

St Catherines Care Centre Limited

St Catherine's Care Centre Limited

Inspection report

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Date of inspection visit:
17 September 2019

Date of publication:
20 November 2019

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

St Catherine's Care Centre Limited is a care home with nursing and accommodates up to 34 people in an adapted building. The service supports adults requiring care and support due to their physical health and those living with dementia. At the time of our inspection there were 22 people living at the service.

There was a lack of management oversight of the service. There had been a number of changes to the management team which had resulted in staff not receiving the guidance and oversight they required. Audits and review processes were not consistently effective in ensuring improvements. Records relating to people's care were not person centred and lacked detail. The provider had implemented a detailed action plan and appointed a new manager to the service in order to move the service forward and improve people's care.

Risk to people safety and well-being were not always monitored effectively. Guidance was not available to support people with their anxiety and behaviours and staff required support to develop skills in this area. The support people received was often task focussed and activities did not always reflect people's hobbies and interests. Individual caring interactions with people were seen. However, we found on some occasions people's dignity was not respected.

People were not supported to have maximum choice and control of their lives and staff supported did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. However, we have made a recommendation regarding how records are maintained in relation to people's capacity and decisions made in their best interests.

There were sufficient staff deployed to meet people's needs and staff understood their responsibility in protecting people from potential abuse. People received their medicines safely and had access to healthcare professionals when required. A choice of foods were available and people told us they enjoyed their meals.

Staff respected people's privacy when supporting them with personal care. We observed instances of staff taking time to support people to make decisions and choices regarding how they wished to spend their day. Areas of the service had been refurbished and people had access to a pleasant outside patio area.

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

Rating at last inspection

The last rating for this service was Good (published 30 October 2018). Since this rating was awarded the provider has altered its legal entity. We have used the previous rating to inform our planning and decisions about the rating at this inspection.

Why we inspected

The inspection was prompted in part due to concerns received about the care people received at night. The provider had reassured us these concerns had been addressed. A decision was made for us to inspect and examine if people were receiving safe care. We arrived for our inspection at 0630 and found that people had received the support they required during the night.

Enforcement

We have identified breaches in relation to the management of risks to people's safety, staff skills, person-centred care, the activities provided and the management oversight of the service. Please see the action we have told the provider to take at the end of this report.

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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was not always caring.

Details are in our caring findings below.

Requires Improvement ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

St Catherine's Care Centre Limited

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.

Inspection team

The inspection was carried out by two inspectors, a nurse specialist and an expert by experience. The nurse advisor specialised in the care of older people. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

St Catherine's Care Centre is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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 did not have a manager registered with the Care Quality Commission in line with the conditions of their registration. The provider informed us that a manager had been appointed who would apply to register with the CQC.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

Prior to this inspection we reviewed all the information we held about the service, including data about safeguarding and statutory notifications. Statutory notifications are information about important events

which the provider is required to send us by law. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used all of this information to plan our inspection.

During the inspection-

As part of our inspection we spoke with four people who lived at the service and four relatives. We observed the care and support provided to people. We also spoke with the provider, regional manager, manager and five staff members. We reviewed a range of documents about people's care and how the home was managed. We looked at seven care plans, three staff files, medication administration records, risk assessments, policies and procedures and internal audits that had been completed. We arrived for our inspection at 0630am to check the care people received at this time.

After the inspection

Following the inspection, the regional manager sent additional information and updates relating to audits and staff training.

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 now deteriorated to Requires Improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management; Preventing and controlling infection

