision or appraisal at appropriate frequencies for support and development. Staff understood their role and what was expected of them. They told us they liked their jobs, worked well as a team and were well supported by the registered manager.

The service followed the requirements of the Mental Capacity Act 2005 (MCA) Code of practice and Deprivation of Liberty Safeguards (DoLS). This helped to protect the rights of people who may not be able to make important decisions themselves.

People had access to a range of health care professionals to help maintain their health. A varied diet was

provided to people which took into account dietary needs and preferences so their health was promoted and choices could be respected.

A range of activities were available to provide leisure opportunities.

People living at the home, and their relatives said they could speak with staff if they had any worries or concerns and they would be listened to.

There were some effective systems in place to monitor and improve the quality of the service provided. Regular checks and audits were undertaken to make sure full and safe procedures were adhered to. People using the service and their relatives had been asked their opinion via questionnaires. The results of these had been audited to identify any areas for improvement. Some gaps in records meant relevant information had not been kept and made some audits ineffective as full information was not available.

We found three breaches in the regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These were breaches in regulations 17: Good Governance, 18: Staffing and 19: Fit and proper persons employed.

You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Gaps in recruitment records meant safe procedures had not been followed to promote people's safety.

Sufficient levels of staff were provided to meet people's needs.

Appropriate arrangements were in place for the safe storage, administration and disposal of medicines.

People expressed no fears or concerns for their safety and told us they felt safe.

Is the service effective?

Requires Improvement

The service was not always effective.

Some staff had not been provided with supervision and appraisal at identified frequencies for development and support. Some staff needed training updates to refresh their knowledge.

People felt staff had the skills to do their job.

A varied menu was provided to people.

Staff understood the requirements of the Mental Capacity Act (MCA) and considered people's best interests.

Is the service caring?

Good

The service was caring.

Staff respected people's privacy and dignity and knew people's preferences well.

People said staff were very caring in their approach.

Is the service responsive?

Good

The service was responsive.

People's care plans contained a range of information and had been reviewed to keep them up to date. Staff understood people's preferences and support needs.

People were confident in reporting concerns to the registered manager and felt they would be listened to.

Is the service well-led?

Requires Improvement

The service was not well led in some areas.

Some gaps in records meant relevant information had not been kept and made some audits ineffective as full information was not available.

Staff told us they felt they were part of a good team. Staff said the registered manager was very supportive and communication was good within the home. Staff meetings were held.

There were quality assurance and audit processes in place.

The service had a full range of policies and procedures available for staff.

St Catherines Nursing Home

Detailed findings

Background to this inspection

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

This inspection took place on 2 and 5 September 2016 and was unannounced. The inspection team consisted of two adult social care inspectors 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.

Before our inspection, we reviewed the information we held about the home. This included correspondence we had received and notifications submitted by the service. A notification must be sent to the Care Quality Commission every time a significant incident has taken place, for example where a person who uses the service experiences a serious injury. We asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The PIR was returned as requested.

We contacted Sheffield local authority and Healthwatch (Sheffield). Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We contacted some healthcare professionals that visited the home, including GP's. All of the comments and feedback received was reviewed and used to assist with our inspection.

During our inspection we spoke with 12 people living at the home and four of their relatives or friends to obtain their views of the support provided. We spoke with 12 members of staff, which included the registered manager, the deputy manager, the regional manager, the operations director, qualified nurses, care staff, activity coordinators and ancillary staff such as catering and domestic staff.

Throughout our inspection we spent time observing daily life in the communal areas of the home and how staff interacted with people and supported them. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who we could not fully talk with.

We spent time looking at records, which included three people's care records, four staff records and other records relating to the management of the home, such as training records and quality assurance audits and reports.

Requires Improvement

Is the service safe?

Our findings

We found a staff recruitment policy was in place so important information was provided to managers. We looked at four staff files to check how staff had been recruited. Each contained an application form, references, proof of identity and evidence of a Disclosure and Barring Service (DBS) check. A DBS check provides information about any criminal convictions a person may have. This helped to ensure people employed were of good character and had been assessed as suitable to work at the home. This information helps employers make safer recruitment decisions. We found audits of a sample of staff files were undertaken by the regional manager to make sure they contained all of the required information. Audits had taken place in June and August 2016. However, three of the four staff files we checked held gaps which meant full and safe procedures had not been adhered to. Three of the files held gaps in employment history, one covering a period of several years. In addition, two files checked held only one reference.

