

Wellburn Care Homes Limited

St Catherine's Care Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Good 

Summary of findings

Overall summary

We undertook this inspection of St Catherine's Care Home on 20 September 2016.

Our previous inspection of St Catherine's Care Home took place in February 2016, when the service was given an overall rating of requires improvement. Warning notices were issued regarding failures to ensure people received person centred care and to ensure effective systems to monitor the safety and quality of the service. Improvements were required to ensure people received safe care and treatment, that there were sufficient, appropriately trained and supervised staff, and that complaints and safeguarding issued were reported and responded to appropriately.

St Catherine's Care Home is registered to provide personal and nursing care for up to 55 people, including older people, people living with dementia and people living with physical disability.

At the time of our inspection the service was providing care to 43 people. The home was divided into two distinct units: The Mews provided care for people living with dementia, while Harewood provided nursing care. At the time of our visit 21 people had been assessed as needing care because they were living with dementia and were cared for in The Mews, while 22 people had been assessed as needing nursing care and were cared for in Harewood.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People and their relatives told us people were safe at St Catherine's Care Home. Risks to people using the service were assessed and plans put in place to reduce the chances of them occurring.

Staff knew what to do if they had concerns about someone's welfare or had suspicions of abuse. The service had made safeguarding alerts to the local authority in response to concerns appropriately when needed.

The staffing levels were monitored to ensure enough staff were on duty to support people safely. If needed agency staff were used to cover any staff shortages and recruitment of new staff was taking place to fill vacancies. The registered provider's recruitment process reduced the risk of unsuitable staff being employed.

People's medicines were managed safely. However, a homely remedies policy was still not in place and we have recommended that the provider reviews this using the NICE guidelines: Managing medicines in care homes.

Our observations during the visit showed the premises to be generally well maintained, clean and safe.

However, we noted some areas for improvement, such as maintaining a comfortable ambient temperature and worn carpets, which we discussed with staff during our visit.

Improvements had been made to the training and support of staff. Staff received training in relevant areas and were supported through regular supervisions and observations of practice.

Staff worked within the principles of the Mental Capacity Act 2005. Where appropriate the service had sought authorisation under the Deprivation of Liberty Safeguards when it was necessary to deprive people of their liberty.

People received a variety of meals and drinks throughout the day and their dietary needs and risk of malnutrition were assessed and monitored. Where staff had concerns about people's nutritional wellbeing they had sought support from the doctor and other professionals.

Staff supported people to access other healthcare professionals to maintain and improve their health.

People and their relatives spoke positively about the care they received, describing the service and staff as kind and caring. People and their relatives told us staff treated people with dignity and respect and we saw examples of this during our visit.

Since our last visit improvements had been made to the format and quality of care records. Care plans provided information about people's individual needs and preferences and the care they received.

Some people and their relatives had been involved in reviewing their care plan. However, others were unsure or did not feel they had been involved. We have recommended that the provider review their arrangements for involving people in care plan reviews to ensure that they are consistent and effective.

We observed that staff involved people in day to day decisions about their care and lives, and generally received person centred care. However, we have recommended that the provider review's arrangements for meal times on The Mews, to ensure offer person centred and individualise care.

People spoke highly of the activities coordinator, who demonstrated a great empathy and understanding of the people they supported. A variety of group and individual activities took place, including trips outside of the home.

A complaints procedure was in place and records showed that recent complaints or concerns had been responded to appropriately. People and their relatives said they were confident to raise any issues if needed.

People who used the service, relatives and staff spoke positively about the registered manager and changes that had been made in the home. Staff morale had improved and there was a positive atmosphere when we visited.

The provider had overhauled their governance and quality assurance systems. An action plan was in place and progress was being monitored. There was evidence of effective managerial support systems being implemented and developed.

The standard of record keeping had improved.

The registered manager had informed CQC of significant events by submitting notifications in line with legal requirements. The provider had also clearly displayed their inspection rating since the last inspection.

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 required improvement to be safe.

People received safe care and treatment and staff understood how to report concerns about people's welfare.

Enough staff were employed and on duty to meet people's needs. Recruitment processes ensured staff were suitable to work with vulnerable people.