- People and relatives told us they felt staff supported them to stay safe. Despite these comments we found risks were not always appropriately managed and guidance for staff was not always available.
- One person had a condition which meant at times they may need urgent action to be taken to keep them safe. The person's records described they required a 'precaution plan' which gave guidance to staff on the action to take. Staff were unable to find this plan and were unaware there was guidance to follow. The manager assured us this would be investigated and addressed following our inspection.
- People were not always supported with their behaviours in a way which minimised their anxiety. We observed one person who refused to move from the end of a corridor which meant others were unable to move through the hallway. Staff approached the person in a number of different ways which caused the person's anxiety to rise and the incident to escalate. There was little guidance in the person's care records to guide staff on how to support the person in this area. Help had been sought from external professionals although the information and guidance provided could not be located during the inspection. Senior staff acknowledged that care staff required additional training and guidance in supporting people with their anxiety and behaviours.
- Records were not always monitored to ensure people received the support they required. For example, where people's fluid intake was being recorded where they were at risk of dehydration, there were no target amounts. Total amounts were not consistently calculated or monitored in order for action to be taken where people had not drunk adequate amounts.
- Some areas of the service were not cleaned to an adequate standard which increased the risk of people getting infections. There were tables and some door handles that were sticky, carpets in some people's rooms were dirty and dust had gathered in some areas. The regional manager told us they were aware that standards of cleaning needed to improve in some areas and this formed part of the on-going action plan.

The failure to ensure risks to people safety were managed and that safe infection control procedures were consistently followed was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- In other areas we found that risks to people's safety were managed well. People had access to mobility aids and staff were confident about how they needed to support people who required the use of a hoist. People who had been assessed as being at high risk of falls had measures in place to minimise these risks. One person was assessed as being at risk of falling when in bed. The person had a low bed and mat to minimise the impact if they fell. A sensor mat was also in place to alert staff so they could provide support should this person get up.

- Staff had access to gloves and aprons to minimise the risk of cross-infection when supporting people with their care. One staff member told us, "They (management team) always remind us to wear aprons and gloves." The laundry room was organised to ensure that clean, dirty and soiled clothes were kept separate and washed in accordance with safe infection control standards.
- A contingency plan was in place and accessible to staff to ensure people would continue to receive their care in the event of an emergency. A personal emergency evacuation plan had also been developed for each person to guide staff and the emergency services on the support they would require to exit the building in the event of a fire.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at St Catherine's Care Centre. One person told us, "I feel safe here, the staff made me feel very safe."
- Staff had received training in safeguarding people from abuse. They were able to describe the different types of potential abuse, signs to look for which may cause concern and reporting procedures. One staff member told us, "I would report to the senior person on duty and the manager. There is a helpline number at the front desk we can call if we want to report anything in confidence or ask for advice."
- The provider had ensured that any concerns identified had been reported to the local authority and requests for additional information had been provided in an open and transparent manner.

Staffing and recruitment

- People and their relatives told us they felt there were sufficient staff deployed and they didn't have to wait for their care. One person told us, "I think there is enough staff. I'm never left waiting for things." One relative told us, "There seems to be enough of them. There's always at least one of them in the lounge so you can ask them if you need anything."
- The regional manager told us, "Recruitment is difficult in the area and we have addressed this issue by working closely with the same agency, therefore using the same carers long term, who know the residents." They told us that a number of the agency staff used had worked at the service for over a year and received the same training and supervision as their own employees. The service had recently recruited to a number of full-time posts. One staff member told us, "There are enough staff and there has been a big improvement because we have regular staff now."
- Senior staff told us that having regular agency staff had a positive effect on the service provided to people. However, they acknowledged the high use of agency staff made it more difficult to make changes to the culture of how the service ran and to ensure the values of the organisation were fully embedded into practice.
- Robust recruitment checks were completed which included all potential staff completing an application form and undergoing a face to face interview. Disclosure and barring service checks (DBS) were completed prior to staff starting their employment.

Using medicines safely

- People told us they received the support they required to manage their medicines. One person told us, "I always have my medicines on time. I have a sore shoulder from where I broke it and they always offer me paracetamol."
- Medicines were stored securely and administered by trained staff who had been assessed as competent to do so. Each person had a medicines administration chart in place which contained a photograph, details of allergies and GP contact details. No gaps were noted in administration records and the stock checks reviewed were correct.
- People's medicines were reviewed annually as a minimum by the pharmacist and GP. Where people were prescribed PRN medicines (as and when required) guidance was available to staff regarding how and when

these should be administered.

