Care Quality Commission

Community Integrated Care

St Catherines Care Home

Inspection report

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Ratings

Overall rating for this service	**Good**
Is the service safe?	**Good**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Good**

Overall summary

This inspection took place on 28, 29 October, 6 November 2014 and was unannounced. At our last inspection January 2014 the service was meeting the regulations inspected.

The home has a registered manager with CQC. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider. 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.

Summary of findings

St Catherine's nursing home is based in Nantwich, Cheshire and provides nursing care and accommodation for up to 40 older people. The service is owned by Community Integrated Care (CIC). St Catherine's provides nursing care to older people with a range of needs, including people who are frail or have conditions such as dementia. During this inspection the home had 39 people living at St Catherines.

We found the home needed further development in training their staff and in understanding of how to support people when they lacked capacity, including the requirements of the Deprivation of Liberty Safeguards and in the implementation of best interest decisions and capacity assessments. This is a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we told the provider to take at the back of the full version of the report.

We have made a recommendation about the management of dietary and fluid intake. There was little written evidence to show how staff reviewed and monitored the daily intake for diet and fluids of those people who relied on staff support day to day.

We found care plans to be detailed regarding the personal care and clinical needs for people living at St Catherines and focused on the individual person. Staff had a good understanding and knowledge of people's individual care needs.

We have made a recommendation about the planning and organising of individualised social support and care records that meets people's needs. Further development of each person's care plans incorporating their social support and aspirations would help to give better evidence of more individualised care that met people's social needs and requests.

We observed how staff supported people living at the home. Staff were kind and respectful to people living at St Catherines and interacted with people in a positive manner.

We have made a recommendation about the development of the environment to meet the specialised needs of people with dementia.

The staff supported people with dementia, however there was limited evidence in the development of the environment for people with specific needs affected by dementia.

The service had a complaints procedure and most complaints that had been made were recorded with actions taken and managed in accordance with the registered provider's procedures. However we found one recorded complaint that had limited evidence of the investigated outcomes to address a relative's concerns. The manager gave a verbal account of how they had concluded their investigation but acknowledged the lack of written evidence to show that the complaint had been appropriately managed. People living at the home and the majority of relatives were confident that they could raise their opinions and discuss any issues with senior staff.

The service operated safe staff recruitment and ensured that staff employed were suitable to work with vulnerable people. Personnel files showed good evidence that recruitment procedures were robust to enable the management of the home to have adequate information before employing staff.

Various audits of the service were carried out by the registered manager and registered provider to help ensure that adequate standards were maintained throughout the service. They had evaluated these audits and created action plans for improvement in areas such as: supervision of staff, training needs for staff and staffing levels were under review including staffing levels needed at meal times. People living at the home, the majority of relatives and staff were positive about the service and how it was managed.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe

Staff were clear about the process to follow if they had any concerns in relation to people's safety and welfare especially in regard to managing safeguarding and keeping people safe.

Care plans contained risk assessments so that risks to people were managed including appropriate care for people at risk of falls, assessments were in place for medications and for any type of behaviour that challenged.

Medicines were well managed with appropriate policies followed by staff to operate safe support with medications.

A thorough recruitment procedure was in place and sufficient staff were recruited to help support and keep people safe.

Is the service effective?

Requires Improvement

The service required improvement

We found staff needed further training to develop their understanding of supporting people when they lack capacity to make informed decisions, including the requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

This is a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Staff felt well trained and supported at St Catherines. However not all staff had received regular formal supervision to assist them in their job roles and in their personal development.

The menus we saw offered variety and choice and provided a well-balanced diet for people living in the home. There was little written evidence to show how staff reviewed and monitored the daily intake for diet and fluids of those people who relied on staff support day to day.

People's health needs were managed well by staff who co-ordinated appointments and visits across a range of visits, including weekly GP visits and reviews by other healthcare professionals, such as care managers, chiropodists and opticians.

The home supported people with dementia, however there was limited evidence in the development of the environment for people with specific needs affected by dementia.

Is the service caring?

Good

The service was caring.

Summary of findings

We saw that people living at St Catherines were treated in a friendly manner with respect and dignity by the staff at the service.