Medicines were being stored and administered safely. However, there was still no system for the use of homely remedies, to ensure these were available when needed.

The premises were generally well maintained, clean and safe. Some areas for improvement were identified, including maintaining a comfortable ambient temperature in some areas of the home.

Requires Improvement ●

Is the service effective?

The service was effective.

Staff training and supervision systems had improved. Staff had the competence and skills they needed to meet people's needs.

People received effective care and their nutritional needs were effectively assessed and monitored.

Staff implemented the principles of the Mental Capacity Act (MCA) and where appropriate had sought authorisation when it was necessary to deprive people of their liberty.

Good ●

Is the service caring?

The service was caring

The staff treated people kindly and were caring in their approach. We saw many examples of positive interactions between people and staff.

People were treated with respect and staff understood the

Good ●

importance of maintaining people's dignity while providing care.

Is the service responsive?

The service required improvement to be responsive.

Up to date assessments and care plans were in place and provided information about people's care needs. Some people and their relatives had been involved in reviews of their care plan, but other people's experience varied.

Staff responded to changes and tried different ways of meeting people's individual needs. Further improvements to meal time arrangement on the Mews could be made to ensure a more person centred and individual approach.

People enjoyed a variety of activities and events.

A complaints procedure was in place and concerns or complaints had been responded to appropriately.

Requires Improvement 

Is the service well-led?

The service was well led.

A registered manager was now in place and feedback evidenced an improving service.

Governance systems had been overhauled and an improvement plan was being implemented.

Records relating to people's care had improved and plans for continued improvement were in place.

Statutory notifications had been submitted and the provider had clearly displayed their inspection rating.

Good 

St Catherine's Care Home

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 took place on 20 September 2016 and was unannounced. The inspection was carried out by two inspectors and an expert by experience. An expert by experience is someone with personal experience of using, or having a relative who used social care services.

Before our inspection we reviewed all the information we held about the service. We reviewed the provider's action plan and information they had provided to us following our last inspection. We also reviewed all of the notifications and safeguarding alerts we had received. A statutory notification is information about important events which the service is required to send to the Commission by law. We also looked at the provider information return (PIR) which the provider had completed and returned to us. A PIR provides us with information about the service, including what they do well and what they want to improve.

We received feedback from the Local Authority (LA) and Clinical Commissioning Group (CCG) that the service was improving. The LA commissions personal care services and the CCG commissions nursing services. We also contacted Healthwatch, which is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. They did not have any information to provide in relation to St Catherine's Care Home.

During our visit we spoke with seven people who used the service and nine of their relatives or friends. We also spent time observing the care and support provided to people. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

The registered manager was not at work on the day of our inspection, but we spoke with the operations manager, deputy manager and clinical lead nurse. We also spoke with nine staff including nurses, care workers, activities coordinator and domestic staff.

We looked at documents and records that related to people's care, and the management of the service such as training records, quality assurance records, policies and procedures. We looked at four care plan records and six staff files.

Is the service safe?

Our findings

During our last inspection we identified a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because staff had not always provided care and treatment in a safe way. We required that the registered provider made improvements.

During this inspection people who used the service and their relatives told us that they felt safe. One person told us, "Yes I feel safe." Another person said, "I've no complaints." One relative told us, "Absolutely feel safe." Another relative explained, "I know [relative] is being looked after.... Staff don't let things go wrong, act before to prevent."

The clinical lead nurse had been appointed to implement changes to nursing practice. They described the changes that had been made since our last visit, to ensure people received safe care and treatment. This included the implementation of new care planning and recording documentation and having a, "Good solid basic staff team." New training had been implemented, including support for the revalidation of nurses as part of their professional registration. They had also developed more effective working relationships with other professionals, such as the community matron and general practitioner (GP). Our observations of people's care and review of care records showed that improvements had been made.

During our last inspection we identified a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, because safeguarding incidents had not always been reported to the local safeguarding authority in accordance with safeguarding procedures. We required that the registered provider make improvements.

