GCH (St Katharine's) Limited

St Katharine's House

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

Overall summary

We visited St Katharine's House on 17 and 18 November 2014. St Katharine's House is registered to provide accommodation for 76 older people who require nursing and personal care. At the time of the inspection there were 53 people living at the service. The home is arranged into three units; Willow Walk provides care for people living with dementia, St Lukes Wing provides nursing care for people and the ground and second floor of the main building provide residential care for elderly people. This was an unannounced comprehensive inspection.

We have carried out six inspections of St Katharine's House in the last 18 months to follow up on areas of concern. At each inspection we saw changes had been made to bring the service up to the required standard but also highlighted further areas for improvement. There has not been a stable management team at the home during this time which has meant the improvements had not all been sustained or embedded in practice.

Our last inspection was in July 2014. Two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 were identified at that time. These were

Summary of findings

in the regulations relating to consent and to records. The provider sent us an action plan and told us what actions they would take to rectify the breaches. We found actions had been completed in relation to consent.

There were continued shortfalls in relation to care records. Some care plans and assessments had not been completed and did not provide instructions to staff on how to support people. Some people's food and fluid charts had not been completed accurately.

There were not always enough staff to meet people's needs.

People were at risk because equipment used to support people's care had not been properly maintained. The six monthly services due on 5 September 2014 had not taken place.

Medicines were not always stored at the correct temperature because one of the fridges was not working effectively. We raised this with the registered manager and they took immediate steps to rectify the matter.

Improvements were required to ensure the service was effective by supporting staff to improve the quality of care through the appraisal process. The registered manager was developing a plan to ensure all staff would receive an appraisal.

Improvements were required to ensure the service was well led. The registered manager and provider did not have robust quality assurance systems in place.

There was a new registered manager who had been in post since August 2014. 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. The registered manager had a clear understanding of the changes and improvements that were required. People, their relatives, visiting health professionals and staff recognised that improvements were taking place.

Staff were caring. People were treated with warmth and affection. People were supported with their personal care discretely and in ways which upheld and promoted their privacy and dignity.

People felt safe and told us they were supported by competent staff. Staff had completed a range of training to help them care for people's specific needs. Staff were knowledgeable about people's individual needs and preferences. They took the time to understand people where they had communication difficulties. People were supported to make decisions about their care.

Staff understood their responsibilities under the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS); these provide legal safeguards for people who may be unable to make their own decisions. Where restrictions were in place for people we found these had been legally authorised.

Peoples nursing and health care needs were met. People were supported to eat and drink enough and to maintain their physical and mental health. Where required staff involved a range of other professionals in people's care to ensure their needs were met. Visiting health professionals told us staff followed their guidance and were quick to identify and alert them when people's needs changed.

We found four breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we told the provider to take at the back of the full version of the report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe. There were not always enough staff to meet people's needs. People were at risk because equipment used to support people's care had not been regularly serviced.

Some medicines that must be stored in cool conditions were stored in a fridge that was not working effectively.

People were protected from the risk of abuse because staff were knowledgeable about the procedures in place to recognise and respond to abuse. Safeguarding notifications had been raised appropriately.

Systems were in place to ensure people were safe through risk assessments. These included identifying and managing risk to people and the environment.

Is the service effective?

Requires Improvement

Some aspects of the service were not effective because staff were not always supported to improve the quality of care delivered to people through the appraisal process.

Staff felt supported and received the training they needed to care for people.

People were involved in the planning of their care and were supported by staff who acted within the requirements of the law. This included the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards.

People were supported to maintain their independence, stay healthy and eat and drink enough.

Is the service caring?

Good

The service was caring. People were cared for in a dignified way. Staff were caring and treated people in a warm and friendly way.

Staff were knowledgeable about the care people required. People's choice, likes, dislikes and preferences were respected.

People had expressed their end of life wishes and this had been recorded.

Is the service responsive?

Requires Improvement

The service was not consistently responsive to people. Care plans and assessments did not always provide instructions on how to support people.

People were supported to be independent. Activities were tailored to suit people's interests and preferences. There was regular entertainment on offer.

Summary of findings

Is the service well-led?

The service was not consistently well led. Quality assurance systems were in place but were not robust and had not identified issues we found during the inspection.