The majority of visitors felt their relatives were supported well and provided with the care they needed.

Staff were aware of individual's needs and how they liked to be cared for.

Is the service responsive?

Good

The service was responsive.

Care plans demonstrated that some people living at the home and their relatives were involved as much as possible in the decisions about their daily lives. Staff were knowledgeable about people's needs and responded well.

Complaints made were mainly well documented. However one complaint did not have sufficient written information to show that it had been appropriately investigated and responsive to the complainants concerns.

The service provided various activities for people to take part in if they wished so that people were involved in organised group social activities. Further development of each person's care plans incorporating their social support and aspirations would help to give better evidence of more individualised care that met people's social needs and requests.

Is the service well-led?

Good

The service was well led.

People living at the home and relatives said that they felt the registered manager was approachable and would listen to them.

Staff felt it was a positive place to work in with a nice atmosphere where they felt well supported.

The registered provider had procedures in place to monitor and improve the quality of the service and actions were taken to address any issues that were found. The registered provider and registered manager had evaluated these audits and created action plans for improvement in areas such as: supervision of staff, training needs for staff and staffing levels were under review including staffing levels needed at meal times. People living at the home, the majority of relatives and staff were positive about the service and how it was managed.

St Catherines Care 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 was planned to check whether the provider is 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 28, 29 October, 6 November 2014 and was unannounced.

The inspection team consisted of a lead adult social care inspector, a specialist advisor who was a nurse expert in regard the Mental Capacity Act and an Expert by Experience. An Expert by Experience is a person who has personal experience of using a service or caring for someone who uses this type of service. The Expert by Experience had professional experience of services for older people within the community.

During the visit, we met with a variety of people and spoke with some relatives via telephone including: eight people living at the home; seven relatives/visitors; one professional and 10 staff on duty and the registered manager. We spoke with people throughout the home and observed how support was provided to people during the day.

We used a number of different methods to help us understand the experiences of people who live at St Catherines. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of service users who could not talk with us.

We looked at a sample of documentation such as: Five staff files showing supervision and training staff recruitment; medication records; menus; complaint records; activity lists; minutes of meetings; risk assessments; quality assurance audits; policies and procedures and maintenance records. We looked at a total of seven care plans for people that live at St Catherines.

Before our inspection the service provided us with a detailed provider information return [PIR] which allowed us to prepare for the inspection. This is a form that asks the provider to give some key information about the service, what the service does well and any improvements they plan to make. We looked at any notifications received and reviewed any other information we held prior to visiting.

We also invited the local authority safeguarding, quality assurance and commissioning functions to provide us with any information they held about St Catherines.

Is the service safe?

Our findings

People living at St Catherines told us they that they felt they lived in a safe place which protected their interests. They made various positive comments such as,

“My relative is so much better off and safer than when they lived at home with carers”; “It’s excellent, I can’t praise them enough, especially due to previous homes where we had poor experiences.”

Visitors considered that their relatives were safe and well-protected living at St Catherines. They told us:

“I think the residents here are safe and contented, I have not regretted arranging for my relative to be here” and “Nothing is too much trouble for them, you hear so many stories these days, but I know I am leaving my relative in safe hands when I go home.”

The registered provider had a detailed adult protection procedure in place. This was designed to ensure that any possible problems that arose were dealt with openly and that people living at the home were protected from possible harm. Staff at the home told us they had received training with regard to safeguarding and records showed they had access to regular safeguard training available to all staff. Staff were aware of procedures to follow regarding any suspicion of abuse or if any mistreatment was suspected. All of the staff that we met told us they would immediately report any concerns or any signs of abuse to their line managers and were aware of their responsibilities to keep people safe.

One visitor commented that they felt reassured by the staff providing a sensor mat used at night which helped them to reduce risk of falls for their relative. Risk assessments were clear and up to date and showed what actions the staff had taken to manage and reduce risks of falls to people living at St Catherines.

We looked at the duty rotas and found that there were a mixture of care staff/domestic/ administration and maintenance staff on duty during this inspection. People were generally very happy with the staffing levels. However one person living at the home explained, “When I press the button they usually send only one person to see to me, I usually need two staff so they have to go away, get someone else and then they can help me.” They wanted their opinion on staffing levels to be reviewed by the homes staff.