This demonstrated a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Fit and proper persons employed.

All of the people living at St Catherine's spoken with said they felt safe. Comments included, "I am safer here than when I was living on my own," "I am all right. I have nothing to complain about" and "The staff will always come when I call for any help, nothing is too much trouble." People told us they were happy with how they received their medicines. Comments included, "I take a lot of tablets and can have extra pain killers during the night if I need them" and "'I have a lot of tablets, they [staff] make sure I get them on time."

People told us if they did have a worry or any concern they would tell a member of staff and they were confident they would deal with the concern appropriately and involve the right people. One person told us, "I miss the staff when they have a holiday. They [staff] are always good for a laugh and will sit with you and have a good chat."

Without exception relatives and friends spoken with were confident their family members and friends were safe and well cared for. People said they had no worries or concerns about the safety of their family member living at St Catherine's. Comments included, "Me and [my sibling] feel sure [our relative's] are safe here," "When I am at home at night I know [my relative] is in good hands," "Whenever I ask the staff for assistance with [my relative] they are there straight away," "When I come to see [my spouse] the staff always make sure we are alright" and "[My relative] always gets their medication on time and can ask for extra painkillers if they need them. The staff always ask them if they have any pain."

All of the staff asked said they would be happy for a relative or friend to live at the home and felt they would be safe and commented, "We are all told to report any concerns we have straight away" and "The staff are good at reporting staff attitude if it is a problem."

During our inspection we observed two people in wheelchairs without footplates in use; one chair did not have any footplates. This was brought to the attention of the regional manager who took immediate action to fit the footplates and remind staff these must be used at all times. We saw a memo had been sent to night

staff to inform them footplates must be used at all times.

During our inspection we observed one person who was distressed whilst talking to a member of staff. The staff member was very patient and reassured the person. The person's anxiety decreased and they became more settled. We discussed the nature of this conversation with the deputy manager and regional manager who told us the person was known, on occasions, to display specific behaviour. We checked the person's care plan with the regional manager and deputy manager and found no reference to this known behaviour. Following discussions, the deputy manager notified the local safeguarding authority in line with safe procedures. In addition, the persons care plan was updated to advise staff on the actions to take if this specific behaviour reoccurred.

Staff confirmed they had been provided with safeguarding vulnerable adults training so they had an understanding of their responsibilities to protect people from harm. Staff were clear of the actions they should take if they suspected abuse, or if an allegation was made so correct procedures were followed to uphold people's safety. Staff knew about whistle blowing procedures. Whistleblowing is one way in which a worker can report concerns, by telling their manager or someone they trust. This meant staff were aware of how to report any unsafe practice. Staff said they would always report any concerns to the registered manager or senior person on duty and they felt confident senior staff and management at the home would listen to them, take them seriously, and take appropriate action to help keep people safe. Information from the local authority and notifications received showed procedures to keep people safe were followed.

We saw a policy on safeguarding vulnerable adults was available so staff had access to important information to help keep people safe and take appropriate action if concerns about a person's safety had been identified. Staff knew these policies were available to them.

We looked at three people's care plans and saw each plan contained risk assessments that identified the risk and the support people required to minimise the identified risk. We found risk assessments had been evaluated and reviewed to make sure they were relevant and up to date.

The service had a policy and procedure on safeguarding people's finances. The registered manager explained small amounts of monies were looked after for some people. Each person had an individual record and their money was kept in a separate wallet in the safe. We checked the financial records and receipts for three people and found they detailed each transaction, the money deposited and money withdrawn by the person. We checked the records against the receipts held and found they corresponded. We saw the registered manager undertook audits of financial records to ensure they were correct. This showed procedures were followed to help protect people from financial abuse.