Although there was a new registered manager in post, the home had not benefitted from a stable management team over the past 14 months. This meant changes and improvements in the home had not all been sustained or given time to embed into everyday practice.

The registered manager demonstrated strong leadership skills and had a clear understanding of the changes and improvements that were required.

Requires Improvement

St Katharine's House

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 was 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 the 17 and 18 November 2014. It was an unannounced comprehensive inspection. The inspection team consisted of three inspectors 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.

Before the inspection, we received a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

Prior to our visit we reviewed the information we held about the service. This included notifications, which are information about important events which the service is required to send us by law. We also contacted and received feedback from seven health and social care professionals who visited people. This was to obtain their professional view on the quality of the service provided to people and how the home was being managed.

During the inspection 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. We spent time with people on all three units and observed the way staff interacted with people. We spoke with 16 people and two relatives. We also spoke with the registered manager, the deputy manager, the clinical nurse lead, 12 care workers, a handyman, a housekeeper and the chef.

We looked at records, which included 13 people's care records, the medication administration records (MAR) for all people at the home and nine staff files. We also looked at records relating to the management of the service.

Is the service safe?

Our findings

There were not enough staff to meet people's needs. Before the inspection we had received concerns from visiting health professionals about the staffing levels at St Katharine's House. During the inspection people told us more staff were needed. Comments included, "The poor girls are run ragged" and "There should be less work and more staff."

The registered manager used a dependency tool to calculate staffing levels according to people's needs'. However, the amount of staff on duty did not always reflect this. For example, there were three dates in September 2014 where only one staff member had worked on Willow Walk on the night shift to care for 14 people. The agreed staffing was two care workers overnight. Two people living on the unit required the support of two members of staff for personal care, moving and handling and evacuating in the event of a fire. This meant there was not enough staff on duty to care for these people safely.

According to the nursing wing off duty rota, the calculated levels of staff for that unit were met. This was a minimum of five care workers and one nurse. Staff told us they needed more staff on the unit particularly during the morning. This was because all of the people living on the unit required assistance with personal care and 12 people needed the assistance of two members of staff. The nurse gave out medicines at this time so was not available to help with personal care. Staff told us, "Usually the last person is getting finished [washing and dressing], as lunch is being served." At 11.30am there were four people who had still not been assisted to wash and dress and one person was still being assisted at 12.45pm. Staff told us they had not had the time to assist these people any earlier. They said "People will have been moved and had a drink and breakfast but no washing and dressing." Throughout the inspection staff on the nursing wing were rushed and were not available in the communal areas to offer support to people.

There was not enough staff to support people at mealtimes. For example, we observed one person on the nursing unit asked for their meal three times. Staff were busy supporting other people to eat and explained to the person that they would assist them as soon as they were able. A staff member who had called into the home on their day off stayed and assisted this person to eat their lunch.

On another unit we observed one person who was unable to eat without assistance was helped by three different staff. Their meal was interrupted because staff left them to help other people or do other tasks.

These issues were a breach of Regulation 22 Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. We spoke with the registered manager about the issues we had found with staffing. They told us they had recruited three staff members the previous week and had further interview dates planned.

Equipment used to support people's care, for example, hoists, bath hoists, stand aids and specialised baths had not been properly maintained. Six monthly services had been due on 5 September 2014 but these had not taken place. Maintenance staff had informed the manager and the provider's head office but a date for the service had not been arranged at the time of the inspection. This meant people could be at risk from equipment that was not maintained correctly. This was a breach of Regulation 16 Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Medicines were not always stored at the correct temperature because one of the fridges was not working effectively. Recorded temperatures of a medicines fridge dating back to August 2014 showed it was consistently outside of the recommended range to store some medicines that must be stored in cool conditions. No action had been taken to ensure medicines inside this fridge were stored at the correct temperature. Therefore, we were not assured that these medicines were safe to administer. We raised this with the registered manager and they took immediate steps to remove the medication and contact the pharmacy for a replacement fridge.

Staff had been trained in administering medicines and had their competency checked. We observed staff administering medicines; staff supported people to take their medicine in line with their prescription. There was accurate recording of the administration of medicines. Checks were in place to ensure that medicines requiring additional security measures (controlled drugs) were stored and recorded safely. We checked and found that the number of controlled drugs in stock matched the records.

