Community Health Services Limited

Catherine Court

Inspection report

Cressex Road
High Wycombe
Buckinghamshire
HP12 4QF

Tel: 01494524850
Website: www.catherinecourthighwycombe.co.uk

Date of inspection visit:
01 March 2016
02 March 2016

Date of publication:
22 March 2016

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

Catherine Court is a nursing home located in High Wycombe. It provides care for up to 56 people with nursing needs and dementia. At the time of our inspection 55 people were living at the service.

This inspection was undertaken on the 1 & 2 March 2016 and was unannounced.

Catherine Court had a registered manager in place. 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.

Catherine Court is a purpose built nursing home divided over two floors. People were supported to maintain their physical and emotional well-being through both care staff and nursing staff. Clear plans were in place on how people wished to be supported and associated risks were assessed and managed.

People were supported by staff who were kind, caring and respectful. People and relatives we spoke with were complimentary about the staff who worked at Catherine Court and how they were looked after. We made good observations of how people were supported in a person centred way.

A range of activities were provided to people living at Catherine Court. People and relatives were involved in the running of the service including areas such as regular reviews of care needs and activities and food committees.

Staff were supported and developed through effective supervisions and training. Management undertook regular auditing to identify where improvements could be made to the service and the way people were cared for. We found the management team were actively striving to improve the service.

People were supported by staff who knew them well to remain safe and well. Recruitment checks were in place to ensure staff suitability to work with people living at Catherine Court. People were supported to maintain their health through good management of medicines.

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

Protocols and procedures were in place to ensure people were protected from risk of harm.

Medicines were managed safely within the service.

Robust recruitment checks were in place to ensure staff suitability to work with people living at Catherine Court.

Is the service effective?

Good

The service was effective.

Staff received effective inductions, supervision and training in order to undertake their roles.

People's health was maintained through effective planning and execution including nutrition and physical and mental wellbeing.

The service worked in line with the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

Is the service caring?

Good

The service was caring.

People and relatives we spoke with were complimentary about the caring nature of the service.

Observations showed staff treated people with privacy, dignity and respect.

Where appropriate, end of life care plans were in place to ensure people's wishes were recorded and respected.

Is the service responsive?

Good

The service was responsive.

A good schedule of activities were in place at Catherine Court.

Care plans reflected people's current needs and were reviewed regularly.

Complaints were recorded and acted upon appropriately. Evidence from learning from complaints were in place

Is the service well-led?

Good

The service was well-led.

There was a clear management structure and oversight in place.

Management constantly strived to improve the service at Catherine Court.

Clear auditing procedures were in place to assess the quality of the service provision.

Catherine Court

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.

The inspection was carried out by an inspector and a specialist advisor. The attending specialist advisor had an extensive background in nursing.

This inspection took place on the 1 & 2 March 2016 and was unannounced. We checked to see what notifications had been received from the provider since their last inspection. Providers are required to inform the CQC of important events which happen within the service in the form of a notification. The provider was asked to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During our inspection we spoke with four care assistants, one nurse, the deputy and registered manager, three people who used the service and four relatives. We looked at six care plans for people who used the service and other documentation including four recruitment files, medicines records, supervision and training records and made observations over both days of the inspection

Good

Is the service safe?

Our findings

People we spoke with told us they or their relatives felt they were safe living at Catherine Court. Comments included "X is looked after and secure", "I think X is safe and content", "It's taken a weight off our mind knowing X is safe and cared for" and "Our perception is that X is well looked after."

Clear procedures were in place to ensure people were protected from harm. Safeguarding protocols were in place to ensure people were protected against potential abuse. All staff we spoke with were able to explain what action they would take if they were concerned about people's welfare and we confirmed all staff had received training on safeguarding. Information was freely available around the service on how to report any safeguarding concerns and who to report them too. We found management to be knowledgeable on what constituted a safeguarding concern and what action would be taken to protect people.