At the time of this inspection 35 people were living at St Catherine's. We found one qualified nurse and five care staff, which may include a senior care worker were provided each day. During our inspection we found these numbers were maintained. In addition, ancillary staff which included a domestic assistant, a maintenance person and a cook were on duty. All of the people living at St Catherine's and the majority of their relatives told us they thought enough staff were provided. One relative told us, "Sometimes I don't think there are enough staff. The staff struggle at mealtimes to help everyone. The breakfast routine is really slow."

We saw people received care in a timely manner and staff were visible around the home, supporting people and sharing conversation. We spoke with the registered manager about staffing levels. They said these were determined by people's dependency levels and occupancy of the home. We saw records of these calculations. We looked at the homes staffing rota for the four weeks prior to this visit, which showed the

calculated staffing levels were maintained so people's needs could be met.

We found there was a medicines policy in place for the safe storage, administration and disposal of medicines. The registered manager told us she observed staff administering medicines before signing them as competent to make sure they had understood their training and were following the correct procedure for administering and managing medicines. We found a pharmacist had inspected the medicines systems in January 2016 and recommendations made had been acted upon.

We observed staff administering part of the breakfast and lunch time medicines. We saw medicines were given to people from a medicine pot and each person was offered a drink. The member of staff stayed with the person until they were sure they had taken their medicines. When the person had taken their medicines the member of staff signed the Medication Administration Records (MAR) sheet. We heard staff asking people if they needed their pain relief and respecting their responses.

We found medicines were stored securely. We found MARs had been fully completed to evidence medicines had been administered as prescribed. We saw the registered manager undertook medicines audits to make sure safe procedures were followed.

A small number of people were prescribed controlled drugs (CD's). Controlled drugs are prescription medicines controlled under the Misuse of Drugs legislation, which means there are specific instructions about how those drugs are dealt with. We found CD's were stored appropriately in a CD cabinet and records showed each CD administration was signed by two people in the CD register. This showed procedures were in place for the safe handling and storage of medicines controlled under the Misuse of Drugs legislation.

We found policy and procedures were in place for infection control. Training records seen showed all staff were provided with training in infection control. We saw monthly infection control audits were undertaken which showed any issues were identified and acted upon. We found St Catherine's was clean. One domestic staff spoken with said they always had enough equipment to do their jobs and followed schedules and routines to make sure all areas of the home were kept clean. We observed staff following infection control procedures. For example, we saw one care worker wearing a protective apron and gloves helping to serve breakfast. The carer noticed a person needed assistance and supported them to wipe their face and nose in a patient and unobtrusive manner. The carer then changed their apron and gloves before continuing to serve breakfast.

Requires Improvement

Is the service effective?

Our findings

We found the service had policies on supervision and appraisal. Supervision is an accountable, two-way process, which supports, motivates and enables the development of good practice for individual staff members. Appraisal is a process involving the review of a staff member's performance and improvement over a period of time, usually annually. We checked four staff files and found some staff were not provided with supervision or appraisal at the frequencies identified in the provider's policy. The provider's supervision policy stated, "Every employee will be invited to a supervision session with their manager or supervisor at least four to six times each year." The provider's appraisal policy stated, "Appraisal interviews will take place on an annual basis." Of the four staff files checked, one staff had been provided with two supervisions and two staff provided with three supervisions within the last twelve months. Two staff had not been provided with an appraisal since 2014.

We looked at the staff training matrix and spoke to staff about training. The majority of training was undertaken on the homes computer. Staff reported a difficulty in finding time to complete their online training which had led to them being overdue with some refresher training to update their skills and knowledge. The training system identified when refresher training was due and out of date by highlighting individual staff and specific subjects in amber or red. The matrix was marked red for some staff in all subjects provided. We discussed this with the registered manager and acknowledge gaps in training had been identified and reminders sent to staff to complete.

This demonstrated a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Staffing.