People told us they felt safe and supported by staff. Comments included, "Very safe." and "I feel very safe and

Is the service safe?

don’t expect to be ‘looked after’ but I am well supported if I need any help”. Call bells were answered promptly and some people wore pendant alarms so that they were able to alert staff if required.

Staff were knowledgeable about safeguarding adults. They were aware of types of abuse and the importance of reporting suspected abuse to senior staff. Staff also knew who to contact outside of the organisation and gave examples of when they had raised issues with the local authority safeguarding team or police. For safeguarding concerns relating to physical injuries, staff understood the need to seek medical assistance via the GP surgery or out of hour’s emergency services. They were also aware of the importance of using body maps to record bruising or injuries and completing incident forms. Safeguarding alerts had been raised with the local authority and CQC as appropriate.

Safe recruitment procedures were followed before new staff were appointed to work with people. Appropriate checks were undertaken to ensure that staff were of good character and were suitable for their role.

Care plans identified risks to people's health and welfare, for example, pressure area, malnutrition and falls prevention. Where risks were identified actions had been taken to minimise the risks. For example, one person had been identified as at risk of falling. They had specialist equipment in place to reduce the risk of falling whilst maintaining their independence in moving around the home.

Requires Improvement

Is the service effective?

Our findings

At our inspection in July 2014 we identified nurses and care workers did not demonstrate a good understanding of how to assess people's capacity to provide consent. We asked the provider to send us an action plan outlining how they would make improvements. The required improvements had been made. People's capacity to make decisions had been assessed. Staff knew when people required someone to support them in relation to important decisions. Where a person lacked capacity, steps had been taken to make sure people who knew the person and their circumstances had been consulted to ensure decisions were made lawfully and in their best interests.

The registered manager understood their responsibilities in respect of the Deprivation of Liberty Safeguards (DoLS). These safeguards were put into place to protect people who were assessed as lacking mental capacity and whose freedom would be restricted in some way. The registered manager had recently made or was in the process of making DoLS applications for all people who were assessed as lacking mental capacity and would be prevented from leaving the premises alone.

Staff felt supported, there was evidence of group supervision and the registered manager had commenced a program of individual one to one supervision. Staff were not always supported to improve the quality of care delivered to people through the appraisal process. 63 staff had not received an annual appraisal in the last 14 months. This meant they did not have agreed goals and objectives as well as a formal personal development plan to work towards. We discussed this with the registered manager who informed us there was a plan in place to ensure all staff received their annual appraisal.

Staff told us they had the training they needed to carry out their role. People felt supported by competent staff. Newly appointed care staff completed a comprehensive induction programme that took account of nationally recognised standards within the care sector. Staff had completed the services mandatory training for example, moving and handling and infection control. Staff had undertaken training to help them care for people with specific needs such as dementia care. Staff described to us how the training had helped them to understand how to support people with dementia in a more individualised way.

Staff supported people to maintain their physical and mental health. Nursing and care staff were knowledgeable about the support people required to manage their health needs. People were referred for specialist advice and we saw evidence this advice was followed.

The GP visited weekly or before if required. Health and social care professionals told us "care staff are person centred and approachable" and "care staff know the residents well". Professionals also told us peoples' changing needs were identified to them and "our advice is always followed." Details of any professional visits were seen in each person's care record, with information on outcomes and changes to treatment if needed. Records showed that people had regular access to other healthcare professionals such as, chiropodists, opticians and dentists.

Staff supported people who had been assessed as being at risk of becoming malnourished or dehydrated. Where appropriate, malnutrition universal screening tool (MUST) charts were used to determine the level of risk. We saw people were weighed at least monthly and weights were consistently recorded. If people had lost weight they were referred to the GP and dietician.

Where people had been assessed as at risk of choking, they had been seen by a speech and language therapist. Their care plan and risk assessments reflected the recommendations made. These included thickening fluids and having a pureed diet. We observed these people being supported in line with their care plans.

People told us they enjoyed the food. One person said "The food here is very varied. We get choice at the dining table and there is variety and imagination, it's not bland." There were two choices of main meal on offer. People were offered and provided with an alternative meal if they did not want either of the choices. Drinks and snacks including cake and fresh fruit were available and offered to people throughout the day.