Learning lessons when things go wrong

- Accidents and incidents were recorded and action taken to minimise risks. Staff recorded accidents and incidents which were then reviewed by the manager or regional manager. This showed that where required action was taken to reduce the risk of the same concerns happening again. For example, advice had been sought from healthcare professionals regarding one person who had experienced a number of falls. The equipment recommended had led to a reduction in the number of incidents.
- A form was used to record all welfare checks and prompt staff in areas such as ensuring people had a drink and call bell within reach and were supported to reposition regularly as required. A decision had been taken to reduce the number of people the forms were used for which led to a number of concerns regarding people's care. The provider learnt from this mistake and acted promptly to re-instate the forms. This resulted in improvements to people's care and staff understanding of their needs.

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 now deteriorated to Requires Improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- People told us they felt staff had the skills they required to support them. One person told us, "The girls know exactly what they're doing." One relative told us, "The staff are professional and helpful."
- Despite these comments we found that staff did not always have the skills and understanding when supporting people living with dementia who were experiencing periods of anxiety.
- As described in other areas of this report we observed a number of incidents during our inspection which staff found difficult to manage and interventions increased people's anxiety. The regional manager acknowledged this concern and the impact it was having on people's care. They told us they were currently discussing people's support needs with the local social care team in order to ensure people's needs were met.
- Staff told us they received on-going supervision to support them in their roles. They told us although they found this process useful they had not always felt listened to due a number of changes in the management team resulting in changing expectations. One staff member told us, "It's starting to improve but I haven't always felt listened to because there were so many different managers with different ways of doing things."

The failure to ensure people received support from skilled staff who were fully supported in their role was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff received an induction to the service which included the opportunity to shadow more experienced staff members. This included agency staff who were new to the service.
- Training was provided to all staff in areas including moving and handling, safeguarding, health and safety and first aid. The regional manager told us the Care Certificate process was embedded within the organisation and would be provided to any staff member new to care. The Care Certificate is a set of agreed standards that health and social care staff should demonstrate in their daily working lives.

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 principles of the MCA were followed in order to protect people's rights. We observed staff speaking to people to gain their consent prior to providing their care.
- Capacity assessments and best interests decisions were completed regarding specific decisions such as consent to care and support, the front door being locked and people using bedrails. One staff member told us, "We always complete a risk assessment and mental capacity assessment for bed rails. If they lack capacity we decide if it's safe for them and in their best interests." DoLS applications had been submitted where restrictions to people's freedom were in place.
- Although MCA guidance was completed we found that records relating to people's capacity and best interests were not always completed in sufficient detail. Whilst staff were able to describe how the process had been implemented records did not consistently demonstrate how people had been involved in the process and their wishes considered.

We recommend MCA processes are reviewed and monitored to ensure detailed records are maintained.

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

- People's needs were assessed prior to them moving into the service. This helped to ensure staff were able to meet people's needs and expectations.
- Nationally recognised risk screening tools were used in line with best practice. These included assessments of skin integrity, nutrition, choking and mobility.
- National guidance was followed to support people's care in areas such as medicines management and dietary advice. The service was in the process of ensuring everyone had a detailed oral healthcare plan in place in line with NICE guidance.

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

- People told us they enjoyed the food and were provided with a choice. One person said, "the food here is very good, I can ask for anything I like off the menu." A second person said, "The food is good. There are some things I don't like but they always find something for me. They have special diabetic biscuits for me too."
- People were asked what they would like to have for lunch with pictures of the day's menu. Where people found this difficult they were shown both options to enable them to make a choice.
- When supporting people to eat staff sat beside people and went at the person's pace. Staff explained to people what they were eating next and checked they were comfortable.
- People were weighed regularly and any significant variations were reported to healthcare professionals for advice.
- Staff were aware of people's dietary requirements and ensured these were catered for. For example, high calories diets were provided for people at risk of weight loss and diabetic options were available for those who required this. Where people required their food to be of a modified consistency such as pureed this was presented well.

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

- People told us they received support to see healthcare professionals when needed and records confirmed this was the case. However, as reported in the safe area, this guidance was not always implemented and

records were not always updated.