People told us their health was looked after, the food was good and they were provided with the support they needed. Comments included, "The staff give me good attention. I don't have to wait long for anything," "We [people living at St Catherine's] have our own doctors and opticians. The staff make sure we see them," "The night staff go around at night to make sure we are alright. They just pop their head in my door and ask if I am okay, "Today I am having a jacket potato (different to the menu choices provided). If I don't like what it comes with they [staff] offer you something else straight away," "We [people living at St Catherine's] mention changes in the food at the residents meetings. It gets added to the menu," "The food here is marvellous, you ought to try it," "I must say that the food is really good. I enjoy everything I get," "The food is just how I like it and there is plenty of it," "If we [people living at St Catherine's] have any ideas for the menu we discuss it at the meetings," "I cannot fault the food, although I need to lose some weight" and "I can always have something different. I sometimes have chicken instead of what's on the menu if I don't like it."

Relatives spoken with expressed no concerns regarding the support provided and said they were always kept up to date with information regarding their family member. Comments included, "The staff are well trained in dealing with dementia. They know exactly what they are doing," "If ever [name of relative] sees the GP they [staff] call me with any information I need to know, no matter how trivial," "[My relative] has to go to see the blood specialist every two weeks. They [staff] let me know when they arrive home and how they are. It is so reassuring," "They [staff] check [my relative's] blood pressure every week without fail. They

let me or other family members know if there is a problem," "[Name of relative] loves the food. They get just what they ask for. They really enjoy it" and "The catering team go to a lot of trouble to make sure they [people living at St Catherine's] get what they want," "When I come to visit [name of relative] they [staff] always make sure I get a meal. The food's lovely."

One health professional informed us they were concerned regarding the high use of agency staff. We discussed this with the registered manager who told us agency staff had been used to cover staff sickness and holidays but they always used the same agencies and anticipated the use of agency nurses would reduce.

We saw some people in the dining area at breakfast and lunch time. The room was clean. Tables were set with cloths and place settings. During the meals staff were chatting to people as they served food and there was a pleasant atmosphere in the room. People were allowed to eat at their own pace and no- one was left waiting for help. Staff sat with people who needed to support to eat. The staff were cheerful and encouraging. We did notice the dining room felt crowded with people at mealtimes.

We observed drinks being regularly taken into the lounges during our visit. We saw people who preferred to spend time in their bedrooms also received drinks. Staff were aware of people's food and drink preferences and respected these.

We spoke with the cook who was aware of people's food preferences and special diets so these needs could be met. We looked at the menu for four weeks and this showed a varied diet was provided. Alternatives were available from the menu and people told us they could always have different to the menu if they chose. This was confirmed by staff. This demonstrated a flexible approach to providing nutrition. We saw plentiful food stocks which included fresh fruit and vegetables.

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 when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS).

The registered manager was aware of the role of Independent Mental Capacity Advocates (IMCAs) and how they could be contacted and the recent changes in DoLS legislation. Staff we spoke with understood the principles of the MCA and DoLS. Staff also confirmed they had been provided with training in MCA and DoLS. This meant staff had relevant knowledge of procedures to follow in line with legislation. The registered manager informed us where needed DoLS applications had been referred to the local authority in line with guidance and we saw records of these.

We looked at three people's care plans. They all contained an initial assessment that had been carried out prior to admission. The assessments and care plans contained evidence that people had been asked for their opinions and had been involved in the assessment process to make sure they could share what was important to them. We saw consent forms had been signed by the person or their representative to evidence their agreement.

The care records showed people were provided with support from a range of health professionals to maintain their health. These included district nurses, GPs, speech and language therapists (SALT), chiropodists and dentists. People's weights were monitored monthly or more often if identified as needed and we saw evidence of involvement of dieticians where identified as needed.

We found the environment was undergoing some redecoration. Corridor areas had been painted and new flooring had been provided in some areas. The registered manager described the refurbishment plans in place to redecorate areas where it was identified as needed. For example. The ground floor corridor carpet was showing signs of age and the registered manager told us this was being replaced with laminate flooring. At the time of this inspection the lower building (Hallam) was unoccupied and it was being refurbished and renovated. The registered manager and operations director showed us the improvements to the lower building so an appropriate and enjoyable space to live would be provided to people.

Good

Is the service caring?

Our findings

People told us they were happy living at St Catherine's. They told us the staff were very respectful and they could choose what to do with their day. Their comments included, "The staff are so caring and kind to me," "They [staff] know just what I need and how to look after me," "Me and [My relative] go out nearly every day," "They [staff] always look after [My spouse] when they visit," "The staff are great. They make sure we get what we want" and "The staff know me. I will tell them exactly what I want and when I want it."