We found there to be appropriate numbers of staff working within the service to meet people's needs. The registered manager informed us they were currently 10% overstaffed. We found staff constantly visible and quick to respond to people's requests. Call bells were answered promptly. The registered manager told us Catherine Court benefited from a strong staff team including staff who had been in post for considerable amounts of time.

We found clear risk assessments in place for people who used the service. Risk assessments clearly outlined the associated risk and management plans were in place on how to reduce risks to people for example, where people required specific nursing care. Where people required assistance with wound care, clear plans were in place on how wound management was to be maintained and people's health promoted. The service had good protocols in place on how to manage risks to people including areas such as weight loss. Risks to people who were nursed in bed, or unable to access their call bell to request help were also in place in the form of regular observation checks. Risk assessments were frequently reviewed to ensure they reflected people's current needs.

People were protected against risks associated with health and safety issues. Checks on equipment and the premises were undertaken regularly to ensure people were protected from harm. We saw evidence that any concerns with maintenance of the home were reported and acted upon promptly to ensure people's safety. Appropriate fire risk assessments were in place for the service and clear evacuation plans were in place to ensure people's safety. These included regular fire drills and coded stickers on people's doors to alert staff to who needed assistance.

We found there to be robust recruitment procedures in place. We looked at three recruitment files and found required checks were in place including evidence of conduct in previous employment, gaps in employment history explained and a satisfactory Disclosure and Barring Check (DBS) to ensure staffs suitability to work with adults.

We found medicines were managed safely at Catherine Court. We observed medicines being administered to people in an appropriate and safe manner. Medicines were appropriately stored and frequently the stock

was checked. Temperature checks were in place to ensure medicines were stored appropriately. We found nurses administering medicines had their competency frequently assessed. Guidance was in place for people who required 'PRN' (As required medicines).

Good

Is the service effective?

Our findings

Catherine Court is set over two floors. The ground floor provides care to people living with dementia. The first floor provides care to people who had nursing needs. The service is purpose built with a central secure courtyard. Renovation works were being undertaken within the service which was scheduled to be completed shortly. This included painting and redecorating.

Before new staff commenced work, they were provided with an induction into the service. This included shadowing more experienced staff and undertaking training and competency checks. These were then reviewed regularly by senior staff to assess their knowledge, skills and capabilities.

Staff received effective training to undertake their roles. 96% of staff had received up to date training including training that was deemed mandatory by the provider. Relatives told us they felt staff were well trained and competent to undertake their roles. Further training had also been sought by the manager to further staff knowledge and skills, for example, pain management and palliative care emergency training, falls training and diabetes training. Staff also received effective supervision to undertake their roles. Supervisions consisted of one to one sessions with staff, themed supervisions looked at specific areas such as safeguarding and group supervisions. We were provided with evidence of group supervisions where discussions had taken place to discuss what staff felt constituted a good home. Weekly meetings between senior staff also took place.

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 are called the Deprivation of Liberty Safeguards (DoLS).

We found the service was working in line with both the MCA and DoLS. Where people were being deprived of their liberty, applications had been made to the local authority. A schedule was also kept by management to ensure they reapplied before applications expired. Staff we spoke with were knowledgeable on the application on the MCA and how this affected people living at the service. Staff had received training on the MCA. Where appropriate, we saw evidence of mental capacity assessments which were reviewed regularly, and evidence of meetings to ensure decisions were made in people's best interests.

We spoke with the chef who had been working with a dietitian in regards to fortified diets. Fortified diets are a way of promoting calorie intake for people at risk of weight loss. We case tracked one person who was refusing to eat. We were shown how the chef created high calorie milkshakes to promote the person's calorie intake. We saw the person's weight had been maintained for a considerable length of time using this method. Where people required specialised diets such as diabetic diets, fortified or pureed, the chef was very knowledgeable on people's specific needs and how they promoted food intake. Throughout both days,

people were provided with appropriate nutrition and drinks. Where appropriate, these were recorded to monitor people's fluid and food intake to ensure their health was promoted and monitored. People's weights were also recorded regularly when people were assessed at risk of malnutrition.