Since our last inspection we had received notifications about safeguarding incidents and alerts made by the service. These notifications and the records we viewed during the inspection showed that staff had identified and reported concerns appropriately. A safeguarding procedure was in place and staff we spoke with were able to describe when and how safeguarding alerts should be made.

During our last inspection we identified a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, because there were not always enough staff available to meet people's needs. We required that the registered provider make improvements.

People who used the service and their relatives told us that enough staff were available. For example, one relative told us, "There's normally staff around, sat in lounge. I can always find someone to help if needed, always someone there." Staff we spoke with said that they felt although they were busy there were enough staff on duty.

During our visit we noted that although staff were busy they had time to spend with people and that call bells were responded to in a timely manner. We saw that staff supervised the communal areas and provided the care and attention people needed. We saw that the staff team worked well together with different members of staff supporting care staff when needed. For example, the activities coordinator and

administrator provided supervision in communal areas if care staff were needed elsewhere.

The deputy manager described how staffing levels were guided by people's dependency levels. New staff had been recruited since our last inspection and further recruitment was on-going. Agency staff were still being used to cover some shifts when needed, but this usage had reduced. The deputy manager explained that where possible they used the same agency staff, to help provide some continuity of care, and the agency staff we spoke with during our visit confirmed this.

Where people were at risk, there were assessments which described the actions staff were to take to reduce the possibility of harm. We found that risk assessments were in place, as identified through the assessment and care planning process, which meant that risks had been identified and minimised to keep people safe. These included measures to be taken to reduce the risk of falls whilst encouraging people to walk independently, measures to reduce the risk of pressure ulcers developing or to ensure people were eating and drinking. All risk assessments were reviewed monthly or more often if people's care needs changed.

Medicines were being safely stored and administered. Medicines were safely stored in a locked room, with appropriate arrangements for storing medicines that needed refrigeration and secure storage of controlled drugs. Controlled drugs (CDs) are medicines that have special storage requirements because of the risk of misuse. The nurse on duty was new in post and had worked four shifts to date. They told us they had been shadowed by another senior nurse during their first two shifts and had been observed administering medicines to ensure they did this safely before undertaking the task alone. We observed the nurse administer medicines to two residents. They did this safely and were very pleasant, offering people explanations while giving their medicines.

Printed medicine administration records (MARs) showed people's personal details and clear instructions on medicine administration requirements. There were clear protocols in place detailing how medicines prescribed on an 'as required' basis should be given. This helped to ensure that people were given medicines safely and that medicine records were accurate. The MARs we viewed showed that people had received their medicines as prescribed.

We found there was still no formal provision for administering homely medicines at St Catherine's Care Home, although the clinical lead told us this was being considered by the registered provider. A homely medicine or remedy is another name for non-prescription medicines available over the counter in community pharmacies. We recommend the registered person reviews this, taking into account the NICE guidelines: Managing medicines in care homes, so that such medicines are available to people who use the service when needed".

There were effective recruitment and selection processes in place. Recruitment records all contained a completed application form, which included details of former employment with dates. This meant the provider was able to follow up any gaps in people's previous employment. All staff had attended an interview, and two references and Disclosure and a Barring Service (DBS) check had been obtained prior to the member of staff starting work. The DBS checks assist employers in making safer recruitment decisions by checking prospective staff members are not barred from working with vulnerable people. This process helped reduce the risk of unsuitable staff being employed.

The service had an up to date fire risk assessment. The fire file included clear information about each person living at the home and their personal evacuation plan. There was evidence that fire drills and fire training had been undertaken. This helped to ensure staff knew what to do in the event of a fire.

We looked at a selection of maintenance records. These showed that the service's premises and equipment had been serviced and inspected appropriately. For example, service and inspection records of manual handling equipment and fire equipment were up to date. We saw grab and handrails to support people and chairs located so people could move around independently, but with places to stop and rest.

