Regal Care Trading Ltd

St Catherines Nursing Home

Inspection report

152 Burngreave Road
Sheffield
South Yorkshire
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Tel: 01142723523

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

St Catherine's is registered to provide accommodation, nursing and personal care for up to 67 older people, some of whom may be living with dementia. The home is situated in the Burngreave area of Sheffield, close to transport links and local amenities.

There was a manager at the service who was registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

Our last inspection at St Catherine's took place on 2 and 5 September 2016. We found three breaches in the regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, in regard to regulations 17: Good Governance, 18: Staffing and 19: Fit and proper persons employed. The registered provider sent an action plan detailing how they were going to make improvements.

At this inspection we checked improvements the registered provider had made. We found sufficient improvements had been made to meet the requirements of Regulation 18: Staffing, as staff had been provided with regular supervision and annual appraisal in line with the registered provider's policy. We also found sufficient improvements had been made to Regulation 19: Fit and proper persons employed as recruitment procedures were now operated effectively to ensure all of the required information was obtained for each person employed.

However, we found sufficient improvements had not been made to achieve full compliance with Regulation 17: Good governance. Although there were a number of processes in place to monitor the quality and safety of the service, more improvements were required to fully meet the regulation. Therefore, this was a continued breach. We found people's care plans and risk assessments were reviewed regularly and in response to any change in needs. However, daily records relating to the care and treatment of each person were not complete, accurate and up to date. In addition the systems in place to monitor the regular completion of daily care records were not fully effective to ensure care provided was monitored, and that risks were managed safely.

This inspection took place on 2 October 2017 and was unannounced. This meant the people who lived at St Catherine's and the staff who worked there did not know we were coming. On the day of our inspection there were 36 people living at St Catherine's. The home has two separate buildings and at the time of this inspection the lower building was unoccupied as it was being refurbished and renovated.

People living at the home and their relatives spoken with were very positive about their experience of living at St Catherine's. They told us they, or their family member, felt safe and were generally happy.

Staff were aware of safeguarding procedures and knew what to do if an allegation was made or if they

suspected abuse.

We found systems were in place to make sure people received their medicines safely so their health was looked after.

Sufficient numbers of staff were provided to meet people's needs, although some people and their relatives felt at times there was a shortage of staff.

We found the home was clean and well maintained in the areas we checked.

Staff had regular updates to their training and were provided with relevant supervision and appraisal so they had the skills and support they needed to undertake their role.

The service followed the requirements of the Mental Capacity Act 2005 (MCA) code of practice and Deprivation of Liberty Safeguards (DoLS). People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The registered provider's policies and systems supported this practice.

People had access to a range of health care professionals to help maintain their health.

A varied diet was provided to people which took into account dietary needs and preferences so their health was promoted and choices could be respected.

Staff knew people well and positive, caring relationships had been developed. People were encouraged to express their views and they were involved in decisions about their care.

People were treated with dignity and respect and their privacy was protected. All the people, relatives and visiting health professionals we spoke with made positive comments about the care provided by staff.

A programme of activities was in place so people were provided with a range of leisure opportunities.

People said they could speak with the registered manager or staff if they had any worries or concerns and they would be listened to.

Staff told us they felt they had a very good team. Staff, people, relatives and professionals said the registered manager was approachable and very supportive, and communication was good within the service.

We found one continued breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the registered provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Staff were aware of their responsibilities in keeping people safe. People told us they felt safe. Relatives told us they felt their family member was safe.

Appropriate arrangements were in place for the safe administration and disposal of medicines.

Sufficient numbers of staff were provided to meet people's needs although some people and their relatives felt at times there was a shortage of staff. The staff recruitment procedures and checks in operation promoted people's safety.

People had individual risk assessments and all identified risks were assessed and ways to reduce the likelihood of the person being harmed were considered.

Is the service effective?

Good

The service was effective.

Staff were provided with a regular programme of training, supervision and appraisal for development and support.

The service was meeting the requirements of the Deprivation of Liberty Safeguards. Staff had an understanding of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards.

People were assisted to maintain their health by being provided with a balanced diet and having access to a range of healthcare professionals.

