

# GCH (St Katharine's) Limited

# St Katharine's House

## Inspection report

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## Ratings

### Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service responsive?

Requires improvement



Is the service well-led?

Requires improvement



## Overall summary

We inspected this service on 5 and 6 May 2015. This was an unannounced inspection.

St Katharine's House is registered to provide accommodation for 76 older people who require nursing and personal care. At the time of the inspection there were 55 people living at the service. The home is arranged into three units; Willow Walk provides care for people living with dementia, St Lukes Wing provides nursing care for people and the ground and second floor of the main building provide residential care for elderly people.

At a comprehensive inspection of this service in November 2014 we identified four breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds with four breaches of the Health and Social Care Act 2008 (Regulated

Activities) Regulations 2014. We issued the provider with three compliance actions in relation to staffing, equipment and quality assurance. We also issued a warning notice in relation to records stating the service must make improvements by 31 January 2015. After the comprehensive inspection, the provider wrote to us to say what they would do to continue making improvements to meet the legal requirements in relation to those breaches. We undertook this focused inspection in May 2015 to check that the provider had followed their action plan and to identify if the service now met legal requirements. This report only covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for St Katharine's House on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

# Summary of findings

This inspection was the eighth inspection of St Katharine's House since December 2012. At each inspection we saw changes had been made to bring the service up to the required standard but also highlighted further areas for improvement. There has not been a stable management team at the home during this time, which meant the improvements had not all been sustained or embedded in practice. At this inspection in May 2015 a new manager was in post because the registered manager had left the service three weeks prior to this 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 2008 and associated Regulations about how the service is run.

At this inspection people, relatives and staff were complimentary about the management team. The management team sought feedback from people and their relatives and was continually striving to improve the quality of the service.

There were continued shortfalls in relation to care records. Some care plans and assessments had not been

completed or updated. Records did not always accurately reflect the care, support and treatment people were receiving. This meant people were at risk of inappropriate care or treatment.

Action had been taken to ensure there were enough staff to meet people's needs. The manager had recruited further staff, reviewed people's dependency needs and looked at how staff were working together to meet those needs.

Equipment had been serviced in line with nationally recognised schedules and a plan was in place to ensure future services would take place when they were due.

Since our last inspection we had received concerns about how people medicines were managed. We were accompanied on this inspection by a specialist pharmacy inspector. The service was meeting the legal requirements in relation to medicines.

Although some of the required improvements had been made we have not changed the ratings for this service, because we want to be sure that improvements continue to be made and will be sustained and embedded in practice. We will check this during our next planned comprehensive inspection.

# 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?

We found actions had been taken to ensure the service was safe. Action had been taken to ensure there were enough staff to meet people's needs.

Equipment used in people's care had been serviced and medicines were managed and administered safely.

We could not improve the rating for this key question from requires improvement, because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

**Requires improvement**



### Is the service responsive?

We found not all actions had been taken to ensure the service was responsive because records in relation to people's care were not always accurate or up to date. This meant people were at risk of inappropriate care or treatment.

**Requires improvement**



### Is the service well-led?

We found actions had been taken to ensure the service was well led. There a range of quality assurance systems in place and action was taken to improve the service as a result of these systems.

We have not improved the rating for this key question because the service had not benefitted from a stable management team over the past two years. This meant changes and improvements in the home had not all been sustained or given time to embed into everyday practice.

**Requires improvement**



# St Katharine's House

## 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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

We undertook an unannounced focused inspection of this service on 05 and 06 May 2015. This inspection was carried out to check that improvements to meet legal requirements had been made by the provider after our

inspection on 17 and 18 November 2014. The team inspected the service against three of the five questions we ask about services: is the service safe, responsive and well led.

The inspection was undertaken by three inspectors and a specialist pharmacy inspector. We spent time with people and observed the way staff interacted with people. We spoke with 11 people and two people's relatives. We also spoke with the manager, the deputy manager two regional managers and seven staff. We looked at records, which included ten people's care records and 30 people's supporting documentation. We also looked at records relating to the management of the service.