Relatives were positive about the staff and the staffing levels provided, they told us,

“I think there are enough staff, but there is more pressure at mealtimes. I visit at lunchtime and my wife visits at teatime to assist with my relative’s meals”; “I don’t know what the staff ratios should be so I can’t say if there are enough staff”; “I think there is always one or two trained staff on the unit, they are always very well-trained health care assistants on duty. Some of them have been here a very long time and that tells me that it is a very happy ship.”

The registered manager had a dependency tool that they completed in regard to the needs of people living at the home, however there was no structure or way to show how this related to the staffing levels. There was no evidence that the staffing levels were displayed or accessible to people at the home to make them aware of how many staff they could expect to have on duty each day to provide day to day care.

The registered manager advised they advised were developing evidence to show how staffing levels were calculated and monitored to ensure they met everyone’s needs. We found no issues effecting staffing levels and the care provided during this inspection.

We looked at a mixture of staff files including newly recruited members of staff, to check that the appropriate checks had been carried out before they worked with people at the home. The records showed evidence the registered provider had checked personal identification of staff, appropriate references were in place and criminal record checks were obtained prior to being employed and allowed to work at the home. Personnel files were organised and well managed and had good evidence to show safe recruitment and management of staff.

One person who lives at the home was happy with the support they received with their medications and they told us, “They give me my medication when they should.”

Staff were knowledgeable in regard to the management of medications and they were conversant with the homes policies and procedures to help them in good practices in managing medications. One staff member told us in the

Is the service safe?

event of there ever being a problem with medications they had a policy to follow to record 'medication errors.' Staff told us they would report errors straight away. One staff member told us,

"If I made one (error) I would go straight to the manager."

The service had developed detailed medication audits which checked on all aspects of supporting people living at St Catherines with their medications. The company guidance advised that these checks should be carried out each week. We found some gaps to weekly checks. However we reviewed a sample of detailed audits and records for 2014 that showed regular checks on the management of medications to ensure the service operated safe standards at all times.

We looked at a sample of medication records and how medicines were managed. Medicines were well managed, stored safely and records were accurately kept on medicines received and taken.

We discussed the management of pain relief for one person as we noted one of their (PRN- take as needed) prescribed medications had not been used. Staff gave verbal updates around appropriate safe management of this person's pain control. However they acknowledged that the care plan records needed updating to accurately reflect how this person was being supported with their individual needs in regards to their medical condition and with their pain management.

Care files generally showed good evidence of a range of risk assessments and tools used to help keep people safe and comfortable at St Catherines. Risk assessments were in place for any behaviour that challenged and showed appropriate information to show actions as to how they would be safely supported. However in reviewing recent incidents we noted one record did not refer to precipitating factors to the behaviour that was challenging and it gave no information in regard to any relevant information such as the use of, de-escalation, diversion or distraction. This person's plan did not give any detail about what action to take to prevent recurrence, or how to manage the situation if there were any precursors to their behaviour when challenging to help keep them safe and comfortable, (e.g. the person is unhappy / tired / agitated). Although staff were knowledgeable in how to support people who had behaviours that challenged, out of date risk assessments could create risks in safely supporting people.

Is the service effective?

Our findings

We found that St Catherines had a policy in place with regard to the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The Mental Capacity Act 2005 (MCA) says that before care and treatment is carried out for someone it must be established whether or not they have capacity to consent to that treatment. If not, any care or treatment decisions must be made in a person's best interests.

A sample of care plans reviewed showed completed 'Do not attempt resuscitation' orders (DNAR) present and included evidence that they were signed and agreed by relatives and doctors for three people living at the home. However we found no formal assessment of capacity had been completed for each person living at St Catherines. We found that staff had limited understanding in regard to the Mental Capacity Act and few of the staff had received this training. We asked a sample of staff what they did to help people who may lack capacity, and they responded that they did not get involved in that.