Our observations during the visit showed the premises to be generally well maintained, clean and safe. However, we noted some areas for improvement which we discussed with the operations manager and clinical lead nurse during our visit. We observed carpets in two lounge areas were worn, which was a potential tripping hazard for people. Some areas of the home felt cool. Although staff had made sure people had extra clothing and blankets for their comfort and warmth, a comfortable ambient temperature had not been maintained. For one person on The Mews we observed that their bedroom comprised part of the means to escape in case of fire. Their bedroom door was kept locked by means of a bolt lock during the day to prevent people leaving the service unsupervised. We asked the clinical lead / deputy manager to review this through their fire risk assessment to ensure it met the needs of the people living in the service without jeopardising people's safety in any way. We will follow up these important items relating to the premises and people's comfort and well-being with the provider

Overall we found that significant improvements had been made since our last visit when the service was rated as 'inadequate' for safe.

Is the service effective?

Our findings

At our previous inspection we identified a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, because staff did not have the necessary skills, competence or supervision to ensure they provided the care people needed. We required that the registered provider made improvements.

During this inspection we found that improvements had been made. The deputy manager and clinical lead nurse were able to tell us about the work they had undertaken to improve the training and support provided to staff. When asked about their training staff confirmed they received training on a number of topics. Examples included moving and handling to ensure safe movement of the residents where assistance was required and catheter care. They said that training consisted of classroom based activity, DVDs and observed practice. We saw that staff completed an induction booklet that introduced them to national standard competencies for care and the policies and procedures on care and delivery and safe practice. Arrangements were in place to provide staff with on-going staff training, including the use of outside speakers on delivering compassionate care, such as dementia awareness, oral hygiene from the dentist, and wound care.

Records showed that staff had two monthly supervisions and an annual appraisal that were recorded electronically. We spoke with one member of staff who told us that they had worked in The Mews for five years and felt confident in their role. They told us they received regular supervision sessions and said that updated dementia training was due to take place in the near future and they were booked on the course to attend this training.

Staff told us they also had regular supervision sessions and staff meetings, which enabled them to discuss any issues in regard to their professional development. Staff told us that they could raise any queries with the registered manager at any time. One staff member described the management team as, "Very good." Another member of staff said managers were, "Very supportive." This meant that staff were being offered support in their work role, as well as identifying the need for any additional training and support. The clinical lead told us that they were given sufficient time to focus on staff development and auditing and monitoring purposes.

People and relatives we spoke with told us they received effective care and support. For example, a relative described how their relation was always clean and tidy when they visited and looked well cared for. Other people told us how staff called the doctor when needed and helped to ensure people got the care they needed.

People we spoke with told us that they received sufficient to eat and drink. One relative told us, "There is always evidence, a plate or cup, or [relative] is in the process of eating something." Another relative explained how staff tried to encourage and meet one person's preferences, "They go straight to the kitchen to find drinks for her that she likes." We observed people seemed to enjoy their food, which was presented attractively and people had access to juice and water. People were offered tea and coffee at regular

intervals, and we heard staff encouraging people to drink sufficient fluids.

People's care records included details about their food preferences and dietary tolerances and allergies. Risk assessments, including weight monitoring, were in place to identify specific risks associated with people's eating and drinking. Where people were identified as being at risk of malnutrition, we saw that referrals had been made to the dietician for specialist advice and their care plan updated.

Staff provided discrete assistance with meals and we saw people using adapted cutlery and plate guards to help maintain their independence. Staff knew people's preferences. For example, we saw a permanent member of staff telling a member of agency staff that one person didn't like cream on their pudding. Another person was not eating their sandwiches, so staff offered them a sausage roll which they ate. We saw that people who liked to walk about and would not sit down were given foods they could carry and take with them, to encourage them to eat while walking. Specialist dietary requirements, such as pureed food and high calorie smoothie drinks, were catered for.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are 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 were being met. Staff we spoke with were aware of the requirements of the MCA and when DoLS authorisations may be needed. Where people were assessed as lacking capacity to make decisions about their care and treatment we saw that appropriate DoLS authorisations had been applied for and agreed by the relevant authority. We found consent to care and treatment records were signed by the person or their relative or representative, if they were unable to sign themselves.

People's care records included details of appointments with and visits by health and social care professionals such as the GP, physiotherapist, occupational therapist, Speech and Language Therapist and the dietician. This demonstrated that the expertise of appropriate professional colleagues was available to ensure that the individual needs of people living at the service were being met, and their health maintained. The service worked with one particular local doctor's practice, which carried out routine weekly visits to people at the service, as well as attending when needed. The deputy manager described how they had worked hard to develop more effective working relationships with other professionals, such as the community matron and general practitioner (GP) since our last visit.

