Tameng Care Limited

St Catherine's Care Home

Inspection report

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Horwich
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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

This unannounced inspection took place on 10 January 2017. The home is a purpose built two storey building in the Horwich area of Bolton. Car parking is available at the front of the home. The home is close to local amenities and public transport. St Catherine's provides nursing care and care for people living with dementia.

The home is registered to provide care and support for 60 people. The home is split in to two areas. On the day of our inspection 28 people were living in Pike View, which is on the ground floor and provides nursing care for people living with dementia. On the first floor there were 25 people who required nursing care.

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

The home has a large reception area with appropriate information to inform people about the home and the services provided. The last inspection report and the home's CQC ratings were displayed on the notice board.

During this inspection we found that medicines were being administered in a safe and timely manner. The home worked with other healthcare professionals to ensure that people received appropriate care and treatment.

The service was working within the legal requirements of the Mental Capacity Act (2005) (MCA) and Deprivation of Liberty Safeguards (DoLS) although staff spoken with were not clear of what this meant.

Staff were able to demonstrate their understanding of the whistle-blowing procedures and they knew what to do if an allegation of abuse was made to them or if they suspected that abuse had occurred.

We found people were cared for by sufficient numbers of suitably skilled staff who were safely recruited. We saw that staff received essential training and support necessary to enable them to do their job effectively and care for people safely.

People we spoke with told us they felt the staff had the skills and experience to meet people's needs. People spoke positively about the kindness and caring attitude of the staff.

We saw that there were risk assessments in place for the safety of the premises. All areas of the home were clean and well maintained. Procedures were in place to prevent and control the risk of cross infection.

People's care records contained enough information to guide staff on the care and support required. The

care records showed that risks to people's health and well-being had been identified and plans were in place to help reduce or eliminate risk. People were involved and consulted about the development of care plans. This helped to ensure people's wishes were considered and planned for.

Staff spoken with had a good understanding of the care and support that people required. We saw that people looked well cared for and there was enough equipment available to promote people's safety, comfort and independence.

Food stocks were good and meals were varied and nutritionally balanced. People told us the food was very good and nicely presented.

To help ensure that people received safe and effective care, systems were in place to monitor the quality of the service provided. Regular checks were undertaken on all aspects of the running of the home and there were opportunities, such as surveys and meetings for people to comment on the facilities of the service and the quality of the care provided.

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.

Sufficiently, suitably trained staff who had been safely recruited were available at all times to meet people's needs.

Risk assessments were in place for the safety of the premises. People lived and worked in a clean, secure, safe environment that was well maintained.

People received their medication as required.

Is the service effective?

Good

The service was effective.

Staff received sufficient training to allow them to do their jobs effectively and systems were in place to ensure that staff received regular supervision and support.

The service was working within the legal requirements of the Mental Capacity Act (2005) (MCA) and we saw evidence of decision making in individuals' best interests.

People were provided with a choice of suitable nutritious food and drink to ensure their healthcare needs were met.

Is the service caring?

Good

The service was caring.

People spoke positively of the kindness and caring attitude of the staff. We saw people were cared for with dignity and respect.

Staff had a good understanding of the care and support people required.

Staff had received training in end of life care.

Is the service responsive?

Good

The service was responsive.

Care records provided staff with information to guide staff on the care to be delivered.

The provider had systems in place for receiving, handling and dealing with complaints.

People were provided with the opportunity to participate in a range of activities.

Is the service well-led?

Good

The service was well led.

There was a registered manager in post.

Systems were in place to assess and monitor the quality of the service provided.

Staff spoke positively about working at the home.

St Catherine's 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 checked 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 10 January 2017 and was unannounced. The inspection team comprised of two adult social care inspectors from the Care Quality Commission (CQC) and a professional adviser (SPA). The SPA accompanying us on this inspection was a registered nurse.

Before this inspection we reviewed the previous inspection report and notifications we had received from the service. We spoke with the local authority commissioners of the service and other healthcare professionals to seek their views about the home. They had no concerns about the service at the time of our inspection. Prior to our inspection of the service, we were provided with a copy of a completed provider information return (PIR); this is a document that asks the provider to give us some key information about the service, what the service does well and any improvements they are planning to make.

