Catherine Care Limited

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Inspection report

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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?	Requires Improvement

Summary of findings

Overall summary

The inspection visit took place on 8th January 2019 and was unannounced. A further announced visit took place on 10th January 2019.

Catherine Care Limited is a residential service that is registered to provide support to people who have learning disabilities. The service is registered with the CQC to provide accommodation for up to five adults. At the time of our inspection five people were using the service. People lived in individual rooms with access to the communal kitchen and garden.

There were two registered managers at this location. One registered manager works part time and the other is also a director. The provider informed us that both of the registered managers intended to deregister in due course and an acting manager was currently in place who would register with the CQC once the existing registered managers had trained them. 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.

Both registered managers, the acting manager and an area manager were at the home when we visited.

At our last inspection we rated the service Good. At this inspection, we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

At this inspection we found the service remained Good.

Mental capacity assessments were undertaken but were not always documented and this was not picked up by audits. Training was undertaken in Equality, Diversity and Human Rights but there was no documentation in place to indicate that this was considered in care planning for people.

People were kept safe from the risk of harm. Staff knew how to recognise signs of abuse and were aware of safeguarding procedures. There were a sufficient number of appropriately trained staff to maintain people's safety. People were not at risk of medicine administration errors as medicines was stored and administered safely.

People's needs and choices were assessed and reviewed when their needs changed. Staff were appropriately skilled and trained to deliver effective support. They were encouraged to undertake further qualifications and training certificates. People had access to healthcare services and staff knew when to make referrals. The home was adapted to meet people's needs and their rooms were decorated to their personal preferences. People were supported to have maximum choice and control of their lives and staff

supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People were supported by kind and caring staff who displayed empathy and compassion. Staff considered communication needs and supported people to express their views. People were supported to maintain their privacy and dignity and their independence was promoted.

People and their relatives were involved in care planning and their views were respected. People were encouraged to participate in activities of their choice with the support of care workers and through accessing a local Community Hub. Staff and relatives told us they are confident they will be listened to and any complaints and concerns will be addressed.

Staff and relatives told us that they find the management team open and approachable. The managers were aware of their legal responsibilities and submit timely notifications to CQC when required. Audit processes were in place.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service remains Good.	**Good**
Is the service effective? The service remains Good.	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? The service has deteriorated to Requires Improvement.	**Requires Improvement**

Catherine Care Limited

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 was planned to check 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 visit took place on 8th January 2019 and was unannounced. A second visit was undertaken on 10th January 2019 and this was announced two hours prior to the visit. The inspection team consisted of one inspector.

As part of planning the inspection we asked the provider 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 and we took this into account when we made the judgements in this report. We also checked if the provider had sent us any notifications. These contain details of events and incidents the provider is required to notify us about by law, including unexpected deaths and injuries occurring to people receiving care. We used this information to plan what areas we were going to focus on during our inspection visit.

We asked for feedback from the commissioners of people's care to find out their views on the quality of the service.

During the inspection, we spoke with three people who used the service. We also spoke with a registered manager, the acting manager, an area manager, a deputy manager, two support workers and one night support worker. After the visit we spoke on the telephone with the relatives of three people.

We observed care, where able when people were not undertaking activities outside of the service, to understand people's experiences. We sampled the records, including people's care plans, staffing records, complaints, medication and quality monitoring.

We reviewed the care records of four people. We looked at three staff files, which included pre-employment checks and training records and looked at a further three more files to check things. We also looked at other

records relating to the management of the service including rotas, complaint logs, accident reports, monthly audits, and medicine administration records.

We requested further information from a registered manager. We received information from local authority commissioners.

Good

Is the service safe?

Our findings

At our last inspection on 1st June 2016, we rated Safe as Good. At this inspection, we found Safe continued to be Good.

People were safe. A relative told us, "[Person's name] is totally safe there." There was a safeguarding policy in place and staff knew where to find it and understood it. A staff member told us, "If I saw any bruising, I would report it to my senior or manager and do a body map, then document it. If no-one was looking into it, I would phone safeguarding." Staff were aware of the whistleblowing policy and understood when they would use it. A staff member told us, "If there was something that I saw but I couldn't go to my managers to address it, I would take it further and contact safeguarding or CQC."

Thorough risk assessments were in place and were supported by clear action plans to enable staff to minimise risks to people. A staff member told us "Risk assessments are kept in the daily folders. Risk assessments tell us how to deal with people to avoid difficult situations." We saw accidents and incidents were documented and when they had occurred, risk assessments and care plans were reviewed to minimise the risk of reoccurrence. We saw complex risk assessments had been simplified to assist staff in understanding them and the staff we spoke with were clear and understood how to manage risks relating to each person. People were involved in making decisions about taking risks. For example, one person wanted to go swimming which could have potentially involved risks due to their health. We saw a robust risk assessment had been completed with the person's involvement .