We looked at the records of two people who were subject to Deprivation of Liberty Safeguards (DoLs) applications, which showed that the registered provider had a basic awareness of the DoLS process. We noted one person's records had no evidence of any social worker involvement despite their mental health needs. The care file contained comprehensive pre-admission details from the person's previous placement identifying the benefits in using distraction and diversion techniques. Yet the information had not been uplifted or reflected in this persons care plan.

We noted that the dementia unit had a key code lock on the internal doors. There was no evidence that the registered provider had considered this as a DoLS issue. There was a lack of knowledge or confidence in relation to some of the issues of choice and best interest decision making and DoLS for situations such as routinely using code locks to doors. The registered provider did not demonstrate a clear understanding or process in relation to these issues, which are covered by the Mental Capacity Act 2005 (MCA). The MCA assumption is that anyone aged 16 or over has capacity unless proven otherwise, and people should not have their freedom inappropriately restricted. Appropriate guidance is available from a variety of authoritative sources.

This is a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2010.

The majority of relatives and people living at St Catherines told us they felt their needs were being met by the staff and considered that the staff had the right training and skills to respond appropriately to their needs. They offered various positive comments such as,

"The staff here are kind, over time I see them more as friends"; "Some staff are better than others, but in the main they do a good job. Some have a different appeal, but over time I have seen them

more as friends"; "The staff here look after me properly"; "They do an excellent job, they are very friendly"; "The staff are very approachable, they are attentive and respectful to everyone" and one relative told us: "The staff here are very good and extremely patient, I don't know how they manage it, day in day out, some of them are exceptional."

Two people living at St Catherines told us, "I can talk to the staff about any worries I have and they take these on board" and "I need help getting out of bed and with going to the toilet, the staff lift me carefully in the hoist."

However, one person living at the home told us they did not know that they had a care plan, and that there was no structure to the care the home provided. They told us,

"The staff have not talked to me about my care, they may have talked to my relative, but not to me."

In contrast, relatives were able to say that they had been involved in discussions with the staff about their relative's care plan. Relatives confirmed they were informed of any changes to care and asked their views on the care and support that was in place. They made various positive comments such as,

"I have been involved in my relative's care and he has been asked about what he wants (e.g. whether or not he wants to get out of bed when he is in pain"; "We started the care plan when my relative was in hospital, before they came here. All the specific care issues have been taken on board and we are happy with the response of the staff to the issues we raised" and "We had a discussion about my relative's care plan on admission. We have had good contact with the home about what my relative is like and what they need."

Is the service effective?

People living at the home and relatives were complimentary about the standard of food and the choice of food in the home. People made positive comments such as,

"I have developed my own list of what I like from the four weekly cycles of menus" and "The choice of food here is very good. I can eat in the dining room or in my own room if I want."

We carried out a Short Observational Framework for Inspection (SOFI) tool around meal times and found interactions between staff and people living at the home were positive. During the inspection we observed how the lunchtime meal was presented in two of the home's dining areas. We observed that the food looked appetising and appealing and well presented. People at the home were offered a choice of drinks and there was a choice for meals and snacks. The interactions between staff and the people they supported was respectful and considerate; staff said "please" and "thank you" in their verbal exchanges with people living at St Catherines and they gently supported people to have their meal in a calm and relaxed manner. One person refused to eat most of the meal they had chosen but they were offered an alternative meal that they liked. The staff team were observed serving other people meals either in their own room or in other communal areas, depending on where they chose to have their meal. Where necessary staff checked frequently that people were managing to eat their food and offered appropriate support and prompting when needed.

The catering staff had identified various special diets for some people and ensured they were catered for at each meal including, soft/puree diets, gluten free and diabetic meals. The kitchen staff had recently received five stars from the environmental health department in September 2014 for a well-managed kitchen.

People's weights were monitored as part of the overall care planning process. This was done to ensure that people were not losing or gaining weight inappropriately. Care files showed evidence of recognised nutritional assessment tools which had been regularly updated. However we noted

one person's care file had identified a significant weight loss over 12 days yet the records were unclear in regard to the response from staff as no clear action plan had been developed. There had been a query at that time about the equipment used to weigh people, however it was not clear whether it was relevant to an error in recording the weight loss or not. There was no record or written evidence to show what diet and fluids this person was supported with each day despite them not being able to verbally communicate what food they had been given. This lack of recorded review in regard to supporting people with their nutritional needs could increase risks to people who totally relied on staff for necessary support with their diet and fluids.