During this inspection we spoke with three people who used the service and observed how staff cared for and supported people. We spoke with nine visitors, five staff members, the kitchen staff, the registered manager, the acting regional manager and the regional support director. We did this to gain their views about the service provided.

We looked around the home, looked at nine care files, six staff recruitment files, medication records, training records and records about the management of the home.

Good

Is the service safe?

Our findings

We found the service was providing nursing care to a large number of very poorly people and to people living with advanced dementia. It was difficult to speak with people who used the service, however one person told us, "I am happy here and well looked after. The staff are very kind and caring. I feel very safe living here". Another person told us, "I am alright here". We observed people's body language when staff approached them. We saw people smiled and looked at ease in staff's company. There were a number of visitors throughout the day and we spoke with nine visitors. We received positive feedback from all the visitors spoken with. Comments included: "Absolutely brilliant, no complaints. The staff are marvellous we could not wish for better care". "This was a very hard decision to move [relative] in to a home, but I am so relieved [relative] is here. Staff are wonderful; they are always cheerful and smiling, doing a job which must be very hard. I have no concerns about the care provided". Another said, "If I had won the lottery and money was no object I wouldn't move [relative] from here. [Relative] is safe, well cared for and treated with dignity and respect. Staff keep me informed all the time about what is going on, if [relative] is unwell and needs the doctor they ring them and let me know".

Inspection of staff rotas, discussions with staff, people who used the service and their visitors demonstrated there were sufficient suitably experienced and competent staff available to meet people's needs. When determining the level of staff required the service took into account people's individual needs and their dependency level, using a dependency level tool. This tool considered if the person was in hospital, the date of their assessment, if they were receiving nursing care, capacity and consent, nutrition, continence, hygiene, skin/tissue viability, psychological well-being and sleep, communication, infection, human behaviour, cognition, respiration, consciousness, any special needs and end of life care. From this information an indicative set of numbers of nurses and care staff required at different times of the day was produced.

We looked at six staff personnel files and saw that a safe system of recruitment was in place. The recruitment process helped to protect people being cared for by unsuitable staff. The files contained a completed application form, references and proof of identity. Checks had been carried out with the Disclosure and Barring Service (DBS). The DBS identifies people who are barred from working with vulnerable people and informs the service provider of any criminal convictions noted against the applicant.

We looked around the home and saw the bedrooms, dining rooms, lounges, bathrooms and toilets were clean and fresh. One relative told us, "The home is clean; my [relative's] room is always clean and tidy".

We observed in the conservatory on the ground floor were some free standing radiators which were hot to touch. We discussed our concerns with the registered manager and the regional support director who told us they would remove the heaters and ensure suitable, safe heating was in place. The day after our inspection we received written confirmation informing us that new wall mounted heaters had been purchased and were in the process of being fitted.

Records showed that risk assessments were in place for areas of the general environment and policies and

procedure were in place in relation to ensuring compliance with health and safety regulations. The records within the home showed that equipment and services were serviced and maintained in line with the manufactures' instructions.

Procedures were in place in the event of an emergency. We saw that personal emergency evacuation plans (PEEPs) had been developed for people who used the service. A Peep informs the emergency services of the assistance each person requires to move them to a place of safety. An emergency 'grab bag' with fire related information and equipment was available in the foyer. Inspection of records showed that a fire risk assessment was in place and regular in-house checks had been carried out on the fire systems and equipment.

Infection control policies and procedures were in place, regular infection control audits were undertaken and infection control training was undertaken by staff as part of their essential training. Regular audits from Bolton Council's infection team were undertaken. The last audit in November 2016 scored the home at 80%. Recommendations from the audit had been actioned by the registered manager.

We saw that staff wore protective clothing such as different coloured aprons for different tasks and disposable gloves. Bathrooms and toilets were equipped with liquid soap and paper towels and hand sanitizers were situated around the home. This helped to prevent the spread of infection.

Suitable arrangements were in place to help safeguard people from abuse. The training matrix provided showed that staff had received training in the protection of vulnerable adults. Safeguarding policies and procedures provided staff with guidance on identifying and responding to signs and allegations of abuse. The staff we spoke with demonstrated a good understanding of safeguarding and what actions they would take if abuse was suspected.