Risk assessments were reviewed and lessons were learned when things went wrong. For example, one person was displaying an increased level of behaviours that challenge which resulted in an incident where a staff member was hit. The risk assessment was reviewed and a clear action plan was put in place to manage the behaviour which included encouraging the person to eat earlier in the day as this was known to reduce the person's agitation. Additional staff supervision regarding how to minimise and manage the behaviour was also put in place.

Personal Emergency Evacuation (PEEP) plans were in place and were specific to individual's needs and risks. These were stored in people's care files but also in a separate easily accessible bag in the office should the building have to be evacuated. Pictorial evacuation procedures were outside people's bedrooms to help them understand what to do in the event of an emergency.

Staff were recruited safely. We saw pre-employment checks were undertaken before staff started working in the home. We saw that there were sufficient suitable staff to meet people's needs. One staff member told us, "There are always enough staff here to support the people." One relative told us "I'd say there's always been enough staff on when I've been there. Sometimes they get staff from over the road to come across and support." Staffing levels had recently been increased in response to a person's needs increasing. One of the registered managers explained this was so they could be supported by one staff member throughout the day without this impacting on others.

Medicines were stored and administered safely. We observed a staff member administering medicines. The staff member explained to the person what they were doing and encouraged and reassured them making sure they had swallowed the medicine. We saw clear protocols were in place to guide staff on how and when to administer medicines prescribed on an 'as required' basis (PRN). Staff understood these protocols and were able to tell us when to administer PRN medication.

Relatives told us the home was "clean and tidy." Infection control procedures were in place and these were followed. Food in the fridge was labelled with the dates it had been opened and all food was in date. Hand hygiene posters were displayed and hand gels available for use. Staff had undertaken infection control training and we saw that regular infection control audits were in place.

Good

Is the service effective?

Our findings

At our last inspection on 1st June 2016, we rated Effective as Good. At this inspection, we found Effective continued to be Good.

People's needs and choices were assessed. A relative told us the directors visited their relation at the family home prior to them moving into the service and undertook an assessment to find out more about their needs. We saw thorough assessments and care plans in place that were regularly reviewed to ensure people received support to meet their changing needs. People were involved in developing their support plans through weekly resident's meetings that encouraged them to stay in control of their life.

People were supported by staff who had the skills and knowledge to deliver effective care. A relative told us, "The staff are trained well to meet [person's name]'s needs." Staff who were new to care undertook the Care Certificate as part of the induction process. The Care Certificate is a set of standards that health and social care workers adhere to in their daily working life based on 15 standards to ensure staff have the same introductory skills, knowledge and behaviours to provide compassionate, safe, high quality care and support. A staff member told us, "I had an induction which covered a lot of topics but I learnt more when I got here. I covered everything I needed to know to start the job." Another staff member told us the directors encouraged staff to do additional training and gain more qualifications. We saw certificates from training courses that had been completed by staff in their personnel files and a training matrix was in place to identify any gaps in staff training. A relative told us, "The staff are trained well to meet [person's name]'s needs."

People were supported to maintain a balanced diet. People were asked what they wanted to eat and drink and they were supported to go shopping. We observed meal times were flexible and people ate when they wanted to. We saw a person cooking a meal with the support of staff, they told us, "I'm cooking for my friends as well, I cook a lot of the time." People were given a choice of meals and we saw for some people, this was communicated using pictorial aids.

Risks and nutritional needs were considered and where relevant, Speech and Language Therapist (SALT) advice was followed. A staff member told us, "[Person's name] can eat most things but we have to cut it up into lego size pieces, half an inch or so." Another staff member told us, "[Person's name] has dietary needs, we promote a sugar free diet for them as they are at risk of diabetes." We observed a person ask the acting manager if they could go to a local diner. The acting manager reminded them they had talked about eating healthily and so they went to the diner once a month which the person accepted. The acting manager explained the person was at risk of weight gain so they encouraged them to eat healthily but still allowed food choice. We saw people were weighed on a weekly basis and a manager told us they would make referrals to health professionals if they had any concerns.

Staff worked well together and across organisations to deliver effective care. We saw information was shared when people attended the Community Hub to ensure that people's health needs were met both within the home and when people undertook activities. We saw a health and social care professional had

recorded in the compliments book, 'staff were very organised and prepared the care plan in detail for my visit'.