The home was well maintained and comfortably furnished.

Is the service caring?

Good

The service was caring.

Staff respected people's privacy and dignity and knew people's preferences well.

People living at the home, their relatives and health professionals said staff were very caring in their approach.

There were end of life care arrangements in place to ensure people had a comfortable and dignified death.

Is the service responsive?

Good

The service was responsive.

People's care plans contained a range of information and had been reviewed to keep them up to date, however daily records were not always up to date.

People living at the home, or their relatives, were confident in reporting concerns to the registered manager and felt they would be listened to.

A programme of activities was in place so people were provided with a range of leisure opportunities.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Records relating to the daily care and treatment of each person were not always complete, accurate and up to date. The systems in place to monitor the daily care records were not fully effective to ensure care provided was monitored, and that risks were managed safely.

Staff told us they felt they had a very good team. Staff, people, relatives and professionals said the registered manager was approachable and very supportive and communication was good within the service.

The service had a full range of policies and procedures available for staff.

St Catherines Nursing 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 checked 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 2 October 2017 and was unannounced. This meant the people who lived at St Catherine's and the staff who worked there did not know we were coming. The inspection team consisted of two adult social care inspectors, an expert by experience and a specialist advisor. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The specialist advisor was a registered nurse.

Before the inspection visit we reviewed the information we held about the service, including the Provider Information Return (PIR) which the registered provider completed before the inspection. The PIR is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed notifications of any accidents and other incidents we had received. Notifications are changes, events or incidents the registered provider is legally obliged to send us within required timescales.

We contacted Sheffield local authority, health professionals and Healthwatch (Sheffield). Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. All of the comments and feedback received were reviewed and used to assist and inform our inspection.

During the visit we spoke with eight people who lived at St. Catherine's and five of their relatives to obtain their views of the home.

We spoke with a health professional who was visiting people at the home.

We spoke with 12 staff including the registered manager, the registered provider's regional manager, a registered nurse, three care staff, an activities worker, maintenance staff, domestic staff, the cook and the

administrator.

We looked around different areas of the service; the communal areas, bathrooms, toilets and with their permission, some people's rooms.

We also looked at six care plans, four people's Medicine Administration Records (MAR), three staff files and records associated with the running and monitoring of the service.

Good

Is the service safe?

Our findings

Our last inspection at St Catherine's took place on 2 and 5 September 2016. We found a breach in the regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, in regard to Regulation 19: Fit and proper persons employed. This was because records were not in place to show the registered provider had obtained all of the required information for each person employed. At this inspection we found improvements had been made.

We looked at the procedures for recruiting staff. We checked three staff recruitment records. Each contained references, proof of identity and a Disclosure and Barring Service (DBS) check. A DBS check provides information about any criminal convictions a person may have. This helped to ensure people employed were of good character and had been assessed as suitable to work at the home. The staff spoken with confirmed they had provided references, attended an interview and had a DBS check completed prior to employment. This showed recruitment procedures in the home helped to keep people safe.

People told us they felt safe living at St Catherine's. Comments included, "Yes, I feel very safe here, as much as I'd like to be at home, I know I can't so I'm grateful," "I know I couldn't manage at home, but here everything is provided and it's all on one level, I'm safe enough" and "I am safe and happy here." Relatives of people living at St Catherine's told us they felt their family member was safe. One relative told us, "I think it is as safe as anywhere. I mean we have fire drills and things like that and they (staff) check on [name of person who used the service] regularly."

Some people did comment and raise concerns about another person in the home and the 'discord' that was evident at times between individuals. We spoke with the registered manager about this who told us they were looking at where people's rooms would be (dependant on their choice) when the new unit opened.(The home comprised of two separate buildings and at the time of this inspection the lower building was unoccupied as it was being refurbished and renovated). The registered manager said they were hopeful the new unit opening would create more space and alleviate some of the tensions between individual people who used the service and in the meantime they were continually assessing people's safety needs.