# Is the service safe?

## Our findings

At our inspection November 2014, we found there were not sufficient numbers of staff at all times to meet people's needs. This was a breach of Regulation 22 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds with Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Following the inspection, the registered manager had recruited further staff, reviewed people's dependency needs and looked at how staff were working together to meet those needs.

On the first day of the inspection, commencing on 5 May 2015, three staff had called in sick. The activities coordinator and deputy manager worked as care staff on the Willow Walk. A staff member and an agency staff member came in mid-morning to work on the other units. Staff were busy, but were meeting people's needs. The atmosphere was pleasant and people were relaxed and comfortable. Because the activities coordinator was working as care staff on the day of the inspection, activities did not take place on Willow Walk. On the second day of the inspection there was a full staffing establishment and activities took place.

Staff told us staffing levels had been improved. Review of the service's allocation sheets, sign in sheets and rotas showed that over the last eight weeks staffing numbers had been maintained. People told us they still felt the service needed more staff. One person said "They don't do a lot of activities here. I think it's difficult when there's not enough

staff". A relative spoke positively about the qualities and effectiveness of staff and told us they had no concerns about the service other than staffing numbers. They said, "They're a bit short staffed at the moment". The management team told us they had worked on each of the units on a number of shifts to help them understand people's dependency needs and had asked the provider for an increase in staffing numbers so that there would be four staff on Willow Walk during the morning. The service were also planning to recruit another nurse for the nursing wing to allow the nursing staff more time to support and develop care staff and carry out their administrative duties.

At our last inspection in November 2014, we identified equipment used in people's care had not been properly maintained because the six monthly services had not taken place. At this inspection in May 2015 all equipment had been serviced and there was an on going contract with the maintenance company to ensure the services would happen when they were due.

We looked at the services management of medicines during this inspection in May 2015, because we had received some concerns about how medicines had been managed since our last inspection. Medicines were stored and administered safely. Where there had been an error in medicine administration appropriate and prompt action had been taken by the provider. Following a service review the provider had moved to a different community pharmacy. All staff who had responsibility for administering medicines had been booked to attend medicines training from the new supplier.

# Is the service responsive?

## Our findings

At our inspections in December 2013 and July 2014 we identified people's records were not always accurate and did not always contain information about how people should be supported. We asked the provider to send us a plan outlining what actions they would take to bring the service up to the required standard. At the inspection in November 2014 we found whilst improvements had been made there were still shortfalls in the recording of people's care. We issued the provider with a warning notice stating they must take action to address this by 30 January 2014. At this inspection, in May 2015, we identified continued shortfalls in the completion of people's care records.

Before people came to live at the home their needs had been assessed to ensure they could be met. However, this was not always reflected in their records. For example, one person had been admitted to the service two weeks prior to the inspection in May 2015. Pre-printed care plans and assessment documents had been added to their care record but staff had not completed these. These blank documents covered a range of areas such as, dietary requirements, religion, culture and sexuality and mental health. A care plan audit had identified these documents needed completing. Staff told us they were aware of the changes required and explained there had been no time to implement the action plan. This meant there was a risk that staff might not have the information they needed to care for this person appropriately.

People did not always have an accurate and up to date care record in relation to their care and treatment because their changing care needs were not always documented in their care plans. For example, a person had transferred from the residential unit. There had been no recorded assessment of their needs on admission to the nursing unit. Their care plans had not been reviewed since March 2015. Since that time, the person's condition had significantly changed. The person's care plans did not reflect their needs or the support required by staff to meet them. For example, the care plans referred to the person as being mobile with assistance and able to use the call bell. Staff confirmed, they could no longer mobilise and were not able to use the call bell. This put the person at risk of not receiving appropriate care and treatment.