Care files had daily communication notes which were regularly updated and showed evidence of regular involvement and support from the GP. One care file showed that staff had swiftly contacted the GP when they noticed one of the people they supported had become unwell when they noted they had a slight temperature and wheeze. Each care file also had a section called: 'General Practitioner notes' and 'Community notes.' These records showed that staff were quick to access clinical staff and continued involvement of other health professionals, including the Community Mental Health Team, District Nurse and podiatrist when needed.

Staff told us they had received regular training and that they were provided with all the training they needed to help them with supporting people who lived at St Catherines. The staff training records were organised and detailed to show when staff had attended training and when they were due for updates in a variety of diverse topics including: induction training for new staff; food hygiene, behaviour that challenges; safeguarding; end of life care; special diets; moving and handling; customer service; fire training and (DAVE) dignity training.

Staff felt well supported and were very complimentary regarding the support they received from their senior staff and managers. Staff told us they received regular supervision and appraisals. We checked records and staff files and most staff had received some supervision sessions, however one staff file did not contain evidence that supervision sessions had been consistently provided for them since working at the home. Supervisions are regular meetings between an employee and their line manager to support staff development and to discuss any issues that may affect the staff member; this may include a discussion of on-going training and development needs. All staff should expect to be provided with supervision to help with their development within the service to ensure they

Is the service effective?

provide a consistent level of good quality support to people living at the home. Previous registered provider audits had already identified in their action plans the need to improve the organisation of regular supervision for all staff. The registered provider had put action plans in place to improve the provision of support for staff.

We noted that although the homes staff supported people with dementia there was limited evidence in the development of the environment for people with specific needs affected by dementia. For example we noted there was no uniformed approach to colour coding doors for toilets and bathrooms and the signage was small and possibly not large enough for those people with specific visual needs. There is plenty of research and accessible guidance to help care homes to develop their environment to meet the needs of the people they support who have varying needs due to dementia.

We recommend that the service consider current guidance on the development of the environment to meet the specialised needs of people with dementia.

We recommend that the service seek advice and guidance from a reputable source about the management of the dietary and fluid intake of those people who relied on staff support day to day.

Is the service caring?

Our findings

People living at St Catherines and most relatives spoke positively about the home and the service they provided. They said,

“Great place we’re very pleased with it”; “Overall impressions, extremely positive, it’s lived up to its expectations, they put the residents health and dignity first and foremost”; “It’s very good here, they care for me here”; “It is excellent! Ten out of ten”; “I love them all”; “It’s a lovely warm place”; “I am very happy with the care here; the staff are brilliant with my relative”; “Generally the care here is good.”

Visitors were able to visit whenever they wished and to spend time either privately in their relatives own room or in the communal areas as they chose. It was evident from speaking to both people living at the home, relatives and also from the observations on the day that staff at St Catherines encouraged visitors to visit at any time.

Several staff told us they were that confident in regard to the standards offered at St Catherines and that they had recommended the home to people they knew. One visiting professional told us,

“This is one of my favourite places to visit, I would be happy to come here myself if I needed care.”

We spent some time in lounges observing interactions between staff and people living at the home. We observed positive interactions between staff, people living at St Catherines and relatives. Staff were observed to treat individuals with respect and kindness. People living at the home had been supported to wear appropriate clothing suitable to the climate and were clean and wore well laundered clothes. During the day we observed staff interacting with people and they were comfortable and relaxed with staff and were chatting. Throughout our inspection we saw that staff were caring and patient when supporting everyone.

Staff addressed people in a respectful manner, asking people what they would like to do for meals and were they wanted to sit, offering choices throughout meal time and explaining the support they were providing to those people that needed gentle support and prompting with their meals and drinks. Nobody was rushed and staff were observed taking their time and encouraging a relaxed and enjoyable experience at meal times.