The registered provider had a process in place to respond to and record safeguarding concerns. Staff confirmed they had been provided with safeguarding vulnerable adults training so they had an understanding of their responsibilities to protect people from harm. Staff were clear of the actions they would take if they suspected abuse, or if an allegation was made so correct procedures were followed to uphold people's safety. Staff knew about whistle blowing procedures. Whistleblowing is one way in which a worker can report concerns, by telling their manager or someone they trust. This meant staff were aware of how to report any unsafe practice. Staff said they would always report any concerns to the registered manager or senior staff and they felt confident they would listen to them, take them seriously and take appropriate action to help keep people safe.

We reviewed the service's safeguarding file, where allegations that had been received, the nature of the allegation, the outcome and the action taken were clearly recorded. We spoke with the registered manager,

they were able to provide us with this information and update us on the one on-going investigation surrounding the care and support a person at St Catherine's had received.

The registered manager and administrator explained small amounts of monies were looked after for some people. Each person had an individual record of monies held in their name. We checked the financial records and receipts for three people and found they detailed each transaction and the money deposited and withdrawn by the person. We checked the records against the receipts held and found they corresponded. Records showed the registered manager and registered provider also carried out regular checks to ensure peoples' monies were kept safe.

All of the staff asked said they would be happy for a relative or friend to live at the home and felt they would be safe.

People living at the home, and their relatives spoken with said there were generally enough staff to meet their (or their family members) needs although three people or their relatives felt there should be more staff available. Comments included, "Yes, there are enough [staff] around," "It's great at times and difficult at times because there's staff shortages," "When pressing a buzzer for assistance ,sometimes it's quite quick, but at other times it's a lot longer" and "The staff are excellent and the nurses are very good, there's always plenty of staff around ,they're absolutely fantastic."

Health professionals said, "Staff are busy but they are always around" and "There seemed to be better supervision (more staff visible) of communal areas than on previous visits."

We looked at staffing levels to check enough staff were provided to meet people's needs. On the day of the inspection there was the registered manager, registered nurse, and six care staff. There was also an activities coordinator, administrator, domestic, catering and maintenance staff working at the home.

Staff spoken with confirmed these numbers were generally maintained although they did say there were not usually six care staff on shift it was usually five and staff levels were 'O.K.'. We looked at the staffing rota for the week prior to this inspection and found these identified staffing levels had been maintained.

We observed staff were visible around the home and responded to people's needs as required. We also observed staff taking time to sit and engage with people where they chose to sit or as part of what appeared to be an organised activity in the dining room during the morning

We asked people living at the service about the help they got with their medicines and they told us they were happy with the support they received. Comments included, "One of the nurses comes round and it's all planned out for me (medicine administration) I wouldn't be able to manage if I was at home, I wouldn't know what pills to take."

We checked to see if medicines were being safely administered, stored and disposed of. We found there was a medicine's policy in place for the safe storage, administration and disposal of medicines so staff had access to important information.

We observed part of the morning and lunchtime medicines administration. We found that safe procedures were followed. The registered nurse explained to people what medicines they were taking and asked if they needed any pain relief. People were provided with a drink to take their medicines with and staff were patient and respectful with people whilst administering their medicines.

Training records showed staff that administered medicines had been provided with training to make sure they knew the safe procedures to follow. Staff could describe these procedures and told us the registered manager also regularly observed staff administering medicines to check their competency. The registered nurse said they were "100% happy with the system" used to administer medicines at the home.

We saw the morning medication administration records (MAR) had been fully completed. The MAR held photographs of the person, any known allergies and protocols for administering medicines prescribed on an 'as needed' basis (PRN.) One person who had been recently admitted to St Catherine's did not have a PRN protocol in place. The registered nurse said this would be implemented the same day and hadn't been completed because staff were still assessing the person surrounding their medicines management.

The medicines kept corresponded with the details on MAR charts. Medicines were stored securely. At the time of this inspection some people were prescribed Controlled Drugs (CD's.) These are medicines that require extra checks and special storage arrangements because of their potential for misuse. We found a CD register and appropriate storage was in place. CD administration had been signed for by two staff and the number of drugs held tallied with the amount recorded in the CD records checked. This showed safe procedures had been adhered to.

We saw regular audits of people's MAR's were undertaken to look for gaps or errors and we saw records of monthly medicines audits which had been undertaken to make sure full and safe procedures had been adhered to.