Is the service caring?

Our findings

People we spoke with were positive about the service's staff and how people were cared for and treated. One person said, "Staff are friendly." Another person told us that staff were caring and joked with us saying, "They [staff] are wonderful to look after old codgers like me." A relative described how staff responded well to their relative's dementia care needs. They told us, "[Relative] can be a bit difficult and they [staff] handle her well."

Some people living at the service with dementia were unable to tell us about their experiences in the home. So we spent time observing the interactions between the staff and the people they cared for. We found people responded in a positive way to staff and observed staff treating people with kindness and compassion. We saw that staff spoke with people at a pace which appeared comfortable to them.

We spent time in the lounge areas of the home. Staff approached people in a sensitive way and engaged people in conversation. There was a calm, positive atmosphere throughout our visit and we saw that people's requests for assistance were answered promptly. When we observed people being assisted with manual handling the majority of staff did this in a kind way, explaining what was happening and providing people with reassurance. On only one occasion we saw that staff appeared to go through the motions while moving someone, carrying out the task safely, but without any positive interaction with the person they were supporting. We discussed this with staff during our visit so it could be addressed.

Throughout the visit, the interactions we observed between staff and people who used the service were friendly and supportive. For example, one member of staff spoke very kindly to a person who was reluctant to get up to go to the dining room. The member of staff had patience and gently encouraged the person to go with them. Another member of staff sat with someone carefully reading to them a letter from a friend. They took their time, ensuring the person understood. People were free to wander around the unit for people living with a dementia if they wished and we saw staff interacting with people in a friendly way if they met people in the corridors.

We saw that staff ensured people's privacy was respected. The staff we spoke with understood the importance of maintaining people's privacy and dignity and could explain how they did this. For example, knocking on doors and awaiting permission before entering and carrying out personal care in private. We saw examples of staff taking action to maintain people's dignity. For example, one person was carrying their wig in their hand whilst walking through the home. A member of staff noticed this and helped the person to put it back on in a discrete and helpful manner.

We found the care planning process focused on individuals and their views and preferences. Care plans contained information about people's life histories. We observed that staff appeared to know people and their routines well and worked with them. For example, providing foods that people could eat while walking for those who did not like to sit down at meal times. This meant that staff had an understanding of people's histories and lifestyles, which helped staff to respond appropriately to people's needs and enhance their enjoyment.

We spoke with the activities organiser who told us about their role in working in the dementia care area. They explained that they focused on activities that enabled them to hold a conversation with people and helped to prompt people's memories and personal experiences. We saw staff sitting with people, engaging with them on a one to one basis, with a book or photograph album. We observed staff were friendly and engaging and used the time to chat with people in a relaxed way.

Is the service responsive?

Our findings

At our previous inspection we identified a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, because people's care had not been effectively planned or delivered in an adequately individual and person centred way. We issued a warning notice requiring that the registered provider made improvements.

During this inspection we found that improvements had been made. The clinical lead nurse and other members of staff were able to show us how assessment and care planning practices had been reviewed and improved. The care records we viewed had been updated and put into a new format that was easier to use and understand.

The feedback received from people and relatives about the service and care they received was positive. People described how staff were responsive to requests for assistance and proactive in caring for people and trying to find ways of working that suited the individual person. For example, relatives told us, "They [staff] will try different things to promote wellbeing," and, "They [staff] will constantly try different things."

One area that would still benefit from improvement was people's involvement in routine decision making, through care plan reviews and evaluations. We saw from records that people's care plans were being regularly reviewed and evaluated. One relative we spoke with confirmed they had recently been involved and consulted in a review of their loved one's needs. However, other people and relatives we spoke with could not remember being involved or consulted in this way. This was also reflected in some of the records we viewed, which did not provide adequate evidence that people, or appropriate representatives where people lacked capacity to make decisions about their care, were being involved in routine reviews or care plan evaluations.