People's health was maintained by staff working within the service including registered nurses and outside professionals. We saw evidence of requests for professional involvement including dietitians, Doctors, and speech and language therapists. Evidence of appointment requests and outcomes of appointments were recorded and acted upon appropriately. Relatives told us they felt staff responded quickly and appropriately when people's health needs changed.

Good

Is the service caring?

Our findings

People and relatives told us they felt staff were kind and caring. Comments included "The care is very good. I can't fault it", "X seems very happy here. The staff are very nice and friendly", "We chose Catherine Court to care for X and it was definitely the right decision to make. From the first day they have been marvellous." One relative told us "I can't fault the staff's caring attitude. It's taken a weight off our minds and we know X is safe and cared for."

Throughout both days of the inspection, we observed positive interactions between staff and people who lived at the service. Staff were aware of how to promote people's dignity and privacy by ensuring people were treated with kindness and respect. Staff were attentive to people's needs and recognised when people needed assistance or reassurance, for example, asking people if they were happy and if they needed anything. Staff addressed people by their preferred names and took the time to engage in conversations with people. Staff knocked before entering people's rooms and protected people's dignity when assisting people using equipment such as hoists.

Staff were aware of how to promote people's choice and independence where possible. Over lunchtime we made positive observations on how people were promoted to make decisions for themselves, for example, the use of pictorial menus to show to people so they could choose what they wanted to eat. Staff took their time when explaining what options were available so people could make an informed decision. Staff asked people if they wanted assistance with their meals, for example, cutting up food. Where staff supported people to eat, they sat next to them and assisted people at a pace which was comfortable for them. Staff frequently asked people what they would like to do, or what they would like to eat and consistently explained to people "It's your choice." We observed one person living at the home to ask a staff member why they were here all the time. The staff member responded with a smile "It's a nice job and I get to see you all the time!" On people's birthdays, they were made a personalised birthday cake.

Relatives we spoke with gave us examples of when they believed staff had been caring. One relative told us "One thing really touched me. On valentine's day, they made a card from X to me. It was really kind." Another relative told us of a conversation they had with a staff member which had reassured them. "We spoke with the activities co-ordinator who told us 'When you are here, X is your mum. When you leave, X is our mum.' This really gave us piece of mind."

We praised both the activity co-ordinators on their enthusiasm and caring attitude when working with people who lived at the service. For example, one relative told use the activity coordinators knew that their partner had a passion for cars. The activity co-ordinators worked closely with the person to take them outside and look at and sit in their favourite cars. The relative told us this meant a lot to them and their partner. Staff engaged in singing, dancing and conversations with people. It was evident that staff knew people's needs well and treated them in a kind and caring manner. Staff had also received training and supervision on equality and diversity.

People were supported to access advocacy services if required. We saw evidence of one person who had

been supported to access an advocacy service in relation to their finances. (Advocacy is independent support provided to ensure and facilitate the person receiving care's voice is heard and understood.)

Where appropriate, people's end of life needs were sought and recorded. Clear plans were in place on how people wished to be supported with their end of life needs and evidence of discussions and plans were in place. These were reviewed regularly to ensure people's needs were met.

Good

Is the service responsive?

Our findings

We looked at six care plans for people, including people who had specific nursing needs such as pressure wound care, management of diabetes and the use of PEG (Percutaneous Endoscopic Gastrostomy) feeds. Care plans were mostly recorded on an electronic system and contained clear information on how people's needs were to be met including expected outcomes and goals. We saw care plans were reviewed regularly and a flagging system was in place to let staff know when care plans were required to be reviewed. Where people were assisted with specific nursing or emotional needs, these were clearly recorded and gave vital information on how people wished to be supported.

People's nursing needs were monitored closely to ensure people's health was maintained. Weekly observations were checked, recorded and monitored closely to ensure people remained healthy and well. One relative told us "They [staff] are very thorough when it comes to looking after X's health." People's vital observations checks were recorded into care plans to ensure their current needs were being met.