The registered manager said the community pharmacist carried out regular checks of medicines and records. We saw a community pharmacist's report dated 15 August 2017. The report raised no major concerns but recommended some areas for improvement in the medicines management at St Catherine's. The registered manager confirmed any recommendations made following the pharmacists visit had been addressed. This showed people's safety was promoted.

We saw each person had individual risk assessments for such things as moving and handling and deterioration in skin condition. The assessments were electronically held and identified risks were assessed and ways to reduce the likelihood of the person being harmed were considered. Any actions agreed were recorded and reviewed regularly. We saw people were supported safely and in line with their risk assessments.

Regular checks of the building were carried out to keep people safe and the home well maintained. We found a fire risk assessment had been undertaken to identify and mitigate any risks in relation to fire. Personal emergency evacuation plans were kept for each person for use in an emergency to support safe evacuation.

We found a policy and procedure in place for infection control and to keep the building clean and free form malodours. People and relatives we spoke with said, "The home never smells when we come" and "Everywhere is spotless."

Training records seen showed all staff were provided with training in infection control. We saw infection control audits were undertaken by the registered manager and registered provider which showed any issues identified were acted upon. This showed procedures were followed to control infection. We found the home was clean with no unpleasant malodours observed in the areas we checked.

An NHS employed Infection Prevention and Control (IPC) Nurse carried out an IPC audit in August 2016. We

contacted the nurse prior to inspection. The nurse said there were two areas which had not been addressed which included the lack of a heater disinfector to clean commodes and other equipment. We spoke with the registered manager who confirmed all areas in the IPC report had now been addressed and they would contact the IPC nurse within the next week to confirm issues requiring action had now been addressed.

Good

Is the service effective?

Our findings

Our last inspection at St Catherine's took place on 2 and 5 September 2016. We found a breach in the regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, in regard to Regulation 18: Staffing. This was because some staff were not receiving appropriate supervision or appraisal as is necessary to enable them to carry out the duties they were employed to perform. Supervisions are meetings between a manager and staff member to discuss any areas for improvement, concerns or training requirements. Appraisals are meetings between a manager and staff member to discuss the next year's goals and objectives. These are important in order to ensure staff are supported in their role. At this inspection we found improvements had been made.

We looked at the procedures for supervising staff. The three staff records checked showed care staff had been provided with regular supervision for development and support. All of the staff spoken with said they received regular, formal supervisions and could approach management at any time for informal discussions if needed. This showed that staff were appropriately supported. Records also showed that staff had been provided with an annual appraisal, in line with the registered provider's policy.

Staff we spoke with told us they felt supported. Staff said, "I get supervision from [name of registered manager]," "I get supervision about every eight weeks; I feel I am well supported" and "I had my appraisal a few months ago. We have team meetings, supervision as well, the support is good."

Registered Nurses we spoke with felt they were supported. A nurse told us the registered provider had supported all qualified nurses to attend an external one day course which had provided them with the documentation and guidance required for revalidation/reregistration of their nursing qualification.

We checked the staff training matrix which showed staff were provided with relevant training so they had appropriate skills. Staff spoken with said they undertook induction and refresher training to maintain and update their skills and knowledge. Mandatory training such as moving and handling, first aid, medicines and safeguarding was provided. We looked at the matrix and saw other training subjects were also undertaken, to provide staff with further relevant skills. For example, training on stoma care, depression, skin care, diabetes and dementia awareness. This meant all staff had appropriate skills and knowledge to support people. Staff spoken with said the training was, "Good."

We found new staff were completing the Care Certificate as part of their learning and development. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. The Care Certificate gives everyone the confidence that workers have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support. It is based on 15 standards, all of which individuals need to complete in full before they can be awarded their certificate.

People spoke positively about living at St Catherine's and the support they received. People we spoke with said they felt well cared for by staff. One person told us, "Yes, they [staff] are pretty attentive, good."

Relatives we spoke with expressed no concerns regarding the support provided and said they were always kept up to date with information regarding their family member.

People who used the service, or their relatives, said their [family member's] health was looked after and they were provided with the support they needed.

The registered manager confirmed medical support was provided by GPs from a local practice who visited people as and when required.

