

Tameng Care 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?

**Requires Improvement** 

Is the service caring?

**Good** 

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 Home is a two-storey purpose-built home that provides personal and nursing care to 60 people. The home is situated in the centre of Horwich, Bolton, and is close to local amenities, public transport and motorway networks. At the time of the inspection there were 54 people living at the home. One area within the home, Pike View specialised in providing nursing care for people living with dementia.

### People's experience of using this service and what we found

Medication was not always safely managed. However, actions were taken immediately following our inspection to address these concerns.

People were mostly protected from the associated risks of infection. However,, some areas of the home were tired and required attention. Pike View did not provide a fully dementia friendly environment, it was lacking appropriate signage, adaptations and reminiscence aids.

Staffing numbers tallied with staffing rotas, however, it was discussed with the registered manager to look at how staff were deployed throughout the home. Staff were safely recruited. Staff completed an induction on commencing work at the home and training was ongoing.

Health and safety checks were completed, and valid certificates were in place. Each person had a personal emergency evacuation plan (PEEPs). On checking the main file there were too many PEEPs for the number of people living at the home.

Activities were offered at the home. However, these were group activities and people cared for in bed did not have access to quality activities on a one to one basis. We recommended appropriate equipment was sought to provide a range of stimulation and enjoyment.

Care plans contained detailed information, including a pre-admission assessment and risk assessments were in place. People's oral health care had been assessed. However, our checks found people were not always in receipt of oral care as documented.

Staff were trained in equality and diversity and people told us the staff were kind. We saw people were well-groomed and appropriately dressed. Staff interactions with people were friendly and respectful.

People and their relatives told us the food had improved. However, there were issues raised regarding the suitability of fork mashable diets. We recommended the registered manager ensured people were offered food to meet their dietary needs.

Staff supported people with access to other healthcare professionals when required. Staff worked with other agencies to meet people's assessed needs.

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

Systems were in place to receive and respond to complaints. The service had received several compliments from relatives.

Staff had an awareness of safeguarding and whistleblowing and knew how to raise concerns. Policies and procedures were in place for staff to refer to when required.

Staff felt supported by the registered manager. Residents' and relatives' meetings were held; however, these were not well attended.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was requires improvement (published 20 November 2018) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made however, the provider was still breach of two regulations. The service remains rated requires improvement.

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Enforcement

We identified two continued breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 namely safe care and treatment and good governance.

#### 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.

We will arrange to meet with the provider and request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress.

## 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.

**Good** ●

### 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 Home

## 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 pharmacy inspector, a special advisor who was a nurse and an Expert by Experience. 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 type

St Catherine's 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 had a manager registered with the Care Quality Commission. This means they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority, healthcare professionals who work with the service and Healthwatch Bolton.

Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all this information to plan our inspection.

During the inspection

During the inspection we spoke with four people who used the service and eight relatives about their experience of the care provided. We spoke with the registered manager, the area manager and five staff members. We reviewed a range of records. These included nine people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

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.

# 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 requires improvement. At this inspection this key question has remained the same. 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.

### Using medicines safely

At our last inspection the provider had failed to ensure medicines were managed safely. This was a breach of Regulation 12 (Safe care and treatment) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of Regulation 12.

- A time was recorded of when Paracetamol was given to make sure it was given at safe intervals. However, the records sometimes demonstrated doses were given too close together.
- Care staff applying creams had enough information to apply creams safely. However, records about the application of creams were of variable quality and did not always show creams had been applied as prescribed.
- A record of where pain relief patches had been applied was in place. However, some records were incomplete or showed the patches had been applied to the same sites. This meant that people were at risk of skin irritation.
- A stock control system was in place to ensure medicines were accounted for and to evidence they were given as prescribed. The stock balances were not always accurate.
- Information was obtained where people's medications were given covertly (hidden in food and/or drink).

We found no evidence that people had been harmed, however, the provider had not taken appropriate steps to ensure all medicines were managed safely. This was a continued breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Arrangements had been made to store waste medicines safely in line with current guidance however, they were stored unsafely on the day of the inspection.

### Assessing risk, safety monitoring and management

- Risk assessments were in place to ensure people's safety when eating and drinking.
- Where people required a fork mashable diet this was not always provided. One relative told us, "My partner has to have a soft diet and I come every lunch time to make sure he eats properly, and I mash up his food. On two occasions I have found food in his mouth from the evening meal as it has not been mashed enough to swallow." Another person raised a similar concern. Following our inspection, we received

information from the registered manager this had been addressed and a suitable diet was now available.

