

GCH (St Katharine's) Limited

St Katharine's House

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service:

St Katharine's House is a care home that was providing personal and nursing care to 46 people aged 65 and over at the time of the inspection.

St Katharine's House accommodates up to 76 people in one adapted building. One unit in the service specialises in providing care to people living with dementia.

People's experience of using this service and what we found:

People were protected from the risk of harm by staff who understood their responsibilities to report concerns. Improvements had been made to risk assessments and risks to people were managed effectively. There were sufficient staff deployed to meet people's needs. Medicines were managed safely. Improvements had been made to ensure people were protected from the risk of infection.

There had been changes in the management of the service which had resulted in improved systems to monitor and improve the service. Everyone was positive about the manager and the person-centred culture they promoted. The manager was improving links with health professionals and the local community.

People's care plans had been updated and reflected current needs. Care plans included people's wishes relating to end of life care. People enjoyed a range of activities and were encouraged to participate in the life of the home. People and relatives were confident to raise concerns and all complaints were dealt with in line with the provider's policy.

People enjoyed the food and specific dietary needs were met. Staff were well supported and had the skills and knowledge to meet people's needs. The provider ensured people's needs were met in line with current practice and guidance. People were supported to have access to a range of health and social care professionals.

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.

Staff were kind and compassionate. People's dignity and privacy were respected, and their rights upheld. Staff ensured people were involved in all aspects of their care and respected their choices. People were encouraged to maintain their independence.

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

Rating at last inspection and update:

The last rating for this service was inadequate (published 18 December 2018) and there were two breaches

of regulation. CQC took enforcement action to ensure the provider took action to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

This service has been in Special Measures since 18 December 2018. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected:

This was a planned inspection based on the previous rating.

Follow up:

We will continue to monitor information we receive about the service until we 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 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 not always responsive.

Details are in our caring findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

St Katharine's 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 inspectors, a pharmacist specialist, a specialist advisor with a specialism in dementia nursing and two Expert by Experience (EXE). An ExE is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type:

St Katharine's House 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 accommodated people on two floors. There was a unit specialising in care for people living with dementia.

The service did not have a manager registered with the Care Quality Commission. A registered manager and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. The home manager had submitted an application to CQC to become the registered manager.

Notice of inspection:

This inspection was unannounced.

What we did before the inspection:

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. 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. We used all of this information to plan our inspection.

During the inspection:

We spoke with nine people who used the service and four relatives about their experience of the care provided. We spoke with 14 members of staff including the regional manager, the manager, nurses, senior care workers, care workers, activity staff and the chef. 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 could not talk with us.

We reviewed a range of records. This included 14 people's care records and 18 people's medicines records. We looked at three staff files in relation to recruitment, staff supervision and training. A variety of records relating to the management of the service, including policies and procedures were reviewed.

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 Inadequate. At this inspection this key question has now improved to Requires Improvement. Although the service was safe at the time of the inspection there was limited assurance about the sustainability of the improvements made. This meant that there was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to assess and manage the risks relating to the health safety and welfare of people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 12.

- Care plans included risk assessments and where risks were identified there were plans in place to manage the risks. One person was assessed as at high risk of falls. The risk was managed by the use of an alarm sensor that alerted staff when the person moved.
- Risks were regularly reviewed to ensure risks continued to be managed safely. One person was at risk of skin damage. The care plan identified that additional measures were in place following a referral to specialist health professional. Records showed the skin damage had healed.
- Health and safety policies and procedures ensured equipment and the environment were checked regularly to ensure it was safe.

Using medicines safely

- Medicines were stored safely and securely in line with legislative requirements. Dates of opening were recorded on medicines, where required, to ensure they were used in line with pharmacy guidance.
- Appropriately trained and competent staff completed Medicine Administration Records (MAR) fully and accurately.
- Where people were prescribed 'as required' (PRN) medicines, there was clear guidance in place to identify when people may require the medicine.

Preventing and controlling infection

- Since the last inspection the provider had made significant improvements to the service which included the refurbishment of bathrooms and shower rooms. This had resulted in an environment that reduced the risks associated with cross infection.
- The service was clean and free from malodours. There were effective systems in place to monitor the cleanliness of the service.
- Staff had completed infection control training and used their knowledge to protect people from infection. Staff used personal protective equipment and good hand washing techniques.

Systems and processes to safeguard people from the risk of abuse

- People felt safe. One person told us, "Yes, everybody is kind to me that's why I feel safe." Relatives were equally confident people were safe. One relative said, "Yes, we just feel [person] is safe. There's good security on the doors."
- Staff had completed training in protecting people from harm and abuse and understood their responsibilities to identify and report any concerns. Staff were aware of the outside agencies they could contact if they felt concerns had not been dealt with.
- The provider had safeguarding policies and procedures in place. Records showed that safeguarding concerns had been recorded and reported appropriately and investigations completed.

