

Community Integrated Care

St Catherines Care Home

Inspection report

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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?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

St. Catherine's is a care home which provides personal and nursing care for up to 40 people. At the time of the inspection there were 35 people using the service. The service is in one adapted building which provides accommodation over two separate units. Meadows provides general nursing care to people, and Weaver provides care to people living with dementia.

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

Staffing levels were insufficient and people did not always feel safe. Although agreement had been given for staffing levels to increase, these had not been implemented. Security at the front entrance had caused concern. Following our discussions with the management team, improvements were made to security with the installation of a key code entry system. Accidents/incidents were not always recorded which meant that analysis to identify themes and trends would not be effective. Staff received training to ensure people received their medicines safely and as prescribed. Some improvements to the way in which medicines were managed on receipt from the pharmacy were implemented during the inspection. Staff demonstrated a clear understanding of the procedures to follow to protect people from abuse.

The service did not have consistent and stable management and feedback received indicated it was not always well-led. The systems in place for monitoring the quality and safety of the service were ineffective as they failed to identify areas for improvement.

We have made a recommendation about the management of Deprivation of Liberty Safeguards (DoLS). A DoLS for one person had not been renewed. Staff sought people's consent before care interventions. People's capacity to make decision for themselves was assessed and, where appropriate, decisions made on their behalf were made in their best interests. Staff received training to enable them to carry out their roles. People received a nutritious diet, although mealtime experiences varied between the two units. People had access to a range of external professionals to support their health and well-being.

Care was not always person-centred to meet people's individual needs and people were not always treated with dignity and respect.

We have made a recommendation about the management of complaints. Complaints were not always listened to and acted upon to improve the service.

People and relatives told us there was a lack of activities available to people. There had been no designated activity co-ordinator for some time. The lack of activity provision had resulted in a condition of a DoLS authorisation not being met. Care planning, including ongoing review, was not robust enough. People's care records were not always up to date, and some records were completed retrospectively. People, relatives and staff told us they did not feel listened to when they raised concerns as nothing changed.

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 requires improvement (Published 20 June 2018). The service remains rated requires improvement. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection enough improvement had not been sustained and the provider was still in breach of regulation 17 (Good governance) in addition to breaches of regulation 9 (Person-centred care) regulation 10 (Dignity and respect) and regulation 18 (Staffing).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was not always caring.

Details are in our caring findings below.

Requires Improvement ●

Is the service responsive?

The service was not always responsive.

Details are in our well-led 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 Catherines Care Home

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by two inspectors, one specialist nurse advisor and two experts-by-experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

St. Catherine's is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service did not have a manager registered with the Care Quality Commission. This means that the provider is legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We sought feedback from the local authority and looked at the latest Healthwatch report. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We also reviewed information we held about the service and notifications about important events which the provider is required to tell us about by law.

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 this information to plan our inspection.

During the inspection

We spoke with ten people who used the service, nine relatives and a visiting professional about their experience of the care provided. We spoke with 13 members of staff including the regional director, compliance manager, interim manager, clinical lead assistant service manager, a nurse, an advanced care assistant, six care staff and a maintenance person. We reviewed a range of records relating to the operation of the service including monitoring charts, three staff files and five care files.

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.

After the inspection

Following the inspection we reviewed additional information sent to us by the interim manager and the local authority.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Requires improvement. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing and recruitment

- People living at St. Catherine's, relatives and staff felt staffing levels were not adequate. As a result, they sometimes felt unsafe.
- Although a dependency tool was used to calculate staffing requirements, all feedback received indicated staffing levels were not sufficient and concerns had been raised several times. The tool did not consider the impact of the high use of agency staff and ongoing admissions.
- Comments included; "They are dreadfully short staffed always," "[Relative] is not as safe as she could be due to the lack of staff. One evening there was only one member of staff for this whole unit" and "Weekends are really bad."
- Staff were extremely busy throughout the day with little time for interaction with people. A staff member who was asked to answer a call bell responded, "I can't I'm very busy." Staff comments included "There are not enough staff. They keep cutting the staff and say we are over required but it isn't" and "On paper it may look enough but in reality, it's not."
- At the last inspection there was concerns raised about high use of agency staff. Although recruitment was ongoing with interviews planned, the service still relied heavily on agency staff.
- Efforts were made to achieve consistency of agency staff however concerns remained. We were told "There are lots of agency staff and they just don't know the individuals," "The agency staff don't seem to be that well trained. They seem to ignore things that need doing."
- We discussed feedback received with the management team. The regional director confirmed that instruction had been given for an increase in staffing levels however, this had not been implemented. Arrangements were made to increase staffing levels following our visit.

