

Mrs P Workman

St. Catherines Residential Care Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service: St Catherine's is a residential care home. The home accommodates up to 22 people in one adapted building. At the time of the inspection there were 13 people living there.

People's experience of using this service:

At our last inspection we found two breaches of the regulation in relation to providing safe care and the quality monitoring of the service. At this inspection we found that many improvements had been made and the breaches of the regulations had been met. However, some improvements were still required in some areas to ensure that people received consistently safe care.

Some staff needed to complete their training on how to support people to move and transfer safely. Staff needed to ensure they followed people's risk assessment consistently to ensure they received safe care. Care records were not always completed to show that care and support had been provided in line with people's assessed needs.

People and relatives told us about how things had really improved at the home. People told us that more activities were taking place and the environment had been improved. The quality monitoring systems had been improved this meant that checks on the day to day running of the service were being made so areas requiring improvement were being picked up on and improvements made.

Staff were kind and had built good relationships with the people receiving care and support. Staff protected people's privacy and treated them with dignity. Activities were varied and person-centred. People received their medicines as required. People and Relatives knew who to contact if they had any complaints.

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

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

Rating at last inspection and update: The home was rated requires improvement at our last inspection (May 2018). 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 and the provider was no longer in breach of regulations.

Why we inspected: This was a planned inspection based on previous rating.

Follow up: We will continue to monitor information we receive about the service until we return as per our inspection programme. If we receive any concerning information, we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe

Details are in our safe findings below.

Requires Improvement 

Is the service effective?

The service was effective

Details are in our effective findings below.

Good 

Is the service caring?

The service was caring

Details are in our caring findings below.

Good 

Is the service responsive?

The service was responsive

Details are in our responsive findings below.

Good 

Is the service well-led?

The service was not always well-led

Details are in our well-Led findings below.

Requires Improvement 

St. Catherines Residential 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection on the first day was undertaken by one inspector, an assistant inspector 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. Their area of expertise was caring for a person with dementia. One inspector returned on the second day.

Service and service 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 that 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

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used all this information to plan

our inspection.

During the inspection

We spoke with nine people who used the service and four relatives about their experience of the care provided. We spoke with two professionals, six members of staff including care staff, senior staff and the chef. We spoke with the registered manager and the provider.

We reviewed a range of records. This included four people's care records and medication records. We looked at two 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.

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.

Assessing risk, safety monitoring and management

- Two staff had not completed their training in moving and handling. The registered manager who is trained to deliver moving and handling training told us they had observed the two staff carrying out moving and handling safely and had no concerns about their practice. The registered manager told us that the staff members would complete this training as soon as possible.
- A person using a wheelchair was using it independently at times and able to self propel, risk assessments were in place and in the care plan to support the resident to continue using the wheelchair independently. A member of staff was observed with their hands on the handles, another member of staff spotted the danger before the wheelchair was propelled by the staff member.
- Staff told us any changes in people's needs that could increase the risk of harm were reported to the registered manager and referred to the appropriate healthcare professionals to ensure people's support needs continued to be met.
- People had access to equipment such as walking aids and hoists. Staff told us there were always two staff present when people needed to be moved using equipment.
- Personal Emergency Evacuation Plans (PEEPS) were in place and detailed how people should be supported to leave the building safely. The registered manager told us they had recently improved the documentation so PEEPS were more reflective of people's individual needs.

Using medicines safely

- People and their relatives told us staff took care to ensure people received their medication when required. One person told us, "I am on two lots of medication, one lot three times a day and another lot four times a day and the staff are really good as I always get my medicines."
- There were several gaps where staff had not signed medication administration records (MAR) to confirm people had received their prescribed creams. Staff and the registered manager told us that the creams had been applied but the staff had forgotten to sign the records.
- Staff had completed training on how to administer medicines.

Staffing and recruitment

- Our observations on the days of our site visits showed there was mainly staff available to respond and attend to people. However, there were some occasions for short periods of time when staff were busy and there was no staff present in the communal areas of the home. We saw on day two this was improved when the activity coordinator was working and available to observe when staff needed to leave the communal areas to support people with care tasks.

- People we spoke with told us there was enough staff around to support them. One person told us, "Whenever I press the call buzzer the staff come quickly, it is better during the day than at night." Relatives told us that staffing levels seemed satisfactory. One relative told us, "Quite a lot of staff have left over the last six months so there is only just enough staff on at the minute. If the home, gets more people in they will need more staff."
- The registered manager told us that staffing levels were calculated using a dependency tool, the home had low occupancy levels and staffing had been adjusted accordingly. The registered manager and provider both cover shifts where needed. Staff that have left the service have been dismissed for not meeting the homes standards.
- The registered manager told us that recruitment to vacant posts was taking place and some agency staff were currently used and where possible this was regular agency staff.
- Staff had been recruited safely to ensure they were suitable to work with vulnerable people. The provider completed employment checks that included the Disclosure and Barring Service (DBS). DBS checks helps providers reduce the risk of employing unsuitable staff.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us they felt safe in the presence of care staff. One person told us, "Yes I do feel safe living here." A relative told us, "I am happy with [person's name] care and feel they are safe."
- The provider had safeguarding systems in place and most of the staff we spoke with had a good understanding of what to do to make sure people were protected from harm or abuse.
- Records showed the provider made referrals to other agencies if there were concerns about people's well-being or safety.