The care records showed people were provided with support from a range of health professionals to maintain their health. These included district nurses, GPs and dentists.

We spoke with a visiting health professional who was very positive about the staff and service at St Catherine's. Comments included, "This is a really good home. To my knowledge there are no concerns from the local GP practice and staff follow any professional advice really well."

Stakeholders we contacted prior to the inspection told us there main concerns about St Catherine's were around poor record keeping.

People or their relatives said were very happy with the catering arrangements at the home. We observed the results of a meal survey posted on one of the notice boards. The feedback was positive with 'service' at meal times scoring 100%.

People or their relatives told us, "I eat 'owt' they put in front of me. They have a menu, but I don't bother, I'll eat anything (the person was laughing as they made the comment)," "[Name] food and nutritional needs were very well met at St Catherine's," "The meals are on a menu and there'll be a choice, it's all very nicely cooked," "The puddings are lovely .I really love jam sponge and rice pudding, they're my favourites" and "The food is wonderful."

We observed drinks being regularly taken into the lounges during our visit. We saw people who preferred to spend time in their bedrooms also received drinks. One person said, "Oh yes, you can always get a jug of juice like this one."

We observed the meal time arrangements at lunch time in two areas of the home. People could choose to eat their meals in the dining room or in their room. There were 21 people having their meals together in the dining room, supported by four care staff, two members of the catering team and the activity organiser who, in the main, was taking lunches to people who had chosen to eat in the lounge or in their rooms.

We saw the dining room was very cramped which didn't help the atmosphere and meant staff struggled to get around to provide appropriate support. There was also some discord between individual people, resulting in some quite loud arguments and with one person requesting to be seated elsewhere and another person asking to have their lunch in one of the quieter areas in the home.

Most people were able to eat their meal without requiring support, but we also observed staff actively encouraging people and where needed, offering direct support with a meal.

The registered manager said another communal area could and had been used as a dining room to alleviate this problem, but this had not been converted back into a dining room since the completion of recent decoration of the communal areas. They said this room would be converted back into a dining area within

the next two days to create extra dining space for people.

We spoke with the cook and they provided us with details of people who had allergies or required a specialist diet. They were very knowledgeable about people's food preferences. The cook said they always served meals for people as it enabled them to see if people enjoyed the food, to monitor waste, what meals were popular and to receive direct feedback from people about the food served so improvements could be made, if needed.

Staff said they could access the kitchen at any time of day or night if people decided they wanted a snack making.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation 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.

The service had policies and procedures in relation to the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). The service was aware of the need to and had submitted applications for people to assess and authorise that any restrictions in place were in the best interests of the person.

People and their relatives told us staff involved them in making choices and decisions about their care. We found care was provided to people with their consent. People said staff respected their choices and always asked for their consent before providing care and support.

Comments included, "I just help [name] choose what she wants to wear and then staff help her to get washed and dressed" and "I choose what to do and when. I prefer to stay in this part of the home. I can see what is going on."

During the visit we observed members of the care staff calling people by their preferred names, and offering people choices as to what they would like to do based on their knowledge of the individual person's likes and dislikes.

We looked at six people's care plans which were held electronically. They identified people or their relative had been consulted and had agreed to their plan. This showed important information had been shared with people and/or the family and they had been able to make an informed decision.
Comments made included, "I was involved in [name] care plan when they came here" and "I'm always kept involved in what is happening with care."

The care plans seen all contained an initial assessment (these were paper documents that were then transferred onto the electronic system) that had been carried out prior to admission. The assessments and care plans contained evidence people had been asked for their opinions and had been involved in the

assessment process to make sure they could share what was important to them.

At the time of this inspection the lower building (Hallam) was unoccupied and it was nearing completion of being totally refurbished and renovated. The upper building had already undergone this refurbishment. We found this area was designed and adapted to meet the needs of people using the service. The home accommodation was provided on the first and second floors of the home which could be accessed by a lift. People were able to walk around freely in these areas and clear signage and pictures helped to identify the different areas.

Good

Is the service caring?