Relatives spoken with said they visited regularly and at different times of the day. We saw the home had visitors throughout the day and all were greeted warmly by staff that knew them. Relatives told us the staff were very caring and they felt involved. Comments included, "The staff work so hard at looking after [name of relative]. We really appreciate it," "The staff are wonderful. We love the staff and are really grateful for all that they do," "The staff have a special place in our hearts. They offer such loving care," "We are so grateful for all the care and attention they [staff] give," "I really appreciate all the hard work that goes into looking after [name of spouse," "They [staff] care for [my parent] in such a profession manner," "They [staff] work so hard to keep [my parent] happy, especially [names] the activities staff," "The staff bring a smile to everyone's faces," "The staff are so patient with [my relative]. They are not an easy person to care for," "They [staff] never make a decision about [my spouse] without involving me," "I feel fully involved in my parents care," "'The staff have got to know my parents really quickly. They are all fantastic," "[Name of a care staff] is very good. I love it when she looks after [my parent]. She makes them happy" and "The staff are angels. They look after me as much as they look after [my spouse]."

We found systems were in place to ensure end of life care was appropriate to people's needs and wishes. We saw records of 'preferred priorities of care' (PPC) for people who were identified as towards end of life or may be unable to share their opinions in the future. These records detailed people's wishes and preferences, including those for end of life care so they could be respected. One plan seen held an agreement signed by the person and their GP indicating the person could remain at St Catherine's until the end of their life unless 'absolutely unavoidable' in line with their wishes. This showed people had been consulted about decisions that were important to them.

During our inspection we spent time observing interactions between staff and people living at the home and their relatives. It was clear staff had built positive relationships with people and they demonstrated care in the way they communicated with and supported people. We saw in all cases people were cared for by staff that were kind, patient and respectful. We saw staff acknowledge people when they passed them in a corridor or entered a communal room. Staff shared conversation with people and were attentive and mindful of people's well-being. We saw care staff knock on bedroom doors and call out before entering. People were always addressed by their names and care staff seemed to know them and their families well. People were relaxed in the company of staff. There was some laughter and friendly 'banter' between people. People said they got on well with staff. Relatives and visitors were also welcomed in a friendly manner and they had a good rapport with staff.

The SOFI observation we carried out showed us there were positive interactions between the people we

observed and the staff supporting them. People appeared content and we consistently saw staff were patient with people who needed repeated reassurance. Staff did not rush people.

We found systems were in place to encourage people's involvement. The registered manager held 'resident's meetings' to discuss issues and share ideas. The records of these meetings showed they were well attended and various topics in relation to choice and the running of the home were discussed.

All assistance with personal care was provided in the privacy of people's own rooms. We saw staff supporting people to their rooms so health professionals could see them in private. We heard staff speaking with people and explaining their actions so people felt included and considered.

We did not see or hear staff discussing any personal information openly or compromising privacy.

Staff told us the topics of privacy and dignity were discussed at training events and they were able to describe how they promoted people's dignity.

The care plans seen contained information about the person's preferred name and how people would like their care and support to be delivered. This showed important information was available so staff could act on this.

Good

Is the service responsive?

Our findings

People living at St Catherine's said staff responded to their needs and knew them well. They told us they chose where and how to spend their time, where to see their visitors and how they wanted their care and support to be provided. People also told us they could talk to staff if they had any concerns or complaints. Comments included, "I love to be outside gardening. I have done some of the hanging baskets," "I enjoy everything that they plan [activities]," "It would be nice to go on an outing during the winter months. They seem to stop in September. I would like to see the lights [illuminations] in Blackpool," "I really enjoyed all the festivities we had for the Queens 90th birthday," "[Name of manager] has made it clear that if we have any concerns we must tell her," "I know how to complain, they [staff] told me. I really have nothing to complain about" and "I always speak my mind, believe me. We can discuss things at the residents meetings."