Good

Is the service caring?

Our findings

People who lived at St Katharine's House were complimentary about the home and the staff. Comments from people included, “I like it here. The girls are very good”, “I love it here. Good old place, good staff, good food. What more do you want?” and “Nursing staff are very good. I can’t say better than that.” Relatives told us care “had improved” in the last year. One relative told us they had chosen the home because a friend had told them about the improvements and had “highly recommended it.” They said their relative was “well cared for.” Visiting health professionals spoke positively about the staff and told us they felt they were caring and quick to respond when people were unwell or required assistance.

Staff were warm, friendly and caring in their approach to people. People responded to staff with smiles and obvious affection. People were supported with their personal care discretely and in ways which upheld and promoted their privacy and dignity. Staff chatted with people as they supported them. Staff knew people well and spoke with them about their families or their interests.

Staff gave appropriate and timely reassurance to people if they became anxious. For example, one person appeared to be looking for something and became upset. Staff spent some time with the person to find out why they were anxious and then engaged them with an activity. This helped the person to become less anxious and enhanced their mood.

People were supported to make choices and decisions about how they wished to be cared for. People and their families confirmed they were involved in the planning and review of their care. Staff were knowledgeable about the care people required and how they preferred to be supported. For example, if people preferred a bath or a shower or if they preferred a female or male member of staff to support them with personal care. Staff took the time to understand people where they had communication difficulties and knew the best way to communicate with people to ensure they could make choices. For example, by the use of body language or showing people alternative choices.

People were supported to be independent and were encouraged to do as much for themselves as possible. Some people used equipment to maintain their independence. Staff ensured people had the equipment when they needed it and encouraged people to use it.

People told us their relatives were able to visit whenever they wanted. A family member we spoke with told us they “visited frequently”. Other relatives told us that staff were welcoming, friendly and accommodating when they visited.

No one was receiving end of life care at the time of the inspection. People had advance care plans in place which showed they were involved in decisions about their end of life care. For example, conversations with people had been documented which showed their preferences around their end of life care.

Requires Improvement

Is the service responsive?

Our findings

At our inspection in December 2013, we identified peoples records were not always accurate and did not always contain information about how people should be supported. We asked the provider to send us an action plan outlining how they would make improvements. When we inspected the home again in July 2014, we found that whilst some improvements had been made there were still some shortfalls in the recording of peoples care. This was a breach of Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

At this inspection we identified continued shortfalls in the completion of peoples care records. During the last inspection we had shown some people's records to the provider's representative and management team to make it clear what part of the care records needed improvement. We checked these people's records at this inspection. The improvements had not been made. For example, one person's care record had a document that was intended to be used to identify specific needs relating to how they should be cared for. The manager's audit of randomly selected care records completed eight months previously had identified this document needed completing. This "needs completing" was recorded on a 'post it' note and stuck on the care plan following the audit. This document had still not been completed and the 'post it' note remained in place.

Although records relating to people's food and fluid intake on the nursing wing were accurately kept, they were not always accurately maintained in other parts of the home. We observed people were supported and encouraged to eat and drink but this was not always recorded on their food and fluid monitoring charts. Fluid intake was not always totalled up at the end of the day and charts were not signed by a senior care worker to show they had been reviewed. This meant that records could not determine if people were eating and drinking enough and this information would not be available to inform the care provided by other visiting health professionals.

Before people came to live at the home their needs had been assessed to ensure they could be met. However, this was not always reflected in their records. For example, a person was admitted to the service on the day of the inspection. The registered manager had undertaken a pre admission assessment two weeks earlier but the paperwork had not been completed. This meant there was a risk that staff might not have the information they needed to care for this person appropriately.

These issues are a breach of Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

People told us there were enough activities at the home and that they enjoyed the singers and other entertainers who visited. The activities coordinator tailored individual or group activities to suit people's interests and preferences. We observed the activities organiser doing some craft work with several people on the Willow Walk dementia unit. The activities coordinator chatted to people engaging everyone in the conversation. People clearly enjoyed the activity. People were encouraged to be as independent as possible and were involved in everyday activities such as washing up and cleaning the chapel. People were also part of the interview team when recruiting new members of staff.