Our findings

People who used the service and their relatives all made positive comments about the home. People and relatives told us they were happy and well cared for by staff that knew them well. They said staff, including the registered manager, were good at listening to them and meeting their needs. Their comments included, "When we chose St Catherine's we really appreciated the level of care the home manager took during her visits prior to [name of person] admission," "Staff are helpful, they look after her very well," "Lovely staff here, I do get a bit lonely but staff come and talk to me," "We could not have wished for a better place for [name of person who used the service]," "I'd give this place 9 out of 10," "My [named relative] was here before me, they [staff] were very caring, and then I chose to come here," "Staff are absolutely fantastic," "The manager discusses everything with us. I think they're all lovely," and "The staff are lovely, there are no staff problems, they're all polite and helpful."

Stakeholders we contacted prior to the inspection told us during their visit to St Catherine's they felt staff were caring toward people.

During our inspection we spent time observing interactions between staff and people who used the service. People were always addressed by their names and people were relaxed in the company of staff.

All the inspection team felt there was a friendly and welcoming feel to St Catherine's.

We saw staff discussed people's choices with them and obtained people's consent so they agreed to what was being asked. For example, staff asked people's permission for us to enter their rooms. We saw people were able to choose where they spent their time, for example, in their bedroom or the communal areas. The staff engaged well with the people, ensuring that they were on eye-level when speaking to an individual person and telling people what they were going, and seeking the persons consent prior to taking the action. This showed people were treated respectfully.

People were able to bring personal items with them and we saw people had personalised their bedrooms according to their individual choice. People were invited to attend 'residents' meetings, every week where any concerns could be raised, and suggestions were welcomed about how to improve the service.

We did not see or hear staff discussing any personal information openly or compromising privacy. Staff understood the need to respect people's confidentiality and understood not to discuss issues in public or disclose information to people who did not need to know. Any information needed to be passed on about people was passed on discreetly, at staff handovers or put in each individual's care notes. This helped to ensure only people who had a need to know were aware of people's personal information.

Staff told us the topics of privacy and dignity were discussed at training events and they were able to describe how they promoted people's dignity. Staff told us they treated people how they would want to be treated. We saw staff interacting respectfully with people and all support with personal care took place in private. This showed people's privacy and dignity was promoted and respected.

The registered manager and staff said they had a strong commitment to supporting people and their relatives before and after death. Do Not Attempt Resuscitation (DNAR) forms were completed and where people lacked capacity to make this decision a mental capacity assessment, best interest decision, had been made by the appropriate people.

Staff said they had good links from the palliative care team at the local hospice, district nursing team and Macmillan nurses. The staff told us they were also able to receive support and advice from these other professionals surrounding end of life care. Some staff spoken with said they had been provided with end of life care training and end of life care was always discussed in team meetings and handovers so they had the skills and knowledge to care for people when this support was needed.

In the reception area we saw there was a range of information available for people and/or their representatives. This included: details of advocacy services, support organisations and the registered provider's complaints procedure. An advocate is a person who would support and speak up for a person who doesn't have any family members or friends that can act on their behalf.

Good

Is the service responsive?

Our findings

People living at St Catherine's said staff responded to their needs and knew them well. They told us they chose where and how to spend their time and how they wanted their care and support to be provided. One person told us, "They [staff] know how I like things." A relative said, "The staff seem to know people really well, they know what [name of relative] likes and doesn't."

All of the people living at the home, and their relatives, said they were happy with the activities provided and they [or their family member] were free to choose to join in or not, depending on their preference. Comments included, "[Named activity staff] takes me out for walks and I just feel I can talk to her," and "I regularly take [name] to the church she had attended for many years prior to moving to live at St Catherine's," "The activities organised are very good, singers come in, there is bingo and there is a trip out every month," "We went to Cleethorpes last month. This month there is a barge trip" and "I think the activities are well organised. I also like how the staff try to include everyone. With the trips staff help to make sure everybody can go if they want to, so it is not the same people going on trips all the time."

We spoke with the activity coordinator about activities in the home. Two activity coordinators were employed to ensure there was a range of meaningful activities on offer every day. One coordinator worked across five days and the other coordinator covered the weekends to allow for activities to be on offer across all seven days of the week. People told us and records showed a range of activities were provided. Records showed recent activities included trips on the minibus, quiz, games, arts and crafts, sing /songs, gardening and visits to the home by entertainers.