People had access to healthcare services and received healthcare support when needed. A person told us they were going to the dentist the day after the inspection. A relative told us, "They are good at referring to doctors and dentists and opticians when required. They always do this quickly and [person's name] goes to appointments." Records showed timely referrals had been made to health professionals when people's health needs changed and managers proactively communicated with health professionals if they had any concerns.

People's needs were met by adaptation to the property. We saw the garden had been made accessible for a person who used a wheelchair and a wet room and low table were in place so the person could wash and eat their meals. People chose the decoration of their bedroom and each room was personalised to reflect their preferences. A relative told us, "Before [person's name] came here, the directors visited them at home to see what their bedroom was like and they then spoke with them about what they liked and decorated their bedroom like that here." We saw people had photographs and posters on their walls of their favourite music bands or television programme and some had artwork they had done.

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.

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. Staff understood the MCA and people's capacity was considered and assessed when required. A staff member told us "I look at whether people have capacity to make decisions and if they understand what it is that I'm asking of them. This also looks at gaining consent. If people didn't know what they were saying yes to, I would assist them to come to an answer and if not, would do this in their best interests." Mental capacity assessments had been documented in relation to the use of CCTV and for some health decisions. However, recording was not always clear. We have reported on this under the well led section of our report. The provider was responsive to our feedback and said they would review this.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We found appropriate referrals for DoLS authorisations had been made and the provider had taken steps to follow this up where they were awaiting review by the local authority.

Good

Is the service caring?

Our findings

At our last inspection on 1st June 2016, we rated Caring as Good. At this inspection, we found Caring continued to be Good.

People were supported by kind and caring staff who treated them with respect. One person told us, "The staff are nice and they help me. They help me with my bed and doing my cooking and washing." A relative told us, "Staff are caring towards [person's name] and treat them with respect." We saw one staff member talking to a person about their friends and the person was smiling and laughing. A staff member told us, "I always make sure I talk to people with respect. It's not very dignified if you're talking down to people and patronising them." We observed another staff member tell someone 'your hair looks nice, it really suits you' after they had visited the hairdressers.

Staff showed empathy and compassion towards people. One person became upset during the inspection. The person told us, "I want to see [staff member's name], they make me feel happier, they can help me." The staff member heard the upset person and immediately came to them. We observed the staff member kneel down by the person and appropriately touch their hand to comfort them. The staff member spoke to the person about activities they enjoyed which made them smile and had an immediate positive impact.

People were supported to communicate in different ways. People's records showed that an independent Speech and Language Therapist (SALT) spoke with staff about the best way to communicate with each person. Staff told us they followed SALT guidance and used a now and next board to communicate with one person and used pictures and photographs to determine what they wanted to do. We saw evidence of this on the person's planner in their bedroom.

People were supported to express their views and were actively involved in making decisions about their care. One person told us, "You can make your own choice here, if you want to go for a meal out you can but you don't have to if you don't want." We saw one person had been supported to access independent advocacy and records showed us the advocate was involved in helping the person to make decisions.

People's privacy and dignity was respected and their independence was promoted. All rooms had key fobs for people to use to enter to maintain their privacy. We saw staff knock on doors and ask if they could come in before entering bedrooms. A staff member told us, "I always knock before entering the room. I ensure that the curtains are closed and people don't need to be fully unclothed when doing personal care if they don't have to be." We saw people being supported to cook meals for themselves and people being encouraged to access the community with support. A relative told us, "They support [person's name] with their independence and let them do what they can for themselves."

Good

Is the service responsive?

Our findings

At our last inspection on 1st June 2016, we rated Responsive as Good. At this inspection, we found Responsive continued to be Good.

People and relatives contributed to their care plans to ensure staff were aware of their own personalised needs and preferences. A staff member told us, "The information is in the notes but I would just ask people what they liked and disliked. [Person's name] likes food, they love strong tasting food and loves walks and being out and about in the car or on the bus." Another staff member told us, "We are very person centred with people's care and we continually ask people what they want. We have meetings every week to discuss this with them." We saw documented evidence of these weekly resident's meetings. A staff member told us, "[Person's name] has input on a weekly basis as to what they want to do as it's their time. We will support them to do whatever they want to do as long as they are able to do so safely."

The management team were proactive in responding to changes in people's needs. A person was provided with a support worker to support them on a 1:1 basis when their needs increased. One of the registered managers told us that they do this before funding is in place as this can take a long time to ensure that people's needs are met.