Staff had access to the whistle-blowing procedure. Staff spoken with were familiar with the policy and knew who to contact outside the service if they thought their concerns would not be listened to.

The care records we looked at showed risks to people's health and well-being had been identified, such as poor nutrition and the risk of developing pressure ulcers. We saw documentation for caring for people with Percutaneous Endoscopic Gastrostomy (PEG) feed. This is when a person is unable to eat their food orally and receives it through a tube into their stomach. We discussed with the registered manager that although staff were provided with clear information about the PEG feed there was lack of documentation in caring for and cleaning the PEG site. The registered manager actioned a plan of care for this before the end of the inspection.

We looked to see how medicines were managed. The home had a medication policy and procedure in place. We found that medicines including controlled drugs were securely stored and recorded. Medication stored in fridges including liquid antibiotics for oral used and eye care medication were all within appropriate opening and use by dates. We found that one of the fridges for storing medication was showing at between 9 and 10 degrees Celsius. The temperature should be 2 – 8 degrees Celsius. The nurse in charge brought this to the attention of the handyman to address immediately.

We asked about the use of covert medication. Giving medicines 'covertly' means it can be hidden within people's food or drink to ensure the medication is taken. Giving medication in this way can be used to ensure that people, who lack mental capacity and refuse medication, can still receive medication that is important to them. The nurse showed us letters from people's GPs giving permission to crush medication or mix with food if required.

With the exception of one error we found that medication was given as prescribed and in a safe and timely manner.

We looked at how accidents and incidents were managed and found that accident and incidents reports were completed by staff in a timely manner and the CQC had been notified as required.

Good

Is the service effective?

Our findings

We looked at the induction, training and professional development staff received to ensure they were fully supported and qualified to undertake their roles. There was a staff training matrix in place. Care staff had completed training in various areas, for example all staff had completed training in safeguarding vulnerable adults and moving and handling. Other training included infection prevention and control, equality and diversity, person-centred care, dignity, pressure ulcer prevention, Mental Capacity Act (2005 (MCA) and Deprivation of Liberty Safeguards (DoLS), dementia, advanced medicines management, basic life support, allergen awareness in care, information governance, health and safety law, food hygiene, first aid, fire safety and end of life care.

Each staff member had a personal training record and we saw evidence of personal reflective accounts being completed after training had been attended which tested out the staff's knowledge of the training undertaken.

There was a comprehensive training matrix in place which identified all staff training over the year and additional dates had been planned for additional courses in 2017 for example for infection control, diabetes awareness. Training provided was aligned with the requirements of the Care Certificate. Staff spoke positively about opportunities for training and development. One member of staff told us they had completed all the essential training including dementia awareness. They told us they felt they would benefit from more in depth training in this area.

We discussed dementia training with the registered manager who told us a new programme was ready to be rolled out to all staff. The New Dementia Framework is a unique step forward in the personalisation of care for people living with dementia. In addition to the support and training, there are three additional components to the Dementia Care Framework these include personal care reviews, residents and family charters. The resident and family charters had been developed in consultation with residents, family members, health and social care professionals and care teams. The resident's charter sets out their rights, the standards of care they can expect and commitment to provide for their personal care needs and preferences. The family charter sets out the support that can expect to receive and how they can input to planning their relatives care.

Pike View, within St Catherine's, provided nursing care for people living with dementia. We found the accommodation had appropriate signage to help people with orientation around the home. The bathrooms and toilets had used appropriate colours for doors and toilet seats and other aids to assist people. We were invited by some relatives into their relative's bedrooms. We found that rooms had been personalised with belongings, photographs and mementoes brought with them from home.

Lounges were bright and comfortable and well-lit with both natural and electric lighting. The walls within Pike View had lots of tactile objects and in 'rummage baskets' for people to look through.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of

people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The registered manager showed us records that demonstrated they had followed-up the status of the outstanding DoLS applications at regular intervals and a spread sheet was kept regarding the current status. The registered manager told us that there were significant delays with processing applications with one particular local authority, and that other local authorities responded more quickly. We saw correspondence between the home and the local authority regarding the status of applications where a delay had been recognised.

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 were being met. We found that the service was complying with the conditions applied to the authorisations.