We were told by staff one person living at St Catherine's was an accomplished pianist and most days they would play the piano in the dining room and people would sing along.

Information on future activities was displayed in the entrance area of the home. We observed on the day of inspection that activities were provided individually or in small groups to meet people's diverse needs. The activity coordinator and a volunteer spent time with individual people encouraging them to paint or participate in other craft activities.

Throughout our inspection we saw staff were responsive to people's needs. For example we saw staff supporting people discreetly to the toilet as soon as they requested this assistance.

People and relatives we spoke with said if they had any concerns they would feel comfortable in speaking to the registered manager and had every confidence that they would be listened to and their concerns would be dealt with in a professional manner. Comments included, "I've got no complaints about the place, I visit every day and would say if I had," "Any problems [Named registered manager and the administrator] will sort it out straight away," and "Just once I came in and I was not happy with some care. I spoke to the manager and it was sorted straight away."

A health professional did not raise any concerns about the service and said, "The manager is brilliant, very

approachable and any concerns are sorted straight away."

There was a clear complaints procedure in place. A copy of the complaints procedure was displayed in areas around the home and also included in the service user guide which had been provided to each person who used the service. The complaints procedure gave details of who people could speak with if they had any concerns and what to do if they were unhappy with the response. We saw a system was in place to respond to complaints. A complaints record was available to record action taken in response to a complaint and the outcome of the complaint. There had been two complaints recorded since the last inspection, both had been concluded.

We checked six people's care plans. The care plans were electronically held and were very detailed and contained details of people's identified needs and the actions required of staff to meet these needs. The plans contained information on people's life history, preferences and interests so these could be supported. Health care contacts had been recorded in the plans and plans showed people had regular contact with relevant health care professionals. This showed people's support needs had been identified, along with the actions required of staff to meet identified needs. We found support plans held evidence they had been reviewed to keep them up to date. However, daily records relating to the care and treatment of each person were not complete, accurate and up to date.

Staff spoken with said people's care plans contained enough information for them to support people in the way they needed. Staff spoken with had a good knowledge of people's individual health and personal care needs and could clearly describe the history and preferences of the people they supported. This meant people were supported by staff that knew them.

Requires Improvement

Is the service well-led?

Our findings

At the last inspection on 2 and 5 September 2016 we found a breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) 2014. This related to Good Governance because records relating to the care and treatment of each person were not complete, accurate and up to date.

The registered provider sent us an action plan detailing how they were going to make improvements. This inspection was undertaken to check that the registered provider had followed their plan and to confirm that they now met all of the legal requirements. At this inspection we found sufficient improvements had not been made to fully meet the regulation. This meant there was a continued breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) 2014, Good governance.

All people's care records were held on Patient Care System [PCS]. This was an electronic system and staff used a small hand held device to record every intervention and interaction provided for people. These included such things as assisting people with diet and fluids and assisting people with their hygiene needs. This meant a full and accurate record of the support provided could be kept electronically.

However, some staff were not using the device appropriately or on a frequent enough basis which meant daily records relating to the care and treatment of each person were not fully complete, accurate and up to date. This made it very hard to determine what care and support people had received.

The actual written care plans and risk assessments for people were very detailed and up to date and people and their relatives said they were receiving good care and support. We saw staff offering people diet and fluids on a frequent basis and people looked clean and had received a good level of personal care. However, this care was not being accurately recorded by staff. Staff said, "We get busy and then waylaid," and "I forget to record things like fluids I know I have given people."

We looked at three people's daily care records in detail. We found numerous gaps in the personal care and dietary records for people. Records showed two people, whose fluid intake was being monitored, had not been offered any fluids for two consecutive days yet we saw one of these people drinking fluids on a regular basis throughout the day of inspection.

Records showed oral care had not been provided for one person in 21 of the last 25 days. We saw this person's mouth was clean and their skin condition appeared to show they were well hydrated. Records showed one person had not had a wash for three consecutive days and yet they appeared clean and well dressed. We concluded that the records did not reflect what was happening in reality.