- Fire risk assessments, fire drills and testing of equipment was in place and up to date.
- Each person had a personal emergency evacuation plan (PEEP) which informed the emergency service of what assistance people required to be evacuated safely. On checking there were too many PEEPs for the number of people living at the home. The registered manager said they would address this.
- Health and safety records were in place and up to date.

#### Preventing and controlling infection

- People were mostly protected from the associated risks of infection. Some areas of the home required attention. Bathrooms were tired, one bath panel was broken and skirting boards were coming away from the wall. Several bathrooms were cluttered and being used for storage. All bathrooms were checked following the inspection and the maintenance worker addressed the issues highlighted. The registered manager assured us this would continue to be monitored during daily walk rounds on both units.
- The home was mainly free from malodour however, there was an overpowering malodour in one bedroom. This was addressed immediately during the inspection.
- Staff had completed training in the preventing infection control. Personal protective equipment was available such as disposable aprons and gloves.
- Staff had completed training in food hygiene. A relative told us they had concerns regarding food hygiene standards when staff were serving food. We discussed this with the manager during our inspection.

#### Systems and processes to safeguard people from the risk of abuse

- People were protected from the risks of abuse and harm.
- People told us they felt safe at the home. One person said, "I feel safe because there are people around to look after me."
- Staff had completed training in safeguarding vulnerable people.

#### Staffing and recruitment

- Staffing numbers tallied with staff rotas, however, it was discussed with the registered manager to look at how staff were deployed throughout the home to ensure they were used effectively.
- Staff recruitment was satisfactory. Staff files showed the provider completed relevant checks on new staff before commencing work at the service.

#### Learning lessons when things go wrong

- Accidents and incidents were monitored by the registered manager and by the area manager for any trends and patterns.

# 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 requires improvement. At this inspection this key question has remained the same. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

At our last inspection we found the provider had failed to ensure that people received a nutritional diet. This was a breach of Regulation 14 (Meeting nutritional and hydration needs) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 14.

- We noted the quality of the food had improved since our last inspection. One relative said, "The food has improved but it still could be better. [Relative] has a pureed diet and that can be limited, for example, mashed potatoes and baked beans, I don't think that's a balanced diet."
- Staff were available to assist people with their meals.
- The way the menu was written was confusing, the lunch time meals offered were printed as the evening meal.

We recommended the registered manager reviewed meal times and how staff could be supported to manage this in a more timely manner.

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

- People's needs and preferences were assessed and reviewed. Although people and their relatives were involved in the initial care planning, not all relatives were aware of reviews.

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

- Pike View did not provide a fully dementia friendly environment, it was lacking appropriate signage, adaptations and reminiscence aids.
- The bathroom doors were painted blue to ensure they were easily identifiable for people living with dementia. Following the inspection, the toilet seats were replaced with blue seats to help ensure these were also prominent.
- Name plaques were coming off some bedroom doors. The clock to help people living with dementia recognise date and time was incorrect and was too high up on the wall to be of use. The registered manager said they would address this immediately.

Staff support: induction, training, skills and experience

- Staff received an induction on starting work at the home.
- Staff confirmed training was ongoing and they had received one to one meetings and annual appraisals to support their development.

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

- Where people required access to healthcare services, this was organised, and staff followed guidance provided.
- The service worked well with other agencies, such as GPs, dieticians and the Speech and Language Therapy team.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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.

- Staff confirmed they had received training in MCA and DoLS. Staff asked people for consent before assisting them, for example, taking them to the bathroom.
- Mental capacity assessments were in place where people lacked capacity. Best interest decisions were recorded in people's care files. Most people living at the home were subject to a DoLS. A DoLS matrix was in place and up to date, this included dates of renewal.

# 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 deteriorated to requires improvement. This meant people did not always feel well-supported were supported, cared for or treated with dignity and respect. and 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

- People said staff were kind and caring. Interactions between people and staff were friendly and warm. However, one relative told us a member of staff kept calling their relative by their first name, and they would prefer to be addressed more formally.
- We saw for some people their independence was promoted. On Pike View we observed on numerous occasions people who wanted to get up and move around were ushered back to their seats by staff. It had been identified that these people were high risk of falls. However, people living with dementia need to be supported to move around safely if they wish to. The registered manager confirmed this would be discussed under reflection so that lessons could be learned.
- People were well groomed and dressed appropriately. One person said, "The staff are lovely, I like them all." Another person said, "The staff are very kind, and they treat me well. They look after me."
- Equality and diversity were promoted, and individual needs were recorded in their care plan. We found no evidence to suggest people using the service were discriminated against and no-one we spoke with told us any different.
- People told us their dignity and privacy were always respected. This was confirmed by relatives. One relative said, "The staff are kind and respectful and respect [person]'s dignity and over the years [person] has been here they have got to know [person] well."
- Systems were in place to ensure that confidentiality was maintained, and care records were securely stored.

