Miss Alison Thorne

Catherine House

Inspection report

131 Hamilton Road
Taunton
Somerset
TA1 2EP

Tel: 01823286839

Date of inspection visit:
31 March 2022
12 April 2022

Date of publication:
19 May 2022

Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

About the service
Catherine House provides care and accommodation for up to five people who have Learning disabilities or autistic spectrum disorders. At the time of the inspection three people were living at the service and one person staying for a period of respite. The service was based in a large town house in the market town of Taunton with close access to local amenities.

People's experience of using this service and what we found
This service was able to demonstrate how they were meeting the underpinning principles of right support, right care, right culture.

Right support:
People were supported to have choice and control over their own lives. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service did support this practice.

Infection control procedures and measures were in place to protect people from infection control risks associated with COVID-19.

Staff supported people to take part in home-based activities, for example cooking and playing pool. People were also supported to pursue interests in their local area. This included going bowling and to the cinema. One person attended college and undertook work experience, and another attended a day service. On the day of our inspection two people were going to town shopping.

Staff supported people safely with their medicines and worked with health professionals to achieve good health outcomes.

Environmental risks to people were managed safely. People's rooms were personalised with their personal possessions. The main communal area was bright and clean, and people had access to a rear enclosed garden.

Right Care
People received care, which was personalised, and the service was responsive to the needs of the people. Care plans and risk assessments were in place, which provided staff with guidance on how to meet people's

needs and manage identified risks.

People were protected from risks associated with their health, safety and welfare.

People were kept safe from avoidable harm because staff knew how to recognise and report abuse or poor care.

People were supported to maintain good health and were referred to appropriate health professionals as required.

People were supported to eat and drink in accordance with their preferences and choices.

People were supported to receive their medicines safely and as prescribed.

Right culture
There was a relaxed and happy atmosphere in the home, staff were friendly and supportive.

The management team was were very open and said they had recognised improvements of the service were needed to improve things for people living there. This included improved quality monitoring and more robust documentation regarding concerns.

People received care and support from a consistent staffing team who had been recruited safely and in sufficient numbers to meet their needs. They had received training and support which enabled them to support people to meet their needs.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection
The rating at the last inspection was Good. (Published December 2020)

Why we inspected
The inspection was prompted due to concerns raised by the local authority in relation to poor provider communication and concerns raised by a relative of a person who used the service and a relative of a person who had used the service. A decision was made for us to inspect and examine the risks raised with us. We found no evidence during this inspection that people were at risk of harm from these concerns.

We undertook this inspection to assess that the service is applying the principles of Right support right care right culture.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up
We will continue to monitor information we receive about the service until we 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?

Good

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our effective findings below.

Is the service well-led?

Good

The service was well-led

Details are in our well-Led findings below.

Catherine House

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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team
Two inspectors carried out the inspection.

Service and service type
Catherine House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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 is a single provider and is not required to have a manager registered with the Care Quality Commission. This means the provider is legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection
We gave the service one hours' notice of the inspection. This was because the service is small, and people are often out, and we wanted to be sure there would be people at home to speak with us.

Inspection activity started on 31 March 2022 and ended on 25 April 2022. We visited the service on 31 March 2022 and 12 April 2022.

What we did before inspection

Before the inspection we reviewed previous inspection reports and other information we held about the home including statutory notifications. A statutory notification is information about important events which the service is required to send us by law. We reviewed information shared with us by the local authority.

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

We used all of this information to plan our inspection.

During the inspection
Inspectors visited Catherine House on 31 March and 12 April 2022 and looked around the home and observed staff supporting people. They spent time with three of the people living in the home and communicated with them and a relative collecting a person for an outing. People we met had different levels of ability to communicate their views with us. However, one person was able to express themselves and tell us about the care and support they received.

We spoke with the provider, service manager, deputy manager, health and safety co-ordinator and three support staff.

We contacted four relatives and six health and social care professionals to ask their views about the service. We spoke with one relative and received feedback from another. We also received feedback from a health and social care professional.

We looked at detailed care records for one person and a sample of medication records. We also looked at the management of people's personal money.