Another person had conflicting information about how they should be supported. A care review stated "requires the

assistance of two carers to wash and dress as not always cooperative". Another document in their record identified the person could be "physically aggressive" when being supported with their hygiene needs. However, their care plan for personal hygiene stated they required the "assistance of one carer". The care plan had not been updated to reflect the change in levels of support and did not mention the risk posed by their behaviour. The care plans could not be used to provide instruction to staff on how to safely support this person.

People did not always have records to advise staff how they should be supported in relation to their medicines. Staff had sought advice from other professionals regarding one person's pain relief. A palliative care specialist had suggested staff provide pain relief prior to assisting the person to move. This had not been included in the care plan. Records did not show that the person's pain relief was being effectively managed and evaluated. This person's medicines care plan was inaccurate and did not reflect the medicine they received or that the person could no longer swallow their medicine. We discussed this with the nurse who told us "We need to update it. It [the medication] was changed." This put the person at risk of not receiving appropriate care and treatment in relation to their pain relief by staff at the service.

Another person could have their medicines administered covertly if required. Covert administration of medicines may take place when a person regularly refuses their medicine, but they are assessed as lacking the capacity to understand why they need to take the medicine. Covert administration can include the crushing of medicines and adding them to food or drink. There was no care plan to guide staff about the correct way to administer these medicines. Not having a care plan in relation to covert medicine administration put the person at risk of not receiving their medicines in the correct way.

People did not always have protocols for the administration of 'as required' medicines. Protocols give guidance to staff about when it would be appropriate to administer 'as required' medicines. One person with behaviour that could be described as challenging was prescribed a medication for "agitation". Although staff on duty could describe when this person should receive this medicine, there was no guidance available. This put the person at risk of not receiving their medicines in a consistent manner.

## Is the service responsive?

These issues are a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

# Is the service well-led?

## Our findings

The service was not being led by a registered manager. 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 2008 and associated regulations about how the service is run. The previous registered manager had left three weeks before our inspection. A new manager was in post and was being supported by the area management team and deputy manager. They were in the process of submitting an application for registration with the commission.

Since September 2013 the service had not benefitted from a stable management team. During this time there had been two area managers, five home managers, two deputy managers and four clinical nurse managers in the nursing wing. This had meant changes and improvements in the home had not all been sustained or given time to embed into practice.

Since the last inspection team leaders for the two residential units had been appointed. This meant there was now always a senior carer on duty at Willow Walk. Staff spoke positively about the recent changes in the service and how they felt supported by the management team and in particular the deputy manager. Staff told us they were involved in identifying further areas to improve the service for people and felt the management team were working with them to sustain the improvements. One staff member told us "things are moving in the right direction".

People and relatives were positive about the new management team and could see the service had made improvements. One person told us "I'm very impressed with the improvements". People and their relatives felt the management were more visible around the home and the communication had improved. A relative told us "It's much improved. Communication is much better, they tell you what's going on now". People and their relatives had been asked to provide feedback about the service through a recent quality assurance survey and residents and relatives meetings.

At our inspections in November 2014 we identified the service did not have robust quality assurance systems in place. We asked the provider to send us a plan outlining what actions they would take to bring the service up to the required standard to meet the regulation. At this inspection, in May 2015, we found these actions had been taken. There were now a range of quality monitoring systems in place to review the care and treatment offered at the home. These included a range of clinical and health and safety audits completed on a monthly basis. There were action plans to address any areas for improvement and these were reviewed by the regional manager to ensure they had been completed. The regional manager also completed a monthly quality assurance audit. Results of audits were discussed in staff meetings and individual areas for improvement were addressed with staff during their supervisions. For example, issues with the care records had been discussed with staff.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where legal requirements 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.

This section is primarily information for the provider

## Enforcement actions

The table below shows where legal requirements were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>The provider had not ensured service users were protected against the risk of receiving inappropriate care and treatment by means of maintenance of an accurate, complete and contemporaneous record in respect of each service user including a record of the care and treatment provided to the service user and of decisions taken in relation to the care and treatment provided. Regulation 17(2)(c)</p>