Preventing and controlling infection

- We saw the environment was clean and staff had access to personal protective equipment when required.

Learning lessons when things go wrong

- Accidents and incidents were recorded by staff. Information was analysed by the registered manager and used to identify any patterns or trends.
- Action had been taken to reduce the risks of incidents re-occurring and were used as a learning opportunity for staff. For example, when supporting people who had been identified as at risk of falls the persons safety and layout of their bedroom and their footwear were all considered.

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 now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Assessments of people's needs were completed prior to joining the service to ensure their needs could be met.
- People's protected characteristics under the Equalities Act 2010 were identified as part of their assessments. This included people's needs in relation to their gender, age, culture, religion, ethnicity and disability.
- The service had conducted reviews of people's needs to ensure the service continued to meet their individual requirements. Relatives we spoke with told us that they were involved in their relatives care and were informed of any changes.
- People we spoke with confirmed the service reviewed their support needs as required.

Staff support: induction, training, skills and experience

- One person told us, "The staff know what they are doing, I am very happy with everything they do for me." A relative told us, "I think this is an area that has improved. Staff seem to know what they are doing and seem to be well supported by the manager."
- Staff told us they had completed training, both on line and face to face training. One staff member told us they had completed training in dementia and this had helped them have a better understanding of people's specific needs.
- Staff were very positive about the support they received from the registered manager and the provider. A staff member told us, "We can go to [registered managers name and provider name] at any time. They are very supportive. Another staff member told us, "It's a good staff team we all communicate with each other."
- Staff told us meetings took place and they felt able to speak out and share any ideas they had about making improvements for people. For example, improvements to the handover system had been made following staff suggestions.

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

- The building was a traditional house and some adaptations had taken place to meet people's individual needs. We saw that because of the design of the property some corridors and doorways were difficult for people who use a wheelchair to navigate. There was a lift providing access to both first and second floors where there were adapted bathrooms.
- People's bedrooms were individualised with pictures and personal belongings that reflected the person. A person told us, "I really like my bedroom and I like looking out the window at the road."

- Improvements had been made since our last inspection to the decoration of the building and improvement of signage.

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

- People received refreshments and a range of different food choices were made available throughout the day.
- People told us they were happy with the food they received. One person told us, "The cook is good, and they know what I eat, and they blend my food for me. Food here is good even though I can't eat certain foods, but the chef knows this." A relative told us, "My relative eats very well. The food is a lot better than it used to be."
- We saw the meal time experience was a bit disorganised at times and some people were supported to eat in the conservatory area but this had not been prepared for the meal time. We spoke with the registered manager about our observations of the mealtime during feedback. They told us that a lot of work had taken place to make improvements in this area and they would be following up with the staff concerned on what needed to be improved on.

Supporting people to live healthier lives, access healthcare services and support

- Healthcare professionals were consulted when required to ensure people's healthcare needs were met.
- Systems were in place such as handover meetings, to update staff coming on duty with people's health and support needs.

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 with appropriate legal authority. 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, whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The registered manager told us that where there had been changes in people's needs in relation to the DoLS application they had updated the local authority of this. We saw that in response to an update the local authority were visiting the service at the time of our inspection.
- Staff gained consent before completing any tasks and were clear on their role in supporting the person to make decisions. Staff knew how to recognise facial expressions and body language to determine whether a person consented to their care.
- Most staff had an understanding of the MCA. The registered manager told us that since our last inspection a lot of work had taken place with the staff team to ensure they understood DoLS and what this meant in practice for people. We discussed at the time of feedback some areas in relation to DoLS where staff's knowledge needed to be improved and the registered manager told us they would follow up on this.

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 requires improvement. At this inspection this key question has now improved to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People and their relatives provided consistently positive feedback about staff and the service confirming they were treated with kindness by the staff. One person told us they had settled well into the home. They told us the staff were kind and caring and said, "[Staff members name] is my rock I trust them with my life. I think the world of them." Another person told us, "The staff are good they are friendly. We have a laugh and a joke. If you ask for anything they will get it for you."
- Staff spoke with kindness and compassion about the people they supported and told us they enjoyed their jobs. A staff member told us, "I love being around the residents. I have got to know all of them know and have become attached to them all." Another staff member told us it was so nice at the home and, "I would tell my own mom to come here."
- Care plans included details of people's life histories, wishes and preferences. Staff were knowledgeable about these and used this information to provide personalised care.

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

- People told us they were involved in the planning of their care and were supported to make their own choices. One person told us, "They [staff members] do ask me first and I do feel listened to."
- Care plans showed people were asked about how they wanted their care to be provided.