Staffing and recruitment

- There were sufficient staff deployed to meet people's needs. Throughout the inspection staff responded in a timely manner to people's requests for support.
- Staff told us that they were always busy but there were enough staff to meet people's needs. Staff said this had improved as there were now more permanent staff.
- The provider had effective recruitment processes in place to support safe recruitment decisions. Pre-employment checks included references and a disclosure and barring service (DBS) check.

Learning lessons when things go wrong

- Accidents and incidents were recorded and reported. Records showed appropriate action was taken to minimise the risk of reoccurrence. This included support from external agencies and additional equipment.
- There were systems in place that enabled the manager and provider to monitor accidents and incidents for trends and patterns.
- The manager held reflective meetings with staff to discuss when things had gone wrong and what could be done to improve. One reflection had been in relation to a poor mealtime experience. Staff had been encouraged to consider how this could have been improved. This led to changes in the deployment of staff time during mealtimes.

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 Requires Improvement. At this inspection this key question has now improved to Good. This meant 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

- People's needs were assessed prior to them accessing the service. These assessments were used to develop care plans to ensure people's needs were met.
- Care plans included assessments and information in line with standards and guidance. People's oral health needs were assessed, and care plans detailed how oral health needs were met. This was in line with National Institute for Health and Care Excellence (NICE) guidance.

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

- People enjoyed the food and were offered a choice. One person told us, "It's [food] good and we get a good choice and my favourite meal is cooked breakfast on a Sunday."
- Where people were at risk of weight loss and malnutrition their dietary intake was monitored and they received fortified food.
- The chef was knowledgeable about people's dietary needs. People received food and drink in line with guidance in their care plans.

Staff support: induction, training, skills and experience

- Staff were well supported through regular supervisions. One member of staff told us, "I feel supported in my role."
- Staff had access to a range of training to ensure they had the skills and knowledge to meet people's needs. Staff told us they received appropriate training to enable them to fulfil their roles. Training included; infection control, dementia and moving and handling.
- New staff completed an induction programme and were supported by more experienced staff until they felt confident to work alone.
- Nurses were supported to maintain and improve their clinical skills and to maintain their professional registration.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People had access to a range of health and social care professionals to ensure they were supported to live healthier lives. This included visits from Speech and Language Therapy (SALT), Dieticians, mental health team and weekly GP visit.
- Records showed people were supported in a timely manner to access additional support, where their condition changed. One person was supported to access the Care Home Support Service (CHSS) when their

mobility changed.

- The manager told us they worked closely with the CHSS and had developed a positive relationship to ensure people received prompt support.

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

- The environment supported people living with dementia. There was clear signage, which included pictures to prompt people in relation to key areas of the service.
- The provider had a development plan which included improvements to the unit supporting people living with dementia.

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 when this is in their best interests and legally authorised under the MCA. 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff had completed training in MCA and understood how to apply the principles of the Act when supporting people. We saw many examples where staff supported people to make decisions by giving clear choices and encouraging people to express their wishes.
- Care plans included mental capacity assessments relating to specific decisions. One person was identified as having fluctuating capacity and gave clear guidance to staff in how to support the person.
- Where people had appointed a legal representative to make decisions on their behalf, this was recorded. We saw that legal representatives were consulted in relation to people's care.
- DoLS applications had been submitted to the supervisory body, where it was identified that elements of people's support needs could place a restriction on the person.

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 has remained Good. This meant 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

- People told us staff treated them with kindness and compassion. One person told us, "Yes, they can't do enough for you."
- Throughout the inspection we saw many kind and caring interactions. Staff used their knowledge of people to support them in a way that valued them as individuals. One person could become anxious and was unable to explain to staff their concerns. Staff responded promptly to the signs the person was becoming anxious and reassured them. The person became calm during and following the interaction.
- Staff spoke with genuine kindness and affection when speaking with and about people. One member of staff told us how they enjoyed working with people and how rewarding they found their role.

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

- People were involved in their care. Staff explained what was happening before providing any support and ensured people understood the choices available. Peoples choices were respected.
- Staff spoke with people in a friendly and unrushed way. Staff ensured they were at eye level with people to ensure people could see them and understand what was being said. Staff confirmed with people that they understood what was being said and the choices available to them.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect. One person told us, "Yes, when they do personal things, they always close the curtains and they always close the door."
- Staff were respectful of people, addressing them by their chosen names. Staff used 'privacy screens' when using a hoist in communal areas to ensure people's privacy was respected.
- People were supported to be as independent as possible. Staff encouraged people to eat independently, offering encouragement and support where people seemed to be having difficulty.

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 Inadequate. At this inspection this key question has now improved to Requires Improvement. Although at the time of the inspection people's needs were being met, we could not be sure the service could sustain these improvements.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People and relatives were included in the development of care plans. One relative told us there were regular reviews and that the person's care plan was regularly updated to ensure the person's needs were responded to effectively.
- People's care plans were accurate and up to date. They detailed people's support needs and how their needs should be met.
- There was information about people's life histories, their likes and dislikes and the people who were important to them. Staff were knowledgeable about people and used their knowledge to support people in a person-centred way that valued them as unique individuals.