We recommend that the provider reviews how people and their representatives can be more meaningfully involved in routine reviews and evaluations of people's care and support.

However, from our discussions with staff and observations, it was clear that people were supported to make choices about their everyday lives. For example, staff said they would seek people's consent before any activity or intervention, and we observed people being asked what they would like to do, whether they would like a blanket and what drinks or food they would like.

Pre admission assessments were completed of people's needs and involved other people in the process, such as relatives and health and social care professionals. This ensured as much information was gathered as possible in order to determine whether they would be able to meet those needs. Pre admission assessments were used to design plans of care for people's individual daily needs, such as mobility, personal hygiene, nutrition and health care. People's care records were personalised to reflect their individual preferences, support and what they could manage for themselves. The care plans we looked at were detailed and gave a good overview of people's individual needs and how they required assistance.

The clinical lead told us that they were reviewing and updating care plans. They said these were reviewed monthly and on a more regular basis, in line with any changing needs. We saw entries in people's care plans which confirmed that their care and support was reviewed in a timely way. For example, for one person who had sustained a fall we saw that their mobilisation care plan had been updated. Daily records were concise and information was recorded regarding basic care, hygiene, continence, mobility, nutrition and medication.

At our last inspection we also recommended that the arrangements for mealtimes in The Mews were reviewed, to ensure that staff were able to provide the individual, person centred support people needed. During this visit we saw that improvements had been made, but some aspects of meal times could be improved further to ensure a person centred approach.

We saw that the main breakfast meal on The Mews did not start until 10.15am. We asked staff if people were offered food earlier, particularly people who got up early, and were told that food was available if people requested it. We were concerned that some people may not be able to recognise their hunger or request food because of their dementia. However, after the inspection the registered manager provided us with additional information. Food charts were available to show that people had been provided with food and drink prior to the main breakfast time on the day of our inspection. This showed that staff had responded to people's individual needs.

We saw that the late breakfast meant that some people only had a short period of time between finishing their breakfast and being offered their lunch time meal. We saw that staff tried to give people individual support with meals, but there were a number of people who needed help to eat and staff were constantly moving between different people, prompting them to eat their food while helping others to eat. The clinical lead told us that they used a system called, 'show me, tell me,' to enable people to make positive choices, meaning that people would be shown the different foods on offer to enable them to choose. However, we observed that some staff did not consistently use this approach on The Mews during our visit.

We recommend that the registered provider reviews people's meal time experiences to ensure they are positive and person centred.

Staff told us that people's needs were discussed and communicated when staff changed duty, at the beginning and end of each shift. Information about people's wellbeing was discussed, which meant that staff were kept up-to-date with the changing needs of people who lived there.

Our observations and feedback from people using the service indicated that there was a variety of activities available. Examples included walks, religious services, craft works and baking. People we spoke with were all extremely positive about the approach and commitment of the activities organiser. We observed that they showed empathy towards people and were able to demonstrate a great insight and understanding of people's previous lives and the things that had meaning for them.

We saw on the activities programme that the activities organiser arranged regular walks into the gardens and surrounding village. During our visit we were told that the planned outing that day had been cancelled due to the cold weather. However, we observed when one person attempted to try and leave The Mews that immediate action was taken to support them to dress warmly and we saw they were assisted to go out, which was good practice.

Noticeboards were used to display information about the date and the weather, together with information about events and activities. However, we saw that some of these (such as church services and activities)

were out of date, which was confusing for people living with dementia to understand. This was pointed out to staff during our visit and the information was updated straight away.

Relatives told us that there were no restrictions on visiting and that they were made welcome. The relatives we spoke with also confirmed that they were kept informed about their relation's care and that any questions or queries were responded to. For example, one relative told us, "No problems with that [visiting or asking about their loved one] at all."

At our previous inspection we identified a breach of Regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, because people's concerns and complaints had not been dealt with in an open and transparent way. We required that the registered provider made improvements.

During this inspection we found that improvements had been made. People told us they felt able to raise any issues with staff and felt that staff took their comments seriously. Information about making complaints was displayed and the deputy manager showed us the complaints record. The record showed that concerns and complaints had been listened to and responded to by the registered manager in an appropriate way. Compliments were also recorded, so that they could be shared with staff.