Staff had developed, ‘do not disturb’ signs for people to use on their bedroom doors which supported them in further privacy when in their own bedrooms. Staff were seen to respect people’s privacy and dignity and seen knocking on bedroom/bathroom doors before entering.

The registered provider had developed their own tailored training on dignity called, ‘DAVE’ which had been provided for most of the staff at the service. This training had been developed to embed good practice within services to ensure staff were clear and up to date about how to respect and support people with good values in dignity with care.

Is the service responsive?

Our findings

The majority of relatives and people living at St Catherines told us they were happy with the way the service was delivered and how their care and support was provided.

The registered provider had a formal complaints policy and processes were in place to record any complaints in accordance with the provider's own procedure and these were dealt with in a timely way. Staff talked us through what they would do if an individual wanted to raise a formal complaint. Relatives and people we spoke with during the inspection told us they knew how to complain and would happily speak to the manager if they needed to.

Relatives told us,

"I told the staff member and the manager and it was dealt with straight away. And there has never been any other problems" and "The complaints procedure is outside on the table and often left out with a feedback form for us to see when we visit." They told us they were happy with the outcome and how their concerns had been managed.

However, one visitor felt that repeated concerns had been raised and felt more needed to be done in regard to addressing repeated issues. The complaints records did not have evidence of a written response to conclude their initial complaint despite the registered manager being able to give a verbal update about her investigation and conclusions. The registered manager advised they would arrange a further review of this person's comments and suggestions. This would help to try and resolve their suggestions to improve experiences for their relative in line with the registered providers' complaints policy.

Relatives explained that they were invited to meetings with the manager in the home to discuss issues about St Catherines. One took place in October 2014 and minutes were produced and circulated to relatives and people living at the home. Three relatives told us they were aware of the meeting but none were able to attend, but those who had attended meetings in the past said they had discussed the food, Christmas party invites and what could be done with different areas of the garden. Relatives and people at the home felt they could raise any topics and suggestions with the registered manager and her team. The majority of relatives thought that the staff and management communicated well, listened and were responsive to changing needs and kept them informed about their relative's wellbeing.

Relatives gave some positive comments in regard to the activities programme on offer,

"There are always activities going on"; "There are always activities and an activities co-ordinator in place" and "He gets offered lots of entertainment in and out of the home, although he does not always want to take part."

Some people living at the home told us they enjoyed the activities and liked to attend all the events however others did not seem to get involved with the group activities on offer and told us how they spent most of their days, they said,

"I sit here, more or less, or I ask to go to my room"; "I do my correspondence, read my books and my newspaper. I don't get out at all, except to go to the hospital."

The home employed a person to do activities, their role was to organise and plan activities within the service. One activity group took place in the morning of our first days visit involving a group of

nine people who live at St Catherines. The activity involved the recognition of colours and the spelling of the colours identified. This was a simple but engaging activity that stimulated the social, physical and mental capacities of those that took part. This appeared to be a regular activity evidenced by the display of notices around the home. Notices included activities planned that week for exercises; piano and music; bible group and the home had its own pet dog that visited people living within the home.

Each person's care file had a brief "social history and life story" which gave some details about important things in their life history. There was no written evidence that it was used as a "live" document which limited the extent to which care was person-centred because the care plans were focused mainly on physical needs. Further development of each person's care plans incorporating their social support and aspirations would help to give better evidence of more individualised care that met people's social needs and requests.

Everyone had a care plan. These plans were used to guide staff on how to involve each person with their care plan and provide the care and support they needed and

Is the service responsive?

requested. All of the plans we looked at were well maintained. The plans were reviewed regularly so staff knew what changes, if any, had been made, especially when the GP or visiting professional had visited. Staff used recognised tools for people at risk of: pressure ulcers developing, risk of falls, nutritional status etc. Assessment tools were completed on a regular basis by staff to help provide the most appropriate updated guidance and care for each person living at St Catherines.

We noted high numbers of people being supported on one unit who were being cared for in bed, most needed full support and care provided by staff. We found limited written evidence to show how staff were monitoring their daily intake for fluids and diet and repositioning them to provide comfort and pressure area care. Staff explained how they verbally handed over to each staff member what care, diet and fluids each person had been provided with to ensure each person received all necessary support to keep them comfortable and to meet their needs. Whilst we saw no evidence that this care was not updated and continuous. Records could not demonstrate how staff monitored people's care in a more tangible and evidence based way that ensured they, relatives and people being supported were always fully up to date in the provision of good continuity of care.