Our findings meant the systems in place to monitor the daily care records were not fully effective to ensure care provided was monitored, and that risks were managed safely.

This was a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Good governance.

We spoke with the regional and registered managers about the poor record keeping at the home. We discussed possible solutions which the managers considered. The registered manager said they had arranged a staff meeting two days later and they would be giving staff reminders of their legal responsibility in record keeping. The registered manager said, they, and other senior staff at St Catherine's would also be increasing the frequency of record audits.

We discussed with the registered and regional managers the quality of auditing of people's daily care records and the need for the audit documentation used to be more descriptive. The records needed to make a clearer distinction between the person's care records or MAR, which was being audited and what corrective action, if any had been completed if the audit identified any omissions.

The manager was registered with CQC. Throughout our inspection we saw the registered manager greet people by name and they obviously knew them well. We saw people who used the service; their relatives and staff freely approaching the registered manager to speak with them.

People living at St Catherine's, their relatives and staff at the home spoke positively about the registered manager. People and their relatives commented, "I have every confidence in the home manager," "Yes I know the manager, she is good, I see her and know where to find her if I need help."

Staff told us the registered manager was very approachable and they could talk to them at any time. They said they enjoyed working at St Catherine's and felt supported. Their comments included, "The manager is kind and very supportive" "You can go to [Named manager] with anything, she is kind approachable and compassionate," " I couldn't' ask for a better manager,"
"[Named registered manager] is brilliant she would do anything for us," "I love working here" and "It's really good here we are like a family."

All staff, people and relatives told us they would recommend the service. One relative said, "I certainly recommend it here. I tell people all the time how good it is."

We looked at the arrangements in place for quality assurance and governance. Quality assurance and governance processes are systems that help providers to assess the safety and quality of their services, ensuring they provide people with a good service and meet appropriate quality standards and legal obligations. We found a quality assurance policy was in place and saw audits were undertaken as part of the quality assurance process. We found quality assurance procedures were in place to cover all aspects of the running of the home. However, we found that these audits had not identified the omissions in people's daily care records.

Records showed the registered manager undertook regular audits to make sure full procedures were followed. Those seen included care plan, medicines, health and safety, and infection control audits. We saw environment, and health and safety checks were regularly undertaken to audit the environment to make sure it was safe. We saw the provider's regional manager had also undertaken monthly visits to check procedures within the home were being followed.

We saw records of accidents and incidents were maintained and these were analysed to identify any on-going risks or patterns so people's well-being and safety could be promoted.

We found questionnaires had been sent to people who used the service and their relatives to formally obtain and act on their views. The results of questionnaires were audited and a report compiled from these so people had access to this information. We observed evidence of the outcome from the meals survey

displayed on a notice board along with the details of the recent satisfaction survey, and were told that the staff survey was being progressed at present.

Relative and 'resident' meetings took place so people had opportunities to feedback about the service and suggest improvements. One relative we spoke with said, "I've been to one or two of the meetings, but I haven't been recently."

People told us they had a weekly home meeting which was organised and run by the activity coordinator. We saw minutes following these meetings were circulated around the home. Staff and people told us the meetings focussed on the day-to-day running of St Catherine's, planned the monthly large outings which run from March to October each year, and also planned and reviewed the monthly activity plan.

Records showed staff meetings took place every three months to share information relating to the management of the home. All of the staff spoken with felt communication was good in the home and they were able to obtain updates and share their views. Staff told us they were always told about any changes and new information they needed to know.

The home had policies and procedures in place which covered all aspects of the service. The policies seen had been reviewed and were up to date. Staff told us policies and procedures were available for them to read and they were expected to read them as part of their training and induction programme. This meant staff could be kept fully up to date with current legislation and guidance.

The registered manager was aware of their obligations for submitting notifications in line with the Health and Social Care Act 2008. The registered manager confirmed any notifications required to be forwarded to CQC had been submitted and evidence gathered prior to the inspection confirmed this.

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 Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance Records relating to the care and treatment of each person were not complete, accurate and up to date. The systems in place to monitor the daily care records were not fully effective to ensure care provided was monitored, and that risks were managed safely.