Is the service well-led?

Our findings

During our last inspection we identified that the Commission had not always been notified about incidents that the registered provider had a legal requirement to tell us about. Since our last visit we had regularly received notifications, which had been made in accordance with legal requirements.

At the time of our last inspection the service did not have a registered manager. The service now had a registered manager, who had been registered with us since 8 April 2016. Feedback we received about the manager was positive. People felt they were a strong leader and had made a positive impact on the service. One member of staff told us, "[the manager] works extremely hard, she's fab." Another staff member told us, "I think [the manager] is a really good woman."

During our last inspection we identified a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, because the required records were not available or up to date and effective systems to ensure the quality and safety of the service had not been in place. We issued a warning notice requiring that the registered provider make improvements. During this visit we found that improvements had been made.

We spoke with the operations manager about the work the registered provider was undertaking to improve leadership and governance arrangements. There was a comprehensive action plan in place, which the operations manager shared with us. This included improvements to policies and procedures, service audits, care and staff records and computer support systems to help staff access information and follow procedures. Improvements to staffing arrangements, training and support systems were also included. The action plan had been updated to track progress and showed what had been achieved and what still needed to be done. The operations manager told us that they wanted, "Systems that help staff and managers do their jobs." There had clearly been a lot of work completed by the registered provider since our last visit, with further plans for improvement in place.

Since our last visit an assistant operations manager had been employed, who supported the home and supervised the manager. The manager received supervision and appraisal. We saw records of this, showing that supervision was supportive and meaningful. Plans had been made to improve clinical supervision arrangements for the manager and clinical lead nurse, and included the input and support of a nurse manager working at another of the provider's homes. We could see from records that areas for improvement or additional support needs raised by the manager had resulted in actions being taken. This showed that positive and effective support and management systems were in place.

Quality assurance systems were in place, which included a routine of audits, checks and quality returns completed by the assistant operations manager, manager, deputy manager and clinical lead nurse. The clinical lead told us that they were given sufficient time to focus on staff development, auditing and monitoring activities. For example, they told us that they were currently completing care plan audits and we saw evidence of this.

Care champions were being introduced to help develop best practice. Individual staff had been given a lead role for developing staff knowledge and practice in the home. A detailed plan was in place outlining the different champions and their responsibilities, so that the champions were clear about the expectations for their role. Champions had been put in place for dementia, end of life care, falls, dignity, nutrition, skin integrity, infection control, continence and manual handling.

The service kept a record of compliments, as well as concerns and complaints. We saw there had been 12 compliments received since our last visit. One of these was from a relative who had expressed concerns at the time of our last visit, and had written to compliment staff on the improvements that had been made since then. This helped to evidence the positive improvements that had been made at the service since our last visit.

The care records we looked at showed a clear improvement in documentation since our last visit. The records we viewed were up to date and provided accessible information about people's needs and the care they received. We saw that there had been improvements made to the recording on monitoring charts, such as fluid intake and positional change charts.

The feedback we received from people who used the service and their relatives was positive. For example, one person told us they thought the home was, "Better than it used to be." Another person said, "Fantastic couldn't get a higher standard of care." A relative told us, "I can't fault it really." Staff feedback was also more positive than during our previous inspection and morale within the staff team had improved. For example, one staff member told us, "I love it here, the residents are amazing people."

During this visit and at our previous inspection we identified that the service no longer used some of their bedrooms as double rooms, meaning that their maximum occupancy was now 44. This had been discussed with staff during our previous visit, but no registration changes had been made by the time of this visit.

We recommend that the registered provider makes the necessary changes to their registration to accurately reflect the maximum number of people who can be accommodated at St Catherine's.

It is a legal requirement for services to display their current CQC inspection rating. Before our visit we checked that the provider was displaying their rating on their website. The website clearly showed the rating and a link to our most recent inspection report. The rating was also displayed in the service. We saw evidence that the registered manager had discussed the last report and their plans for improvement with a relative who was concerned about our findings. This showed an open and transparent approach.