We spoke with the registered manager and activity coordinators about activities in the home. Two activity workers were employed, both for 21 hours each week to ensure there was a range of meaningful activities on offer every day. People told us and records showed that a range of activities were provided both inside and outside of the home. These included individual activities such as manicures and make up, to group games such as dominoes, poetry reading and gardening. In addition, entertainers regularly visited the home and events were planned for people to enjoy, such as summer fayres and fund raising events. Weekly trips to the 'dementia cafe' took place throughout the year. On the day of our inspection we observed a game of dominoes and arts and crafts taking place. This was thoroughly enjoyed by everyone participating and much shared laughter was heard. People spoke fondly of both activity coordinators. The care workers and ancillary staff were seen actively sitting with people and chatting around the home and outside the home throughout our inspection. All of the people spoken with said they were happy with the activities provided and they were free to choose to join in or not, depending on their preference.

Relatives spoken with said they could talk to staff if they had any concerns and thought enough activities were provided. Comments included, "The people that organise the activities are wonderful. They are so positive and enthusiastic," "There are plenty of great activities but [my parent] would like to go on outings during the winter months," "[My relative] and I thoroughly enjoyed taking part in the summer fayre. We [had a specific role to help]. It made us feel really involved." "There are plenty of activities, singers come a lot," "'I can talk to [name of manager] about anything. I feel sure she will sort it out" and "I can see the manager if I have a problem." Relatives told us they found the home very welcoming and we heard staff asking visitors if they needed anything and checking all was well. Staff appeared to know relatives well and greeted them by name. One relative commented, "One thing to improve, outings."

All of the people living at the home and their relatives spoken with all said they could speak to staff if they had any worries.

Throughout our inspection we saw and heard staff asking people their choices and preferences, for example, asking people what they would like to drink and where they wanted to sit and if they wanted to join in an activity.

People's care records included an individual care plan. The care plans seen contained details of people's identified needs and the actions required of staff to meet these needs. The plans contained information on people's life history, preferences and interests so these could be supported. Health care contacts had been recorded in the plans and showed people had regular contact with relevant health care professionals. This showed people's support needs had been identified, along with the actions required of staff to meet identified needs.

The care plans seen had been signed by the person supported and/or their relative to evidence their involvement. Relatives told us they had been involved in their family member's care planning so their views could be taken into account.

Staff spoken with said people's care plans contained enough information for them to support people in the way they needed. Staff spoken with had a good knowledge of people's individual health and personal care needs and could clearly describe the history and preferences of the people they supported.

The care plans checked identified any specific support that was needed to maintain health. The care plans contained details of the intervention from other healthcare professionals to support the person.

The care plans seen showed people who were living at the home on a temporary basis, for respite care also had a detailed care plan. Details of people specific health conditions and interventions from health professionals were recorded in the plans seen. This showed care plans were person centred and contained relevant and accurate information.

There was a clear complaints procedure in place. The complaints procedure gave details of who people could speak with if they had any concerns and what to do if they were unhappy with the response. We saw people were provided with information on how to complain in the 'service user guide' provided to them when they moved into St Catherine's. This showed people were provided with important information to promote their rights and choices. We saw a system was in place to respond to complaints. A complaints record was available to record action taken in response to a complaint and the outcome of the complaint. There were no complaints about the home at the time of this inspection.

Requires Improvement

Is the service well-led?

Our findings

We found records did not always accurately reflect the support that had been provided. Some records checked held incomplete information and gaps which meant these were not fit for purpose. The regional manager told us that the company had introduced a Patient Care System [PCS] a few weeks prior to this inspection. This was an electronic system and staff used a small hand held device to record every intervention and interaction so a full and accurate record of the support provided could be kept electronically.

We saw the PCS held photographs of each person using the service which provided links to relevant actions so that the staff could record these, for example when people were provided with a drink.

However, during our inspection we observed staff supporting people and did not see staff using the PCS. We found some paper records were being used, but those seen held gaps and conflicting information. For example, one person's fluid intake chart indicated the person had not been provided with fluid for 18 hours. We found a second chart had been used by other staff which showed that further fluids had been provided during this time. Both charts held gaps. The deputy manager checked the PCS for this person and no fluid intake had been recorded on this system. This meant monitoring of these records was very difficult and both paper and electronic systems were ineffective as they were incomplete and inaccurate. Using two paper records in conjunction to record the same information increases the potential for errors.