The provider sent us a variety of records relating to the management of the service so we could review, including policies and procedures, audits, recruitment documents, supervision program, an external company's audits and the provider's business and development plan.

Good

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 good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

●A person who could tell us said, "Staff are very very nice. They take me out. I always feel safe with them." Relatives felt that their family members were safe. One relative told us, "Definitely. I feel (relative), is very safe, happy and well cared for at Catherine House." Another said they felt their relative was safe but had some concerns about the compatibility of people at the service. We reviewed this concern and found the provider had assessments in place to mitigate any potential risks.

●People were kept safe from avoidable harm because the service had a clear policy to support staff to recognise and report abuse or poor care. Staff spoken with said they would be confident to report any concerns about possible abuse or poor practice to the service manager or the deputy manager.

●There was a relaxed and happy atmosphere in the service and staff were friendly and supportive. People looked comfortable and relaxed with the staff who worked with them.

●The service manager was working closely with other agencies, such as the local safeguarding authority, to investigate an allegation of abuse and to put in place measures to help keep people safe from the risk of abuse.

Assessing risk, safety monitoring and management

●People were protected from risks associated with their health, safety and welfare. People's needs, and abilities were individually assessed prior to moving into the service. Risk assessments supported staff with how to support and protect people whilst minimising any restrictions placed upon them.

●Staff were aware of people's risks and the support they needed to remain safe. We observed staff supporting people in their environment safely.

●Environmental risks to people were managed safely. Risk assessments and safety checks had been carried out to reduce the risk of fire and legionella.

Staffing and recruitment

●There were sufficient numbers of staff employed and on duty to meet people's assessed needs.

●The provider had maintained a consistent core staff team during the Covid-19 pandemic. Staff covered additional hours which meant people had staff they knew and trusted.

●Staff confirmed they had enough time while on duty to spend quality time with people. They told us there was a strong consistent team who worked well together and wanted the best for people at the service.

●Checks on staff were completed before they started work. This included screening with the Disclosure and Barring Service (DBS) and exploring gaps in employment histories. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

●There were suitable arrangements for ordering, receiving and disposal of medicines.

●Medicine administration records (MARs) were handwritten. These were not always signed by staff who had written the MARs. This meant it was possible to make an error and people to receive the wrong medicines. The service manager took action following the inspection to ensure all handwritten entries were checked by two staff and signed by both.

●The provider told us they were changing to a new pharmacist to improve medicine management at the home. This would mean that MARs would be pre-printed to avoid errors. People would also be able to collect their medicines themselves as the pharmacist was close to the home.

●People's care plans detailed the support they required to take their medicines and promote people's independence. One person told us, "Take the (medicine) every day. Staff watch me and staff sign on the MAR chart."

●People's medicines were kept secure in a locked cabinet in their private rooms. We discussed with the management team monitoring the temperature where medicines were stored to ensure the effectiveness of the medicines were not compromised by becoming too hot. The provider told they would put in place a system to monitor the temperature of medicine storage areas.

●Some people were prescribed medicines to be taken on when required (PRN) basis. Staff knew people well and knew which PRN medicines to use when. However, guidance in the form of PRN protocols were not in place to ensure these medicines were consistently administered. The service manager said they would put these in place.

●The new pharmacist was scheduled to undertake a review at the service and said they would provide any additional medicine training if required.

Preventing and controlling infection

●We were assured that the provider was preventing visitors from catching and spreading infections.

●We were assured that the provider was meeting shielding and social distancing rules.

●We were assured that the provider was admitting people safely to the service.

●We were assured that the provider was using PPE effectively and safely.

●We were assured that the provider was accessing testing for people using the service and staff.

●We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.

●We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.

●We were assured that the provider's infection prevention and control policy was up to date.

●We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Visiting in care homes

The service was following current government guidelines on allowing visitors into the service.

Learning lessons when things go wrong

●Accidents and incidents were recorded, and the management team reviewed them all to ensure they had been managed appropriately. While discussing these with the management team it was evident, they considered themes and trends but had not recorded these. The service manager said they had identified a need for an overarching monitoring process and was putting one in place.