We observed people being encouraged to engage in activities and follow their interests. People were supported to undertake activities by care staff and people also attended a day centre that was associated with the directors. We saw people chose whether they wished to attend the day centre and some people had asked to do other activities on some days which they were supported to do. A relative told us, "[Person's name] loves it there. They do different things with them all the while. They are good at promoting choice but [person's name] doesn't tend to ask for anything. [Person's name] goes swimming and looks forward to going to the disco." We saw evidence people were involved with activities including shopping, meals out and swimming. A staff member told us, "I caught the bus to the cinema with [person's name] on Friday, we watched a film of [person's name]'s choice, they were engrossed in it." A staff member told us about a person who liked to stay in their room a lot but since they have spoken with them about their likes and dislikes, they are coming out and doing more activities.

Concerns and complaints were listened to and responded to and the provider continued to have procedures in place. A relative informed us, "The only concern I did have was that [person's name] had an upstairs room when they first got there and I was worried about the stairs. I raised this with the directors and the room was changed so they did respond to my concerns." Another relative told us, "We usually say something if we need to and they tend to address it by the next time we come." A staff member also told us that a person's grab rails needed the height adjusting so they could have a better posture so they raised this with the manager and this was done.

At the time of inspection, none of the people living at the home required end of life care. We saw one person had a thorough end of life plan in place which they had been fully involved with. A manager told us they were in the process of considering end of life plans for all residents and would be documenting this

imminently.

Requires Improvement

Is the service well-led?

Our findings

At our last inspection on 1st June 2016, we rated Well-Led as Good. At this inspection, we found the provider was required to take some steps to address areas around governance. Well-Led was rated as Requires Improvement.

Regular quality audits were undertaken. Most audits were thorough and clear action plans were in place to address issues identified by the audits. Medicine audit checks were undertaken daily and care plan file audits on a weekly basis. We found no concerns. We saw people's capacity had been considered to establish if there were risks to people going out in the community. However, this was not always documented in a formal mental capacity assessment. Audit checks completed by one of the registered managers had not identified this. Following feedback, one of the registered managers confirmed plans were in place to complete mental capacity assessments immediately for all relevant people. We will review this at our next inspection.

The manager told us people's diverse needs were considered including protected characteristics under the Equalities Act 2010 such as age, culture, religion and disability. We found that disability had been considered within people's care plans but found no documented evidence that any other protected characteristic had been considered throughout people's assessments or care files. Staff had received training in this area, however it was unclear how this was applied to practice. Following feedback, one of the registered managers confirmed this will now form part of the weekly resident meetings so each individual's diversity needs will be discussed and documented weekly. A copy of this was shared with us during the inspection. We will review the use of this document at our next inspection.

The area manager told us the provider's ethos was to encourage independence through choice. We saw staff were aware of this and were promoting this ethos. A staff member told us, "We are definitely encouraged to promote people's independence." Directors were regular visitors to the service and staff and relatives told us this was valuable. A staff member told us, "The directors are very, very approachable. They are very passionate about what we do and the service that we provide. The health, safety and wellbeing of the clients is their main concern."

People and relatives knew the management team and provider and felt they were approachable. A relative told us, "I would be comfortable approaching the manager if there were any issues but I haven't had anything to complain about. I've just been invited to a coffee morning to discuss any concerns." Staff felt supported by the management team and told us they were approachable and responsive to feedback. Staff were involved in improving the service through feedback in monthly meetings. There was a clear supervision agenda in place and we saw supervision notes which showed staff were encouraged to feedback to a manager regarding any concerns they may have regarding people or the service. We saw a complaints and compliments book was accessible to all by the front door. Feedback surveys were sent out annually to relatives to give them the opportunity to raise concerns.

Staff had plans in place for their training and development. Staff were actively encouraged by directors to

undertake further qualifications and training certificates in order to improve the service provided.

The managers worked in partnership with other professionals and agencies. For example, specific training was arranged for staff from a Community Nurse to meet the specific needs of a person who used the service.

The registered managers were aware of their legal responsibilities in relation to making notifications to the CQC and appropriate notifications had been made when required. Services that provide health and social care to people are required to tell us about important events that happen in the service, we use this information to monitor the service and make sure the service is keeping people safe. The provider informed us that they would be notifying the CQC imminently to make some changes to who was registered manager.

The management team were clear regarding their responsibilities relating to the Accessible Information Standard. Easy read guides and communication passports were in place and staff were supported to be trained in Makaton to aid communication with people. The Accessible Information Standard aims to make sure that people who have a disability, impairment or sensory loss get information they can access and understand and any communication support they need from health and care services.

A PIR was submitted to CQC which outlined the changes the provider had made since the last inspection. We found the PIR was accurate. The rating of the last inspection was on display at the service and on the provider's website in line with our requirements.