We found that best interest assessments had been carried out by an appropriate professional and records of best interest decisions identified that relatives had been involved in discussions/decisions where applicable. Capacity assessments had also been carried out by the relevant Consultant and care files contained historical capacity assessment forms that had previously been undertaken. DoLS Safeguarding Forms were also in place which considered age, mental capacity, refusals and best interests.

Comprehensive information was kept regarding the status of any DoLS applications, the date applied for and the reason, the date granted, dates that CQC notifications were sent, the dates of expiry and renewal and if a DoLS care plan was in place.

We checked to see if people were provided with a choice of suitable and nutritious food and drink to ensure their healthcare needs were met. People told us that the food was very good and portion sizes were ample. Where concerns about people's food and fluid intake had been identified we saw that food and fluid charts were being completed. We saw that referrals to the GP, dietician and the Speech and Language Therapy team (SALT) had been made and any advice from these healthcare professionals had been actioned.

We spoke with the kitchen staff who told us they always had a good supply of fresh and dried foods available. The kitchen staff had a good understanding of people's like and dislikes and any special diets required were catered for such as pureed food and diabetic dietary needs.

Good

Is the service caring?

Our findings

People with whom we spoke told us they thought the staff were kind and caring. Comments included, "Staff are marvellous, they are always smiling, helpful and chatty". "It's a pleasure to come and visit, staff do everything they can to make [relative] life as comfortable as possible". "The care is fantastic, [relative] is well looked after". We observed that good staff relationships had been built with families and people told us that they were comfortable in asking staff about their relatives' care and support needs.

We saw people looked well-groomed and cared for. Attention had been given to hand and nail care. On the day of the inspection we saw several people having their hair done by the hairdresser and others enjoying hand massages and nail painting.

We saw people who were being cared for in bed looked clean and comfortable. One relative told us, "They [staff] always make sure that [relative] is washed and shaved and in clean pyjamas".

Visitors we spoke with told us they could visit at any time. One person said, "I come at different times on different days and I am always made welcome. I can spend as much time as I like with [relative]". Another said, "The staff always make you welcome, they keep me up to date on how [relative] has been and what they have eaten. It's a lovely atmosphere". During the inspection we saw visitors either sitting with people in their own rooms or in the lounge areas.

Discussions with staff showed they had a good understanding of the needs of people they were caring for. We saw that staff cared for the people who used the service with dignity and respect and attended to their needs discreetly. We saw staff knocked on bedrooms, bathrooms and toilet doors and waited for a response before entering. We saw doors were closed when staff were assisting with any personal care tasks. This was to ensure that people had their privacy and dignity was respected.

There was a dignity notice board in the entrance area of the home which had information regarding dignity in care in addition to regular updates. There was a dignity tree which contained a large amount of notes from people who used the service regarding their perspective of dignity. Comments included, 'I can't understand your accent, please speak slowly,' and 'Don't put that bib on me I am not a child,' and 'Ask me, I can answer if you give me time,' and 'Sorry I can't do it for myself and if I could I certainly would.' This meant that staff had involved people in identifying areas of dignity that were important to them and this was used to inform the service delivery. A staff member told us, "These notes are what people told us when we asked about dignity and staff wrote them down and posted them on the dignity tree so we would know what was important to them."

We looked at St Catherine's approach to end of life care and found staff had undertaken training in a programme known as the Gold Standards Framework (GFS). This meant people who required palliative/supportive care towards the end of life had their needs identified, symptoms, preferences and any issues important to them assessed, and care planned around those needs and preferences. This was undertaken throughout their journey, which encompassed palliative diagnosis, reviews, the person's death

and bereavement support for relatives. The home had three Gold Standards Framework champions who kept up to date with training and new guidance and shared this information with staff.

Where people had made an advanced decision regarding end of life care this was recorded correctly, dated and signed appropriately. We saw that people and their relatives had been involved in discussions around advanced care planning, which was recorded within documentation contained in people's care plans. Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) forms were clearly identified in people's files and these had been completed correctly.

Good

Is the service responsive?

Our findings

We asked people who used the service and their relatives if they thought St Catherine's was responsive to their needs. All the comments we received were positive. Comments included, "My [relative] couldn't be better cared for". "Wonderful care from all the staff". "I wouldn't want [relative] to be in any other home, they [staff] are great with [relative]".