●The provider told us about the pressures they had experienced over the past 18 months. As a result of the challenges they had faced they had recognised the need for more robust documentation of relative's comments/concerns and to implement their complaints policy more quickly.

Good

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 good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

● People's individual needs had been assessed before they moved in. People moving to the service undertook numerous visits to familiarise themselves and decide if the home was suitable for them. Staff would also talk to people at the home to ask their views and assess if the person would fit in with the other people staying at the home. One relative told us, "Every single member of staff I have met is kind, caring and competent. They each have my (relatives) best interests at heart and have made (person) feel very welcome. They have helped (person) to settle in by listening to (person) and asking myself (or other relatives) questions when necessary. They take (person's) individual needs into account when planning weekly activities with (person) and are keen to give (person) the support (person) requires to achieve (persons) goals."

●The service manager with staff had rewritten people's care support records and assessments of people's individual needs on a new electronic care system. These were detailed and identified their individual goals and care and support needs. We were told there were plans for people and relatives to be involved going forward with these as with the right permissions these could be accessed remotely. The provider told us they were trying to move to a paperless system.

●Staff worked with people to achieve their goals. This was demonstrated by one person who attended college and undertook work experience and another who attended a day service with a view to accessing work experience.

Staff support: induction, training, skills and experience

●People received effective care and treatment from competent, knowledgeable and skilled staff who had the relevant qualifications and skills to meet their needs. Training sessions were currently online. One staff member was observed completing an online training session during our visit. Staff gave us mixed views about the online training they received as some preferred face to face training. One staff member said they had discussed some additional training they would like to undertake at their supervision and was hopeful this would be arranged. The management team told us they were looking at additional training which had been requested.

●There was a system in place to monitor training and ensure it was regularly refreshed and updated, so staff were kept up to date with best practice.

●Staff said they had confidence in the new service manager and deputy manager and felt supported by them and other staff members. One staff member said, "Since (service manager) came things are getting better. He knows what he's doing. Pretty spot on."

●Staff had received a supervision with the provider the week prior to our visit to enable staff to discuss their work and development needs.

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

●People were supported to eat and drink in accordance with their preferences and choices. Staff involved people to decide the weekly menu, this included a takeaway night each Saturday. One person said, "I help with cooking. Gets delivered we choose what we want."

●People were encouraged to get involved in cooking in the communal kitchen with staff support. One person cooked their speciality meal one day each week which staff said everyone enjoyed. The person told us, "I make the best macaroni cheese. Staff help to make healthy food choices."

●Care plans included information about people's dietary needs and their likes and dislikes.

●Throughout the inspection we observed a person happily going to the kitchen to access snacks. At lunchtime people chose their personal preferences and were observed enjoying these.

●The kitchen was well stocked with food. One person told us they had wanted to make a cake but needed an additional egg. They said, staff supported their independence and they went to the shop to get some eggs and then cooked a cake. The person said, "They were all really proud of me when I walked to the shops on my own. Made me feel good."

●Staff encouraged people to eat a healthy and varied diet to help them to stay at a healthy weight.

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

●The home was used in a way which supported people's independence and privacy in line with the principles underpinning the Registering the Right Support policy.

●People's rooms were personalised with their personal possessions. The main communal area was bright and clean, and people had access to a rear enclosed garden. Two people had been working with staff to undertake gardening in the rear garden. One of the people was a keen gardener and this had been identified as an important outcome. They had planted seeds, in a trough in the front garden and proudly showed us them growing.

●Staff supported people to maintain their personal environment. Maintenance issues were reported to the health and safety co-ordinator and were addressed. On the day of our visit an external company were undertaking a deep clean of the service.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

●People were supported to maintain good health and were referred to appropriate health professionals as required. Staff supported people to see external healthcare professionals regularly, such as GPs. A person told us, "Staff take you to the doctors if you need to go." A relative told us, "They support (person) to stay well and are quick to arrange any medical appointments (person) might need."