Is the service well-led?

Our findings

People being supported at St Catherines and relatives reported that they thought that the registered manager was approachable and interested in their concerns. In the first instance most said they would approach the senior nurse about any concerns, they told us,

"I know the manager by the colour of her uniform, not by her name, but I would speak to her first"; "I would see the nurse in charge on the day if I had any worries, but I have taken things up with the manager and she has sorted them out for me in the past" and "The manager or someone else always rings me if anything happens to my relative when I am not here; they keep me informed, even when I'm away on holiday."

St Catherines has a registered manager in post who had been working as the registered manager since 2002 and offered good stability in demonstrating that she knew the details of the support provided to each person. The registered manager told us she provided an open door policy and encouraged people to talk to her whenever they wanted to. This was confirmed by both staff and relatives visiting the home during our visit who went to speak to the manager whenever they felt the need to.

We saw evidence that the provider regularly sought feedback from people and their families about the support provided to them. We looked at a sample of minutes of meetings and saw records showing how people were regularly included and encouraged to share their views especially about the menus and food offered. Most of the recent annual questionnaires that had been carried out for 2014 were positive about the service provided. Some of the questionnaires raised some concerns and queries. The registered manager gave a verbal update that she had reviewed their comments with people directly to resolve their queries. The registered provider had not yet summarised the overall results of the questionnaires and as such there was no overall plan to show what actions they had planned to take in regard to peoples feedback about St Catherines.

All of the staff told us they felt supported and enjoyed their work. They were positive about the manager and the atmosphere and management style of the home. Staff told us staff meetings were held regularly, where they had lots of opportunity to raise questions and to speak openly. We looked at a selection of minutes of meetings which had evidence of a wide variety of topics discussed with staff including staff training. The minutes showed that staff were kept up to date with the management of the home and had the opportunity to raise any issues and topics for debate.

A visiting professional tutor was very positive about their experiences in working with the registered manager and staff at the home. They offered various positive comments stating,

"The manager is very good. The students get good mentoring, they get a good learning experience and I have never had a student raise any causes of concern whilst they have been here."

In the information provided before the inspection the registered provider described a number of ways in which the quality of the service provided was monitored. They advised that they had recruited a new deputy manager which they felt would help them in achieving improvements in the management of supervision and training of staff; help them in updating audits of care files; staff rotas and in managing recruitment of staff. In reviewing the staffs training needs, the registered

manager had already identified and planned training for staff to be supplied to them in November 2014 for 'Malnutrition and hydration.'

The registered manager and registered provider carried out a large variety of audits and recorded checks throughout the home to help them monitor the quality of the service, which we reviewed during our visit. Audits covered: medications; various minutes of meetings; risk assessments and infection control audits. They also monitored clinical governance checks on any potential falls, pressure sores and hospital admissions. The registered manager explained that they submitted clinical governance (audits) information to their head office every month. This helped both the registered manager and registered provider to monitor the care and support of those people identified as being at risks with various parts of their care. For example, they used recognised tools to assess people's risk of malnutrition and to help them identify those people in needed of further support including the use of prescribed build up drinks and specially prepared puree meals.

Is the service well-led?

The quality checks and processes in place helped the registered manager and registered provider to develop the home and to offer good standards of care and to ensure actions were taken to strive for improvements.

The registered provider and registered manager evaluated these audits and created action plans for improvement, e.g. actions were in place to review staff supervision, training needs for staff and staffing levels. These audits showed evidence of regular monitoring of the quality of care and support being provided. The most recent regional managers audit report for September 2014 was very detailed and covered all areas of management within the home. This report detailed a number of actions to help improve records managed within St Catherines and showed good monitoring processes for the home.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA 2008 (Regulated Activities) Regulations 2010 Consent to care and treatment **The registered person must have suitable arrangements in place for obtaining and acting in accordance with, the consent of service users in relation to the care and treatment provided for them.**