We looked at the care records for nine people who used the service. The care records contained enough information to guide staff on the care and support to be provided. There was good information about people's social and personal care needs. People's likes, dislikes, preferences and routines had been incorporated into their care plans. We saw the care records were regularly updated to ensure the information reflected people's current support needs. We saw evidence in the care records to show that either the person who used the service or their relatives had been involved in the care planning and decision making. This was also confirmed by some of the relatives spoken with. One said, "I am asked about [relative] care and I am kept informed any changes in [relatives] gap health. Communication between me and the carers is very important".

We were told that in the event of a person being transferred to hospital or to another service, information about the person's care needs and the medication they were receiving went with them. This helped to provide continuity of care.

We looked to see what activities were provided for people. We saw a range of activities were available including music mornings, karaoke, baking, reminiscence, dominoes and film shows. We saw photographs displayed of some of the activities which people had participated in.

Staff told us they had enough equipment to meet people's assessed needs. This included hoists, wheelchairs, walking aids and appropriate mattresses to help prevent the risk of pressure wounds.

We saw bathrooms had been fitted with aids and adaptations, including different coloured hand rails and toilet seats, to assist people with limited mobility and to help people living with a dementia to better orientate in these rooms.

We looked to see how the service managed complaints and saw a complaints policy and associated procedures were in place and the complaints procedure was prominently displayed. Relatives spoken with told us they would feel comfortable to raise any concerns or complaints with the registered manager or senior staff and felt sure they would be dealt with in a sensitive and timely manner.

We saw a number of compliment cards from families whose relatives had lived at St Catherine's. Comments included, 'Thanking each and every team member for the love, affection and treatment you gave to [relative]. The love and compassion you provided not just to [relative] but for everyone in the home is surely a target for other homes to work to'. And, 'All the family want to say the biggest thank you to everyone in the care of our [relative]. Each one of you has shown such patience, care and compassion which gave the family

peace of mind and comfort'.

Good

Is the service well-led?

Our findings

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

We saw there were systems in place to regularly assess and monitor the quality of the service. The home completed regular audits in a number of areas and historical audits were held in a file which was well organised. Audits included care plans, medicines management, feedback from people who used the service and their relatives, catering, daily care including wound/skin care and mobility, housekeeping, daily walk-arounds information governance and home governance, health and safety and environmental safety. We also saw evidence of provider level auditing of the service as a whole. Copies were sent to 'head office' and all audits included action plans with timescales for completion.

We looked at the results of questionnaires completed by people who used the service and their relatives for the period October 2015 to September 2016. An audit of these had been completed and an overview sheet identified the best and worst performing elements of each area identified, which had been given a percentage score. We found results of surveys where overwhelmingly positive and the service had achieved a higher score in many areas than the Provider baseline level required. For example feedback from people using the service identified a 99.44% satisfaction score; relatives surveys identified a 95.89% satisfaction score with 100% feeling the home was a happy place and 93.6% would recommend the home; catering surveys had identified a 93.52% overall satisfaction score and audits of care files had achieved an overall score of 98.99%.

The home was adequately maintained and we saw evidence recorded for the servicing and maintenance of equipment used within the home to ensure it was safe to use. Cleaning products were stored safely and Control of Substances Hazardous to Health (COSHH) forms were in place for all the cleaning products in use.

There was an up to date fire policy and procedure. Fire safety and fire risk assessments were in place and planned fire evacuations had been carried out and recorded. People had an individual risk assessment and a personal emergency evacuation plan (PEEP) regarding their mobility support needs in the event of the need to evacuate the building, which was easily available for staff to access and a grab file was located near the entrance door which contained this information.

There were several maintenance files that included all the required equipment servicing certificates. A 'handyman' was employed at the home who carried out daily, weekly and monthly tasks and check lists regarding a number of areas including premises security, water supplies, temperatures and boilers, fire safety and fire alarms, the nurse-call system, doors and lighting.

We checked our records before the inspection and saw that accidents and incidents that CQC needed to be

informed about had been notified to us by the registered manager. This meant we were able to see if appropriate action had been taken by the management to help ensure people were kept safe.