- People's health notes reflected that referrals were made to a range of health care professionals including the GP, district nursing team, speech and language therapy, dentist, and the mental health support team. Where recommendations had been made for changes to medicines, equipment used, skin care plans or modified diets we found these had been implemented.
- Systems were in place to share information between staff to ensure they were aware of any changes to people's care. We observed the morning handover between staff. All care staff were involved and information regarding how people were, any appointments or tests needed and any changes in people's needs were discussed and recorded for reference.

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

- People lived in an environment which was adapted to ensure accessibility. A lift was available to all floors which ensured people were able to access all communal areas. Bathrooms were accessible to people using mobility equipment and hand rails were in place to support people in moving around the service.
- The purpose of different rooms was clear from the design and furniture. There was a large clock, calendar and weather board to help orientate people living with dementia. Although books, puzzles and other items of interest were available to people these were not offered to people or left where they were easy for people to access. The manager assured us this would be addressed with staff.
- The garden and patio area had recently been redeveloped to ensure it was accessible to people and patio furniture had been ordered.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Requires Improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Ensuring people are well treated and supported; respecting equality and diversity; Respecting and promoting people's privacy, dignity and independence; Supporting people to express their views and be involved in making decisions about their care

- People and their relatives told us staff were kind and caring towards them One person told us, "The staff here are lovely. We have a good old laugh together." One relative told us, "She is always comfortable, well looked after, staff attend to all her needs and are very considerate."
- Despite these comments we found people were not always treated with respect. At lunchtime one person required support with their personal care and their clothes were visibly soiled. Staff discussed this situation and took the decision to wait until after lunch to support the person as they did not know how they would react to being asked to move. This meant the person would have been left in an undignified position in front of everyone dining in the communal area. A third staff member intervened and staff then provided the person with support.
- Staff did not always treat people in a respectful manner. During an incident where a person refused to move we observed a staff member move the person in their wheelchair against their wishes. Whilst this was only for a short distance, it caused the person to become increasingly upset.
- Staff we spoke to were unable to tell us which people preferred to receive their care from male or female staff members and were unsure how this choice was offered to people. One staff member told us, "I don't think (person's name) would have a male carer if they had the choice." The person's care plan did not contain information regarding the preference.

The failure to ensure people were constantly supported with dignity and respect and their religious needs met was a breach of regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- On other occasions we observed staff treated people with kindness and respect. When speaking with people staff knelt or sat beside them and showed an interest in what people were saying. Staff did not rush people with their care and reassured them they could take their time.
- One staff member showed understanding and kindness when supporting one person with their medicines. The person was confused and refused to take their medicines. The staff member returned three times to offer the person reassurance and explain their medicines to them. On the third occasion the person was happy to receive the support with their medicines.
- People told us they were supported to maintain their independence. One person said, "They always let me do the things I can do like washing my own face in the shower."

- Staff knocked on people's doors and announced themselves when entering. Staff were able to describe how they supported people with their personal care in a way which respected their privacy. One staff member told us, "I would close the door and the curtains if they were open. I would chat to them and explain what I was going to do and use a towel so I didn't leave them naked."
- We observed staff offering people choices in a range of areas. People were asked where they would prefer to sit, if they wished to go to the lounge and given a choice of drinks whenever they were offered.
- People were supported with their spiritual needs. The service had a relationship with a local minister who visited monthly to provide communion. The regional manager told us they planned to meet with the minister to discuss how the relationship could be further developed to help bring the community into the service.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Requires Improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; End of life care and support