There were insufficient staff deployed to meet people's needs. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Accidents and incidents were not always recorded so that lessons could be learnt. Where body maps, identified significant bruising and/or skin tears there was no corresponding accident/incident records or evidence of follow up actions.
- Security at the front entrance was not safe. A relative observed a stranger in the building and, although they had reported this to the registered manager, no action had been taken. We discussed security with the regional management team on the first day of this inspection and when we returned a key coded entry system was being installed.

- Individual risks were assessed with management plans implemented, however information was not always kept up to date. For example, records relating to falls and pressure wound management had not always been updated to show care that had been provided to people.

We found no evidence that people had been harmed however, a lack of robust record keeping placed people at risk of receiving ineffective care and support to meet their needs. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Using medicines safely

- Medicines were administered by staff who had received training and their competency to do so was checked.
- Observations of a medicines round confirmed that people received their medicines safely and as prescribed. Protocols were in place for medicines which were prescribed to be taken as and when required.
- Medicine administration records were completed appropriately, and stocks checked were correct.

Systems and processes to safeguard people from the risk of abuse

- Staff received training and knew of their responsibilities to protect people from the risk of abuse.
- Staff were aware of who they should report incidents of abuse to should the need arise, and they knew about the providers whistleblowing procedure.

Preventing and controlling infection

- Staff were aware of the procedures to follow to prevent and control the spread of infection and they followed good practice to minimise the spread of infection.
- In general, the home was visibly clean and tidy, however we identified areas that needed attention, for example in one lounge there was food debris from lunchtime the previous day. Following discussion with the interim manager these areas were addressed.

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 remained the same. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

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

- The principles of the MCA were followed where there was doubt about a person's mental capacity to make specific decisions for themselves. Detailed assessments were carried out and any decisions made on their behalf were made in their best interests with involvement of relevant others.
- Applications for legal authorisation to deprive people of their liberty were made and a tracker was in place to monitor expiry dates.
- In some cases, conditions had been placed on DoLS authorisations. However, a condition for one person noted that regular activities and interaction should take place and be recorded in the person's care file. This condition was not being met.
- Staff were aware of the need to seek people's consent before care intervention and demonstrated a good understanding of the MCA.

We recommend that the registered provider source advice and guidance from a reputable source, about the management of DoLS.

Staff support: induction, training, skills and experience

- People were supported by staff who were well trained. Comments included "Very professional at all times," "Permanent staff yes, and some of the agency" and "Very much so."
- A robust training programme was in place to support staff employed in the Advanced Carer role.

- Staff felt well supported by the interim manager. The interim manager had recently met with staff to discuss their learning and development needs and had developed a programme for future sessions.

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

- People received a nutritious diet. Prepared meals were delivered by an external company in frozen form.
- Menus were not displayed. Staff or relatives made meal choices for people living with dementia. However, picture menus were being sourced to support people to make their own choices.
- We observed the mealtime experience on both Weaver and Meadow units, findings varied between units. On Meadow unit it was seen to be a relaxed and positive experience with people enjoying their meals. However, on Weaver unit it was less relaxed with relatives supporting their family members because staff were so busy.
- Feedback received about the food was varied with some people feeling it was very good whilst others did not. Comments included "It's very good actually" and "Not good, I cater for myself."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed using nationally recognised assessment tools, before they moved into St Catherine's.
- Detailed care plans were not always developed in a timely manner therefore staff were reliant upon information recorded in the initial assessment. Staff told us this was because they did not always have time to complete care plans due to staffing levels. Whilst we did not evidence any impact on people the lack of care planning put people at risk of receiving ineffective care and support.