Respecting and promoting people's privacy, dignity and independence

- People and their relatives told us staff protected their right to receive care and support in a dignified way. One person told us that they like to get up a bit later and that staff supported them to do this.
- People's dignity and privacy were promoted, and care was carried out in ways that met people's individual preferences.
- People were supported to do as much as possible for themselves. A person said, "The staff get me to do as much as I can. They are there to help me when I need it."

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Care records included information about people's life histories, likes and preferences and ensured staff had this information to refer to, so people received care that was personalised to them.
- Staff were able to tell us about how they worked with people to reduce any anxieties and manage specific incidents in relation to this. They were able to tell us what they would do and gave us examples of how they were working with other professionals and monitoring people's care.

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

- There had been a lot of improvement made on the provision of activities that were meaningful to the people living in the home.
- People told us they were enjoying the different activities. One person told us they enjoyed the walks out and visits to the local shop. A relative told us their family member enjoyed going for a walk and for a coffee.
- On day two of our inspection we saw the activity staff member organised a range of different activities for people to do and people joined in and were chatting and laughing. One person told us, "I enjoy the parachute game when we toss the ball in the air."
- The garden area was safe and secure, and a patio area had been developed with a covered area with seating. One person told us, "It's nice to go out in the patio area and get some fresh air."

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.

- The registered manager had some awareness of the Accessible Information Standard (AIS).
- The registered manager told us that some information was produced in an accessible format. This included large print, easy read and pictorial. The registered manager told us that there was ongoing work in this area to improve how information was presented. A relative told us that the information about meal choices was now much better because it was also provided in picture format and it was more meaningful for their relative.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy. There had been three complaints in the last 12 months and we saw that these had all been dealt with through the providers complaint system.
- People and Relatives told us they knew what to do if they had any concerns. A relative told us, "I have not

had any concerns recently, but I would feel confident raising them with the management."

End of life care and support

- The service was not currently supporting anyone with end of life care at the time of the inspection.
- Care files contained some information about people's wishes in terms of future care and support for end of life care. This included how people's religious and spiritual wishes would be met.

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 and we found a breach of regulation 17. At this inspection we found some improvements had been made and the breach had been met. However, we found that some improvements were still needed therefore this key question has continued to be rated as requires improvement. This meant the service, management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- There had been many improvements at the service since our last inspection.
- Following our previous inspections (May 2018 and July 2017) we imposed conditions on the provider. They were required to report to us each month about the effectiveness of their quality monitoring systems. To include what they had identified and what improvements they had made. The provider had ensured we received this information each month as required.
- There were now established systems in place to monitor the quality of the service and the support people received. These systems had driven improvements in the service and were largely effective.
- People and relatives told us about the improvements that had been made.
- However, our inspection identified some areas that still required further improvements. For example, the provider had a system to ensure staff training was up to date. This had identified that some staff members needed training. However, the registered manager had not ensured this was done in a timely manner.
- The provider had a system for ensuring that care documentation was completed accurately. The system had identified that MAR charts for the application of prescribed cream were not always signed by care staff. The provider had taken steps and improved the recording system by keeping the records in people's bedrooms. However, this had not fully addressed this shortfall. The registered manager told us they were again reviewing their practice, so this shortfall could be addressed. They told us they were confident that the creams were being administered to people and this was a staff recording issue. We also saw that a person's food and drink records had not been completed on some days. The registered manager told us that this was a recording issue and was addressing this with the staff concerned. There were some additional recording issues in relation to some staff records and again the registered manager told us these would be addressed.
- The registered manager told us improvements had been made to the meal time experience for people, since our last inspection. However, we saw that the meal time was a little disorganised on the day of our inspection and we fed back our observations in full. The registered manager told us that this would be followed up with the staff members concerned.
- The registered manager understood their responsibilities to notify us of certain events such as abuse and serious incidents and we found that these notifications had been received.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- People, their relatives and staff told us the home had improved. They told us they felt listened to and liked the way the service was now managed. One person told us, "The staff are very good I am happy living here." A relative told us, "I would recommend the home now at one time I wouldn't."
- The registered manager was visible and spent time talking to people and staff. One member of staff told us, "[Registered manager's name] is really supportive and you can go to them at any time. Another staff member told us, [Registered managers name] you can ask them anything and they help us on the floor and know the residents very well."
- The management team was aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour, providers must be open and transparent, and it sets out specific guidelines' providers must follow if things go wrong with care and treatment.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People had regular meetings which were facilitated by the activity staff member to discuss meal and activities. Following feedback from residents a new menu was introduced in May 2019.
- Relatives we spoke with told us they felt involved in decision making about their loved one's care.
- There had been feedback surveys sent to staff and relatives and these were used to continue to develop the service.

Continuous learning and improving care

- The provider and current management team demonstrated a commitment to driving the continued improvements to develop the service.
- Staff told us they had handovers and discussions with the registered manager and provider about the running of the service and where improvements were needed. We saw that staff were comfortable in approaching the management team if they had any issues or concerns.

Working in partnership with others

- The service worked in partnership with the people's relatives, volunteer, social workers and other health and social care professionals to ensure the care and support people received was person-centred.