Regular formal reviews of people's care were undertaken and involved relatives and professionals where needed. These were documented and any actions arising from reviews were undertaken promptly. Relatives told us they were regularly involved in reviews, and the service was very responsive in letting them know if there was any change to people's care and welfare.

Complaints were managed within the service. People we spoke with were aware of how to make a complaint. The registered manager used a complaints tracker to oversee any complaints and a monthly analysis was undertaken to look for trends and patterns arising from complaints. People's feedback, compliments or concerns were also sought using a pictorial questionnaire which staff supported people to complete. A suggestion box was also available in the reception area. Relatives told us they knew how to make a complaint and if they had, it had been responded to appropriately.

There was a good programme of activities provided to people who lived at Catherine Court. The service had an activities committee in place which involved people who lived at the service, the activity co-ordinators and relatives which allowed people to give feedback and ideas on the activities provided. We saw minutes from regular meetings which demonstrated a good attendance of people. Activities were provided within the service seven days a week. A monthly newsletter was also available so people could see what activities had been undertaken and what had been planned for the next month.

We spoke with both activity co-ordinators in relation to what activities were provided within the service. We were provided with a programme of activities which showed upcoming events such as mother's day afternoon tea, an Easter show and a dementia fundraising tea party. Outside services were also provided such as hairdressing, massage and a church service. Activity programmes were displayed prominently around the service so people could see what was happening. Both activity co-ordinators told us that the activity programme can change depending on how people felt on the day. Where people were unable to attend activities, one to one activities were provided. The service had undertaken fundraising to obtain a life like doll to be used as doll therapy. Doll therapy is used when working with people who have dementia. Both

activity co-ordinators were able to tell us the principles and goals of doll therapy for people living with dementia.

Good

Is the service well-led?

Our findings

People and relatives we spoke with were complimentary about the management of the service and how the service was run. Comments included "I cannot fault it", "If there is ever an issue, I always get a phone call" and "From day one they have been marvellous."

Catherine Courts management team consisted of a registered manager, a deputy manager and lead nurses. Throughout our inspection, we found management to be open, honest and constantly striving to improve. Staff we spoke with told us they were wholly supported by management.

We found good auditing procedures in place to ensure the quality of the service provision. The registered manager had clear processes in place in regards to auditing of the service. A yearly auditing planner was in place which outlined when specific audits were to be undertaken, for example, medicines and infection control. The registered manager also audited the service to check they were working in line with Dementia standards. These are standards which outline how services should support people with Dementia in a way which promotes best practice. In July 2015, the service had undertaken its own inspection to assess how they were meeting the five key questions. This allowed management to reflect on where improvements could be made.

Where improvements were highlighted from auditing, we saw clear action plans in place including timescales of when improvements should be made by. The registered manager had also implemented a monthly audit tool which looked at the amount of falls throughout the month and assessed for any trends and patterns. The manager had identified the need to seek 'falls training' through their auditing process. Monthly incident and accidents analysis reports were completed, again to look for any trends and patterns and where improvements could be made.

Management constantly sought feedback from people who lived at Catherine Court, relatives, staff and professionals. Annual surveys were completed to gain feedback on how they felt the service was running and what improvements could be made. Committees were also in place including an activities committee and a food committee. The service also worked closely with the local authority Quality in Care Team to seek support and assistance as required.

Weekly senior management meetings were undertaken and recorded to ensure the management team had clear oversight of the running of the service. A clear statement of values was displayed within the reception area. We found staff to be working in line with these values. Management also undertook shifts working on the floor to ensure they were aware of any issues or concerns.

Providers are required to notify us of significant events which occur within the service. We had received appropriate notifications since Catherine Court's last inspection in September 2014. We found all staff were aware of the Care Quality Commission and our role in ensuring services are safe, effective, caring, responsive and well-led.