Supporting people to express their views and be involved in making decisions about their care

- Some people living at the home were not able to express their views and relied on relatives to act on their behalf. There was evidence of some people's involvement in their care and support recorded in the care plans.

# 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 requires improvement. At this inspection this key question remained the same. 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

At our last inspection we found there was a breach of Regulation 9 (Person centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 9.

- Most care plans and risk assessments had been regularly reviewed and updated. However, we saw some of the paper work was incomplete. For example, a repositioning chart for two hourly checks was not clearly completed to evidence this had happened. In some files there was no evidence of yearly review as stated. The registered manager said they would address this immediately.
- Any spiritual or cultural needs had been recorded and staff were aware of how these were to be met.

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.

- iPads were available and had accessibility settings which allowed for text size to be increased, and supported communication with people whose first language was not English.
- Evidence of people's communication needs were recorded in the care plans; this helped staff understand better how to communicate with people.

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

- The home had two activities coordinators who worked weekdays. One person said, "I like the activities especially the singing. I have been on trips out which I enjoyed." One relative told us there were activities but [person] can't join in. For people like [name] they need one to one support in their rooms, just someone to sit and talk even if people can't respond. Following our inspection, the registered manager assured us one to one time was carried out with people who prefer to stay in bed or in their rooms.
- There were no activities provided at the weekend. The activities coordinators had no experience in providing activities for people living with dementia. In Pike View we saw there was an interactive table, however, there was no evidence of items recommended for people living with dementia, such as rummage

bags/drawers and a lack of tactile boards/pictures on the walls. We recommended appropriate equipment was sought to provide a range of stimulation and enjoyment.

- Relatives told us they were welcome to visit the home at any time. We observed good interactions between staff and visitors.

Improving care quality in response to complaints or concerns

- Systems were in place for recording and investigating complaints. People said if they had to make a complaint, they would feel comfortable going to any of the staff. One visitor said, "The staff are very good, if I have a concern they will help me."

- The service had received several compliment cards thanking staff for the care provided to their relatives. One read, 'To all the wonderful staff of St Catherine's, this is to tell you how much we appreciate everything you did to look after our [relative] over the past years she was in your excellent care.'

End of life care and support

- The service supported people who were nearing the end of their lives. Care records contained people's wishes and preferences of how and where they wished to spend their final days.

- Some staff at the home were undertaking the 'Six Steps' training programme with the local hospice. 'Six Steps' is a guide to improving end of life care provided by a care home that encompasses the philosophy of palliative care.

# 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 requires improvement. At this inspection the key question remained the same. 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.

At the last inspection the provider had failed to ensure governance arrangements were robust. This was a breach of Regulation 17 (Good governance) – Governance of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of Regulation 17.

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

- Monitoring systems and audits were in place. However, these had failed to identify gaps in records, people at risk of choking, unsafe management of medicines and environmental issues.
- When medicines were prescribed to be given 'as required', not all protocols were in place to guide staff as to when to administer these medicines.
- The printed menus were confusing as the meals offered were incorrect. The registered manager was aware of this, but action had not been taken to rewrite them.

The provider had failed to ensure that effective monitoring system were in place. This was a continued breach of Regulation 17 (good governance) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager notified the CQC as required of any accidents, incidents and death that occurred at the service.
- Staff understood their roles and responsibilities.

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

- There were mixed responses regarding the management and leadership of the home. One person said, "I don't know who the manager is. I know who is in charge in here [unit]. She is very nice and helpful." A visitor said, "I know who the manager is. We have exchanged the odd word. The manager of the unit is approachable and helpful."
- Staff we spoke with felt supported by the registered manager. Relatives said they knew who the registered manager was and could approach her at any time.

- The service had an up to date statement of purpose which sets out the aims and objectives of the home. There was a service user guide which provided people with information about the service and what they could expect when accepting a place at the home.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- Staff confirmed they were happy with the way the home was managed.
- People were encouraged to leave any comments on an interactive pad in the foyer of the home. Suggestions for improvements were welcomed by the management team.
- Residents' and relatives' meetings were held throughout the year. Minutes showed these were poorly attended. One relative told us the times of the meetings were inconvenient, and they could not attend. However, the registered manager had an open-door policy and also held drop in clinics, details of which were displayed on the residents' information board in the reception area.

Working in partnership with others

- The registered manager worked in partnership with the local community and other agencies. For example, district nurses, the local clinical commissioning group and the community mental health team.
- The home was a member of the care homes excellence programme and regularly attended meetings.

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	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  Medicines were not managed safely
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The provider failed to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users