- People's life histories, interests and preferences were not always known to staff or recorded. When speaking to staff about people they relayed their care needs but were not always able to tell us more personal information such as what they did for a living, hobbies they enjoyed or their favourite type of music.
- Care plans did not always contain sufficient detail regarding people's needs and preferences. Information was contradictory where some elements of people's care plans had been updated but others had not. This meant there was a risk staff would not have the most up to date information regarding people's care needs.
- There was a lack of organisation and communication between staff. This led to people fitting in with staff routines rather than receiving support in line with their needs and preferences. For example, some people were asked to be seated for lunch over an hour before it was served. Other people were left waiting for a further hour to be assisted with their meal despite staff being available to support them. Staff were not always clear who was supporting which person which led to further delays. Some people went to sleep during this time or looked anxious as they were confused what was happening.
- People's care was not always personalised. A 'shower list' was displayed in the communal office area. One staff member told us, "We have twenty-two residents so we make sure they have a shower once a week. Sometimes they will have more if they are incontinent. On the days they're not allocated a shower, staff will give them a bed bath."
- People's wishes regarding the care they wanted at the end of their life were not always recorded. Some people's end of life care plans contained basic details regarding who they wanted to be informed and where they would like to receive their care. Other people's care records contained no information regarding their wishes. The regional manager told this was an area they were aware needed to be developed and formed part of their action plan.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People told us they would like to go out but were not offered the opportunity. One person told us, "I don't really take part in the internal activities. What I'd really like is to go out but I've never been offered."
- There was a lack of organisation regarding activities and people's personal interests were not always catered for. The regional manager told us they had found it difficult to employ a permanent activity co-ordinator. An agency worker with a background in providing activities had stepped into this role on a temporary basis. They were supported by a part-time activity staff member one day per week and visiting entertainers.
- We observed the activity board was blank on our arrival. The person responsible for activities on that day

completed the games activity for the morning but was unsure as to what was happening in the afternoon. Staff were unable to give us examples of how activities were personalised to people's interests.

- We observed people spent long periods of the day without activity. Where people spent the majority of their time in their rooms there was no evidence of staff spending time with them apart from when they were providing care.
- Following the inspection, the regional manager sent us copies of activity plans to be implemented the following week. The plans included a trip out once each week. In addition, information regarding staff being supported in delivering activities to people was also provided. We will assess the effectiveness of these measures during our next inspection.

The failure to ensure people received person-centred care and were supported to take part in activities of interest and relevance to them was a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- In some areas we found people's support was personalised. Staff were aware that one person did not like to leave their room. They had rearranged their furniture to create a separate area in their room where they could comfortably receive their visitors.
- Recent updates to care plans completed by new members of the management team were comprehensively completed. This provided staff with more details of how people's support should be provided.
- People told us they enjoyed listening to the visiting entertainers playing music and singing. "I do like them, it brightens everyone up."
- Compliments regarding the support and care people had received at the end of their life had been received. One family member had commented, 'I want to thank each one of you for the extraordinary level of care and support you gave to our mum.'
- Staff told us of a tribute display they had created to one person who had recently passed away. They told us, "We got it ready for when (person's) family came in so they could see it. They were really touched."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Each person had a communication care plan in place. This included details of people's sensory needs and how staff should approach people.
- Staff told us that some people were supported to keep in contact with their families using on line applications. This enabled people to see their loved ones and aided communication.

Improving care quality in response to complaints or concerns

- People and their relatives told us they knew how to raise any concerns and felt confident they would be acted upon. One person told us, "I feel like I can talk to any of the staff if I'm worried." A second person told us, "I've never needed to complain but if I did I know it would be dealt with."
- The provider had a complaints policy in place which contained information regarding how complaints would be responded to and monitored. Information regarding how to make a complaint was displayed in communal areas
- A record of complaints log was maintained which showed concerns had been responded to in line with the providers policy. During the inspection a relative came to speak to the regional manager regarding a concern. This was addressed immediately and the relative was pleased with the prompt response.

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 now deteriorated to Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; 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