This demonstrated a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Good governance.

The manager was registered with CQC. The registered manager was visible and fully accessible on the day of our inspection that she was on duty. Throughout our inspection we saw the registered manager greet people by name and they obviously knew them well. We saw people living at the home; their relatives and staff freely approached the registered manager to speak with them.

Without exception, people living at St Catherine's, their relatives and staff at the home spoke very highly of the registered manager. People told us they knew the registered manager well and found her very approachable. People said they had confidence in the manager and they were encouraged to voice their opinion. People commented, "The residents meetings are the way to make things change," "We don't just discuss meals and complaints [at residents meetings]; we discuss matters in society today. Things like the NHS, smoking and health, Brexit and young people today," "I have made changes by using the residents meetings," "The activities people are always asking us if the activities are right" and "[Name of registered manager] is great. Nothing is too much trouble. She makes this place."

Relatives told us staff were approachable, friendly and supportive. One relative told us her parent lived at St Catherine's because a friend had a parent at the home and they were all very happy with the care provided. Comments included, "The manager is very approachable," "The best thing about this place is they [staff]

treat you all the same, like family," "One good thing about [my parent] being here is that they are happy. That means everything," "This is not what I wanted for [my spouse] but we are so pleased we chose this home" and "I go to all the relatives meetings. They are well attended."

Staff told us the registered manager was active around the home and did occasional care work to support them. All of the staff said the registered manager had an 'open door' and they could talk to her at any time. They told us the registered manager was always approachable and keen on staff working together. One staff commented, "[Name of registered manager] has the biggest heart of anyone I know. She shows us and we all put our residents first."

We saw a positive and inclusive culture in the home. All staff said they were part of a good team and could contribute and felt listened to. They told us they enjoyed their jobs.

We looked at the arrangements in place for quality assurance and governance. Quality assurance and governance processes are systems that help providers to assess the safety and quality of their services, ensuring they provide people with a good service and meet appropriate quality standards and legal obligations. We found a quality assurance policy was in place and saw audits were undertaken as part of the quality assurance process. We found quality assurance procedures were in place to cover all aspects of the running of the home. Records showed the registered manager undertook regular audits and daily 'walk arounds'. Those seen included care plan, medication, health and safety and infection control audits. We saw environment checks and health and safety checks were regularly undertaken to audit the environment to make sure it was safe.

We saw records of accidents and incidents were maintained and these were analysed to identify any ongoing risks or patterns.

We found questionnaires had been sent to people living at the home, their relatives, health professionals and staff. The results of questionnaires were audited and a report compiled from these so people had access to this information. The registered manager told us if any concerns were reported from people's surveys these would be dealt with on an individual basis where appropriate. Where people had identified any improvements needed, an action plan would be developed to act on this.

Staff spoken with said staff meetings took place so important information could be shared. Records showed staff meetings took place to share information relating to the management of the home. All of the staff spoken with felt communication was good in the home and they were able to obtain updates and share their views. Staff told us they were always told about any changes and new information they needed to know.

We found 'resident's meetings' were regularly held every week to share information and obtain people's views. Minutes from these meetings showed topics such as activities and choice were always discussed. People felt their thoughts and ideas are acted upon.

The home had policies and procedures in place which covered all aspects of the service. The policies seen had been reviewed and were up to date. Staff told us policies and procedures were available for them to read and they were expected to read them as part of their training and induction programme.

The registered manager was aware of their obligations for submitting notifications in line with the Health and Social Care Act 2008. The registered manager confirmed any notifications required to be forwarded to CQC had been submitted and evidence gathered prior to the inspection confirmed this.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance Records relating to the care and treatment of each person were not complete, accurate and up to date.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed Recruitment procedures were not operated effectively to ensure all of the required information was obtained for each person employed.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 18 HSCA RA Regulations 2014 Staffing People employed by the service were not receiving appropriate supervision, appraisal or training as is necessary to enable them to carry out the duties they are employed to perform.