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 people's communication needs and how needs were met. One person had a sight impairment. The care plan detailed how staff should speak with the person and emphasised the need for 'reassurance and speaking clearly' to ensure the person understood what was being said. Staff used this guidance to communicate effectively with the person.
- Signage in people's rooms was used to improve communication and understanding. This included pictures and arrows to guide a person around their room and to use facilities.

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 access to a range of activities that included group activities and one to one time. One person told us, "Yes, I do activities I do exercising for my legs and my hands three times a week and bingo and today I'm going to do something in the other unit." A relative said, "They [staff] know [person] well and try and spend time with her. She doesn't like joining in but they visit her on one to one."
- During the inspection we saw people enjoying a musical event in the chapel. One person did not want to join the singing event and was supported to sit nearby, engaged in another activity. Activity staff checked on the person regularly and they were clearly enjoying their activity whilst benefitting from the social interactions with those attending the singing event.
- The service held a dementia café. This was open to the community. Activity staff told us this provided

support for people in the community who were living with dementia. During the inspection people were supported to attend the café. There was a calm, cheerful atmosphere, where people were encouraged to reminisce through looking at books and listening to music.

- Staff engaged people in the daily life of the home. This included helping to prepare for activities and meals.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy and procedure in place. Details were displayed throughout the service.
- People and relatives felt they could raise any concerns and that they would be dealt with in a timely manner. One relative was very positive about the service and told us they could "Raise any issues."
- Records of complaints showed that all complaints had been investigated and responded to in line with the providers policy.

End of life care and support

- At the time of the inspection one person was being supported with end of life care. There was a clear care plan in place which showed the person had been involved in decisions relating to their end of life care. Records showed the person had been seen by health professionals and proactive care plan was in place to prevent hospital admission. The care plan also reflected the person's wishes in relation to resuscitation in the event of them experiencing a cardiac arrest.
- People's care plans identified their wishes in relation to their end of life care and included specific requirements relating to cultural needs.

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 Inadequate. At this inspection this key question has now improved to Requires Improvement. This meant that although the service management and leadership was now consistent, the culture they created needed to be embedded to ensure it supported the delivery of high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People and relatives were positive about the changes made since the last inspection and about the new management team. One person told us, "I have met and spoken to the manager, I think she's doing a good job." A relative said, "There have definitely been improvements. I visit daily. Always welcomed."
- Staff spoke positively about the culture promoted by the new manager. One member of staff told us, "The manager is very good, she's so hands on and she makes us feel like family. I think the passion she has is second to none for this home she looks after everybody she's an amazing lady, so kind."
- There was a person-centred culture that was promoted through positive teamwork. We saw many examples of staff working together to ensure people's needs were met in a timely manner.
- The manager spent time walking around the service. They promoted a relaxed, caring atmosphere that ensured people were at the centre of the service. We saw many positive interactions and it was clear people were comfortable to speak with the manager.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The manager promoted an open and transparent culture where people, relatives and staff were empowered to have their say about how the service was run.
- Records of accidents, incidents and complaints showed the manager understood their responsibilities under duty of candour and provided written explanations and apologies where appropriate.

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

- The manager had submitted an application to the Care Quality Commission (CQC) to become the registered manager at St Katharines House.
- The management team had implemented a range of quality assurance systems that enabled the provider and manager to monitor and improve the quality of the service. This included a range of monthly audits by the manager that audited care plans, medicines, staff training and infection control. Where issues were identified there were clear action plans identifying how improvements would be made. One audit had identified that night staff required improved knowledge relating to emergency situations including fire. This action plan showed a range of actions taken to improve staff knowledge, which included increased fire drills.

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

- There were a range of opportunities to ensure people and relatives were engaged in the development of the service. There were regular meetings for people and relatives. One relative told us, "I've been to one of the resident's meetings and we can say what we want, and I do think they take things on board." Meeting minutes showed concerns about the garden had been raised. The provider had recruited a gardener and work had started on a sensory garden.
- In the entrance of the service there was a 'You said, we did' board which displayed a range of actions taken to address issues raised by people.
- Staff meeting records showed how staff were encouraged to have input into the development of the service. One record showed how the issue relating to time taken for daily handover was addressed and resolved.
- The service had close links with the local community. This included visits by a local school, activities supported by the local rotary club and the dementia café hosted in the service.

Continuous learning and improving care; Working in partnership with others

- The manager looked for ways to continually learn and improve care. The manager worked closely with the GP supporting people living at the service. The GP was now delivering short talks to staff on topics to improve their knowledge relating to the conditions people in the service may have. The GP had delivered information sessions on diabetes and nutrition.
- The manager had also started clinical governance meetings with the GP to develop a strong link with the surgery.
- The manager was a member of the Oxfordshire Association of Care Providers This enabled the manager to access training opportunities and attend regular meetings to keep their skills and knowledge up to date.