●The management team and staff had developed a good relationship with the designated GP and had worked with them throughout the pandemic to ensure people's health needs were met.

●People's care plans were updated to provide staff with clear instructions about how to follow advice given by external professionals. For example, one person had an ear impairment and staff were following the GP guidance to help improve the person's hearing.

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 service was working within the principles of the MCA. Staff had received MCA training and ensured people were encouraged and supported to make decisions about their lives. People were asked for their consent before any care was delivered.
- Where there was a question about people's capacity to make specific decisions, assessments were carried out and, if necessary, a best interest decision was made involving appropriate professionals and people who knew the person well. The management team had involved advocates where important decisions were required.
- Nobody at the service required applications to deprive them of their liberty within the law.

Good

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 good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Working in partnership with others; Continuous learning and improving care; 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

- The provider told us there had been a turbulent time at Catherine House over the past 18 months. This was partly due to a number of concerns raised with the local authority by a relative of a person using the service and a relative of a person who had used the service. The local authority had restricted placements to Catherine House while they reviewed the service. The management team were working closely with local commissioners to regain their trust and demonstrate the quality of service they operated.
- The provider had appointed a service manager to work with them to improve communication with relatives and commissioners and to improve the service.
- The management team worked closely and were supported by a wide range of health care professionals to continue to develop the service to achieve the best outcomes for the people living at Catherine House.
- The management team told us that they were continuously looking for opportunities to learn and improve best practice.
- Policies and procedures held were designed to supported staff in their practice.

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

- We received mixed views about the provider and the management team. One relative of a person using the service said, "The management (and in fact the whole) team are very approachable and responsive to any concerns I might have." Another relative said they had no confidence in the provider. They said the care staff were very good and that the service was improving at the moment. They went on to say "If they hadn't brought in (service manager) I don't know what would happen…. I hope it continues."
- We found the provider had oversight of what was happening in the service. The provider was at the service on both days of our visit. They were very open and said they had recognised improvements of the service were needed. The management team had developed a business and development plan identifying areas which required improvement, who was going to undertake the task and when it would be completed. For example, implementation of a clear calendar showing dates for supervisions and annual appraisals and staff meetings.
- As a single provider they are not required to have a registered manager at the service. They had delegated day to day responsibilities to the service manager. They regularly met and discussed how things were going and improvements which were required. The provider told us, "(Service manager) has steadied the ship …

responds very quickly to concerns."

●The provider was developing the management structure at the home to ensure staff had clearly defined roles and responsibilities.

●The new service manager was supported by an enthusiastic deputy manager who was working to increase their qualifications and help improve the service. Staff felt respected, valued and supported by the service manager and deputy manager and said they were fairly treated. The staff had a positive attitude and wanted to provide the best care possible for the people living at the service. They told us the leadership at the service had been inconsistent which had caused them challenges but had confidence in the new service manager to improve the service.

●The service manager had put in place lots of checks and monitoring audits. These included auditing medicines and people's personal money. The deputy manager was designated a day each week to undertake the checks. The service manager was putting in place more robust systems to monitor the audits being completed.

●The provider and management team were open and transparent throughout our inspection; they demonstrated their commitment to providing person-centred care. They had a clear vision for the direction of the service which demonstrated a desire for people to achieve the best outcomes possible. The provider and service manager acted efficiently on queries and feedback throughout the inspection.

●There was good communication between all the staff employed. This included a handover, a communication book, information on the provider's electronic care system and a social media page. Important information about changes in people's care needs was communicated to staff.

●The management team understood their role in terms of regulatory requirements. For example, notifications were sent to CQC when required to report incidents that had occurred and required attention

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

●People contributed to the internal quality assurance systems on a daily basis. Staff checked with people that they were happy across a range of areas such as their environment, food, staff and activities. The provider had recorded in their business and development plan, that they were sending surveys to people, relatives, staff and stake holders and would use the feedback to integrate into their business plan.

●Relatives told us they were kept up to date with their relative's lives. One relative said, "We chat in person a couple of times a week, have regular phone calls and are also kept updated via the social media platform they use."