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

- Areas of the home and gardens required improvement. For example, people were unable to access summer houses in the garden because they were used for storage and communal areas lacked a 'homely' feel. On the second day of the inspection steps had been taken to make improvements, summer houses were cleared and items such as pictures were displayed around the home.
- Plans were underway to further improve the environment, partially funded by a large donation received by the service. This included development of areas to better meet the needs of people living with dementia.

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 external professionals to support their health and well-being. For example, a GP visited the home weekly, as well as tissue viability nurses, dieticians and the Speech and Language Therapy team.
- Records reviewed indicated that external agencies were contacted in a timely manner when the need arose.
- People told us they were happy with the support they received from healthcare services. They said "Yes, they always respond" and "[Relative] sees the doctor regularly; has seen the optician and the chiropodist."

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 Requires improvement. At this inspection this key question has remained the same. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Ensuring people are well treated and supported; respecting equality and diversity; Respecting and promoting people's privacy, dignity and independence

- Staff raised concerns about the level of care they were able to deliver due to staffing levels. We were told "People had no drinks in the afternoon, we didn't have time because of doing personal care after lunch" and "We are constantly saying we'll have to come back to you."
- People's dignity was compromised. We were told of several occasions where there had been no staff support to help with personal care and continence needs. One relative asked for support for their family member they were told 'I can't do it and no-one else can either.' A relative told us that when asking for help a person was told 'Don't worry, you have your magic knickers on'. Relatives also told us their relative had "Not been offered a bath or shower, they get an all over wash" and "Sometimes [Relative] goes ten days without a shower."
- Feedback received about the way people were treated varied. Some people and relatives told us that staff treated them well, with dignity and respect. Comments included "Very considerate. Can't fault any of them" and "We are so happy [relative] is here, everyone is lovely." However, we also received less positive feedback about staff attitude such as "Some have quite a short fuse," "Some of the staff can be quite abrupt; some don't even smile" and "Depends who is on."

People were not always treated with dignity and respect. This was a breach of regulation 10 (Dignity and respect) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Although staff were busy, and task orientated we observed some warm and caring interactions with the people living at St Catherine's.
- Staff told us, "The only thing keeping me here at the moment is the residents" and "With agency staff I feel totally responsible for every resident. I might be the only person in the home who is permanent."
- People told us that staff respected their privacy and supported them to maintain their independence where possible.

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

- In general people and relatives were satisfied with communication.
- People had access to advocacy services. An advocate is a person who supports people who do not have family or friends to help them make decisions about their care and ensure their rights are protected.

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 Requires improvement. At this inspection this key question has remained the same. This meant people's needs were not always met.

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

- There was a lack of daily activities available to people to meet their needs. There had been no designated activity co-ordinator for approximately six months and care staff informed us they did not have time to engage people in activities as they were already stretched to meet people's physical needs.
- The lack of activity provision had impacted upon the service's ability to meet a condition of a DoLS authorisation for one person.
- People and relatives told us there was not enough to do. Comments included, "There's nothing going on now," "[Relative] doesn't do anything now" and "There's so much more they could do to stimulate them, but there are no staff."
- We observed a lack of staff supervision, stimulation and interaction during the inspection. On Weaver Unit, although people were seated in the lounge, there was no staff presence on occasions for periods of over 20 minutes.
- We received feedback that some relatives were visiting daily, staying for long periods to ensure their relatives were safe, had sufficient to eat and someone to talk to.
- Recruitment procedures were underway for a new activity co-ordinator.

People did not receive person-centred care to meet their needs. This was a breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Care plans did consistently contain person centred accurate or up to date information about the needs of people supported.
- Several people told us they did not know about or had not seen their care plan.
- Supplementary charts for the monitoring of food and fluid intake and repositioning were not always completed in a timely way by staff.
- Care plan reviews were not robust. The management team confirmed that the system had been reviewed and all care plans were to be re-written to ensure they were fit for purpose.
- The registered provider had taken steps to ensure that they received appropriate information to improve care planning for people receiving care under the Discharge to Assess, and Community Integrated Care schemes which they were part of.