People knew how to make a complaint and the provider had a complaints policy in place. This was displayed in the home. A relative told us they had made a complaint and had spoken to both the manager and social services about their concerns. They were satisfied with the response and the resolution reached.

The registered manager sought feedback from people and their relatives about the quality of the service. For example, residents and relatives meetings were held. During one of these meetings people and their relatives raised that the gardens needed improving. Since the meeting the provider had recruited a new gardener. People and their relatives also identified the décor of the home needed improving. The home was in the process of being redecorated, some new carpets had been laid and some new furniture had been purchased.

Requires Improvement

Is the service well-led?

Our findings

There were a range of quality monitoring systems in place to review the care and treatment offered at the home. However these were not sufficiently robust to ensure people who used the service were protected against the risks of unsafe or inappropriate care. For example, some audits had been completed but had not been reviewed and action plans to address any identified issues had not been drawn up. For example, an audit of care records. Other quality monitoring systems had not identified the shortfalls we found during this inspection.

These issues are a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The service was led by 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.

The registered manager had been in post since August 2014. A new deputy manager had started working at the home the week before this inspection. In the past 14 months there had been four home managers and 2 deputy managers. There had also been three different clinical nurse managers in the nursing wing. This meant the home had not benefitted from a stable management team. Changes and improvements in the home had not all been sustained or given time to embed into practice. Staff told us they were constantly being asked to do things in a different way and that changes were not given the opportunity to take effect. One staff member said, "The problem with this home is the constant change in management." Several people using the service, their relatives and visiting health professionals commented that there was a high turnover of staff in the home and had attributed this to the constantly changing management and systems.

Since being in post, the new manager had worked in the units to help cover shortfalls in staffing, spent time getting to know people and supervised the work of staff. People, relatives and staff spoke positively about the new registered manager and felt they were making positive changes. One person told us, "We have gone through some periods when we have lacked proper leadership and hopefully we are now getting on an even keel again" and "The new [registered manager] works all sorts of hours and there is much better cover." Visiting health professionals told us the registered manager was approachable and keen to work with them to ensure people had the best care outcomes.

The registered manager demonstrated strong leadership skills and had a clear understanding of the changes and improvements that were required. Pressures on their time had impacted on their ability to ensure the systems that were in place in relation to data management, quality assurance and general running of the service were effective. At our last inspection the provider told us that the regional manager, who was at that time managing the service, would continue to work with the new manager to ensure they were able to maintain the systems that had been put into place. The regional manager had left the organisation and although the registered manager had a weekly support meeting with their line manager no further practical support had been provided.

There was an open culture in the home where staff felt confident to raise any concerns they might have about areas of poor practice. One staff member told us "I have raised issues." Appropriate action had been taken by the registered manager to deal with concerns raised about staff performance and where necessary disciplinary action had been taken.

There was a clear procedure for recording incidents and accidents. Any accidents or incidents relating to people who used the service were documented on a standardised form and actions were recorded. Incident forms were checked by the registered manager to identify any risks or what changes might be required to make improvements for people who used the service.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 22 HSCA 2008 (Regulated Activities) Regulations 2010 Staffing **The provider did not take appropriate steps to ensure that, at all times there were sufficient numbers of suitably qualified, skilled and experienced persons employed for the purpose of carrying on the regulated activity In order to safeguard the health, safety and welfare of service users.**

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 16 HSCA 2008 (Regulated Activities) Regulations 2010 Safety, availability and suitability of equipment **Equipment used in people's care had not been properly maintained because the six monthly services due on 5 September 2014 had not taken place. Regulation 16 (1) (a).**

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service providers **People were not protected against the risk of inappropriate care and treatment because there were not robust quality assurance systems in place. Regulation 10 (1) (a) (b).**

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010 Records The registered person had not ensured service users are protected against the risk of receiving inappropriate care and treatment by means of maintenance of an accurate record in respect of each service user including appropriate information and documents in relation to their care and treatment. Regulation 20 (1) (a).

The enforcement action we took:
Warning notice issued to provider: Gold Care Homes (St Katharine's) and Registered Manager: Joanna Mosses. The warning notice must be responded to by 30 January 2014.