- There had been a four managers leading the service since our last inspection in addition to changes in senior staff based at the service. People and their relatives were not all aware of who the manager of the service was. One person told us, "I haven't met the manager." One relative told us, "No, I don't know who the manager is. The former one left. No idea about the new one." A second relative said, "I am concerned about management changes."
- Staff told us they found the frequent changes in management difficult. They told us the lack of consistency meant frequent changes to systems and a lack of leadership. One staff member told us, "It's felt unsettled for a long time now. Managers come in with different ideas and changes in agency staff. You feel you don't know where you are sometimes."
- There was a lack of management oversight of the service. Staff were not clear on the values of the organisation and a task orientated culture had developed. Whilst we witnessed individual caring interactions from staff there was a lack of personalised support for people.
- The provider and senior manager had recognised the concerns regarding the service and had implemented measures to address these. There had been a number of significant issues regarding staff performance and safety which had left key roles within the service vacant. The senior management team representing the provider had dealt with these concerns in a proactive, open and transparent manor, ensuring that the local authority and the CQC were informed and provided with regular updates.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Audits and records reviews were not always effective in identifying concerns and ensuring prompt action was taken. For example, the medicines audit for August 2019 showed few concerns had been identified and gave a compliance score of over 90%. A further audit completed in September 2019 by a different manager had highlighted a wide range of issues which had been of concern for several months. These included a large overstock of medicines and a lack of example staff signatures. The deputy manager demonstrated these concerns were in the process of being rectified.
- Provider visits from June 2019 had highlighted concerns regarding the lack of activity and personalised support people received. Issues with the cleanliness of the service were also noted. During our inspection we found these concerns had not been adequately addressed.

- Systems designed to review care plans and risk management plans were not always effective. Care records were reviewed on a monthly basis to ensure any changes were recorded and information was accurate and up to date. However, as reported, we found that care records lacked detail and contained contradictory information. Guidance regarding people's care was not always available to staff to follow.
- The provider had failed to identify concerns regarding staff skills in supporting people living with dementia and behaviours. This meant that people were not receiving consistent support to manage their anxiety. Due to the changes in the management team staff had not been supported to find the most appropriate ways to support people.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The provider had not established effective ways to communicate changes and developments with people, relatives and staff. Resident and relatives' meetings were planned every four months. The last record of a meeting being scheduled was May 2019. This stated that no relatives had attended and people said they did not wish to take part. There was no evidence the provider had explored alternative ways of involving people and their relatives to ensure they were fully involved in how the service was run.
- Staff meetings were scheduled every three months. However, records showed that only one staff meeting had taken place during 2019. This recorded information which was shared with staff but did not reflect how staff had been given the opportunity to comment. Staff were informed during the meeting that uniforms must be worn at all times. However, we saw this was not fully adhered to during our inspection.

The failure to ensure effective management oversight of the service, good governance and accurate record keeping was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider acknowledged there were concerns at St Catherine's Care Centre due to instabilities within the management team. They had taken action to address these concerns by implementing a robust action plan with timescales for improvement. A new manager had been recruited who planned to submit an application to register with the CQC. Prior to the new manager starting their employment two senior managers were based at the service to work through the action plan with staff. One of the senior managers was also responsible for delivering training within the organisation and had plans to mentor staff in supporting people with their anxiety.
- In some areas quality assurance processes had been effective in developing and improving the service. Surveys sent to families in April 2019 had shown concerns regarding staffing levels. This had also been raised by staff. The provider had responded by increasing staffing numbers on each shift. One family member had also commented on the neglected state of the patio area. The provider had taken action to address this and the area had been renovated. One visiting professional had left a written comment stating, "St. Catherine's is looking more beautiful by the day. You have done wonders with all of the rooms and garden. The whole building feels much lighter."
- The CQC had been notified of all significant events that happened in the service in a timely way. This meant we were able to check that the provider took appropriate action when necessary.
- The provider had recognised difficulties in communication with the local authority. They had worked to improve this and to ensure any advice or requests for information was acted upon promptly.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations 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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 9 HSCA RA Regulations 2014 Person-centred care The provider failed to ensure people received person-centred care and were supported to take part in activities of interest and relevance to them
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 10 HSCA RA Regulations 2014 Dignity and respect The provider had failed to ensure people were constantly supported with dignity and respect and their religious needs met
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider had failed to ensure risks to people safety were managed and that safe infection control procedures were consistently followed
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had failed to ensure effective management oversight of the service, good governance and accurate record keeping
Regulated activity	Regulation

Accommodation for persons who require nursing or personal care

Treatment of disease, disorder or injury

Regulation 18 HSCA RA Regulations 2014 Staffing

The provider had failed to ensure people received support from skilled staff who were fully supported in their role