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.

- People's communication needs were assessed and considered as part of the care planning process.
- Staff made sure people had the aids they needed to help enhance their communication such as glasses and hearing aids.
- The interim manager had recognised that improvements were needed to make sure information was available to people in a way they could understand and was actioning this. For example, pictorial menus were being developed.

Improving care quality in response to complaints or concerns

- There was a policy and procedure in place to handle and respond to complaints. Written responses seen were appropriate with an apology given where necessary.
- However, not all complaints were recorded, and relatives told us that when they had raised concerns they were not dealt with. They said "I've raised lots of times about staffing issues; mainly in residents' meetings. Nothing ever gets done" and another said they had asked last summer and again this year if the "junk" could be cleared from the summer houses. At this inspection both issues remained a concern.

We recommend that the registered provider seek advice and guidance from a reputable source, about the management and learning from complaints.

End of life care and support

- People's future wishes were discussed and recorded with involvement of family members where appropriate.
- At the time of the inspection there was no-one receiving end of life care.

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 Requires improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people.

At our last inspection the provider had failed to maintain accurate and up to date records and operate effective systems to assess, monitor and improve the quality of the service. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found not enough improvement had been made and the provider is still in breach of regulation 17. We also found further breaches of regulations.

- During this inspection visit we identified that the registered provider had not consistently improved or sustained improvements to the service people received.
- The previous registered manager had left the service during the inspection and an interim manager had been appointed.
- The lack of consistent leadership had impacted upon the experience of people, their relatives and staff morale. Staff told us they had not felt supported by the previous management team.
- When we asked whether St Catherine's was well-led the majority of responses indicated it was not. We were told "The home is failing, it is not providing a safe, effective care home. It is not well led at all" and "No, it's chaotic, there is no leadership". However, one person said it was "Very well managed."
- Risks to people's health, safety and wellbeing was not always identified and mitigated effectively through on-going monitoring of the service. The system in place for checking on the quality and safety of the service was ineffective. It failed to identify the concerns highlighted on this inspection in relation to staffing, record keeping, and person-centred care.
- People did not receive person centred and high-quality care. We received some positive feedback about how staff delivered care and support to people, however outcomes for people were not person centred.

The provider failed to operate effective systems to assess, monitor and improve the quality and safety of service. This was a breach of Regulation 17 of the Health and Social Care Act (Regulated activities) Regulations 2014.

- We received positive feedback about the interim manager and the clinical lead assistant service manager.

- A new regional director had recently been appointed. They provided information about extensive improvements planned for the future of the service and spoke enthusiastically about plans to provide a centre of excellence for dementia care. They expressed confidence that the new home manager was the right person to lead the service and drive the necessary improvements forward.

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

- Policies and procedures were in place which provided guidance to staff when needed.
 - Meetings were held regularly for staff, relatives and people living at St Catherine's to share important information. However, people told us that, although they raised issues nothing was done. One relative stated they would not attend any more because they were "a waste of time". Another commented "We seem to be raising the same issues, it's like taking to a brick wall. The standard reply is 'we'll look into it'".
- 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
- Notifications about events which occurred within the service had been received by the CQC and the previous rating was displayed as legally required.

Working in partnership with others

- Successful working relationships had been built with visiting professionals. We spoke with a visiting professional during the inspection who told us they felt the St Catherine's was an improving service, with some improvement still required in certain areas.

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	Regulation 9 HSCA RA Regulations 2014 Person-centred care
Treatment of disease, disorder or injury	Care was not always delivered in a person-centred way to meet people's needs.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 10 HSCA RA Regulations 2014 Dignity and respect
	People were not treated with dignity and respect.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	The registered provider did not have effective systems to assess, monitor and improve the service

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing
Treatment of disease, disorder or injury	Sufficient numbers of staff were not always deployed in order to meet peoples needs