

Arrowsmith Rest Homes Limited

Catterall House Care Home

Inspection report

Garstang By-pass Road
Catterall
Preston
Lancashire
PR3 0QA

Tel: 01995602220

Date of inspection visit:
03 January 2019
04 January 2019
09 January 2019

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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?

Good ●

Summary of findings

Overall summary

Catterall House Care Home was inspected on the 03 and 04 January 2019 and the first day was unannounced. We revisited the home on the 09 January 2019. This was to complete the inspection and meet the registered provider.

Catterall House Care Home 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.

Catterall House is located on the outskirts of Garstang and is within easy reach of the Cities of Preston and Lancaster. Accommodation is provided for up to 24 people who need help with personal care. Most bedrooms are of single occupancy. Bathrooms are located throughout the home. A variety of sitting rooms are accessible and a separate dining room is provided. There is parking available at the home. The majority of bedroom accommodation is for single occupancy although there are some shared bedrooms for people who would prefer this option. A range of aids and adaptations are in place for people whose mobility might be affected.

In May 2018 Catterall House Care Home had been purchased by a new registered provider and was in the process of adopting new working processes, procedures and paperwork. The registered manager at Catterall House Care Home had remained the same. This is the first inspection of the service under the new ownership arrangements.

At the time of the inspection visit there was a manager who was registered with the Care Quality Commission. 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.

We found individual risk assessments were carried out in key areas such as nutrition, falls and skin integrity. Care records also contained information regarding people's preferences and social histories. On the first day of the inspection we found information was sometimes difficult to find and information was not always present. The registered manager explained they were currently trialling new documentation and would ensure the records were updated. Prior to the inspection being concluded we saw this had been carried out. Staff we spoke with were knowledgeable of people's needs and the action required to minimise identified risk.

We have made a recommendation regarding the documentation of people's care needs.

Staff told us and we saw documentation which evidenced staff attended training to enable them to maintain and update their skills. We noted not all staff had attended the required training. The registered

manager told us this was as additional staff had been employed by the home as the numbers of people living at the home had increased. They further explained training was planned to be completed by the 01 April 2019. Staff we spoke with confirmed training was planned. We also saw evidence and staff confirmed, they had regular supervision with their line manager to discuss their performance.

People and relatives we spoke with confirmed they were consulted in decision making and the planning of care. One person who lived at the home told us, "Oh yes, they talk to me, we chat and they write down what I say."

We checked to see safe recruitment procedures were followed. We found the files contained employment checks, references and a full employment history.

People and relatives told us staff were friendly and respectful. We observed caring and warm interactions between people who lived at the home and staff.

We found the home was clean and tidy and staff were seen to wear protective clothing when this was required. Personal protective equipment was available in key areas of the home for staff to access if this was needed.

Refurbishment of the home was taking place and relatives, staff and people who lived at the home told us they welcomed this.

We saw documentation which evidenced the service sought feedback from people who lived at the home and relatives. Documentation asked people to share their opinions on what the home did well and what needed to improve. The registered provider told us they were committed to improving the service provided.

People who lived at the home told us they did not have to wait for help. They told us staff responded quickly to them. We timed two call bells which were both answered promptly. We observed staff were unrushed and relaxed as they carried out their duties. Staff and relatives, we spoke with voiced no concerns regarding the staffing arrangements at the home. Rotas we viewed showed staffing was arranged in advance and if extra staff were required, these were provided. The home employed cooks, a housekeeper and an activities co-ordinator as well as staff who delivered care.

People were asked to express their end of life wishes. Person centred documentation was available to plan this area of people's care if people wanted to share their needs, wishes and preferences.

People told us they had access to healthcare professionals and their healthcare needs were met. Documentation we viewed showed people were supported to access further healthcare advice if this was required.

We found medicines were managed safely. We observed medicines being administered and saw this was done in a safe and person-centred way. We reviewed medicines records and these indicated people received their medicines as prescribed.

People told us they had a choice of meals to choose from and they enjoyed the meals provided. We saw people were offered a choice of meals during the inspection and we observed the lunchtime meal. People were given the meal of their choice and were offered alternatives if they chose not to eat their meal. Staff gently encouraged people to eat and drink and we saw people responded positively to this.

Staff we spoke with knew the needs and wishes of people who lived at the home. Staff spoke fondly of the

people they supported and said they valued them as individuals. Staff were respectful with people who lived at the home and people told us they had positive relationships with staff who supported them. People who lived at the home told us they liked the staff who supported them. One person described the staff as, "lovely."

Staff told us they were committed to protecting people at the home from abuse and would raise any concerns with the registered manager, or the local authority safeguarding team. The number of the local authority safeguarding team was displayed on a notice board at the home so staff, relatives and people who used the service could raise concerns if they wished to do so.

There was a complaints procedure available at the home. This was displayed in the reception area of the home and people we spoke with told us were confident any complaints would be investigated. Relatives told us they were aware of the complaints procedure and told us they felt any complaints or comments they made would be responded to.

People told us there were a range of activities provided. They said they could take part in these if they wished to do so. During the inspection we saw people were supported to join in social activities if they wished to do so.

The registered manager demonstrated their understanding of the Mental Capacity Act 2005. People told us they were enabled to make decisions and staff told us they would help people with decision making if this was required. People were supported to have maximum choice and control in their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Relatives we spoke with told us they could speak with the registered manager if they wished to do so and they found the registered manager approachable.

Further information is in the detailed findings below.

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.

Risk assessments were carried out to ensure risks to people were minimised.

Medicines were managed safely.

There were sufficient staff available to meet people's needs and people told us they were happy with the staffing arrangements at the home.

Is the service effective?

Good ●

The service was Effective.

People's nutritional needs were monitored and referrals were made to other health professionals if this was needed.

Staff told us and we saw documentation which demonstrated training was available to ensure staff were suitably skilled to meet people's needs.

If restrictions were required to maintain people's safety, this was carried out lawfully.

Is the service caring?

Good ●

The service was Caring.

People and relatives told us staff were caring and we saw people were treated in a caring and respectful way.

People and relatives told us they were supported to maintain important relationships.

People told us they were respected and their privacy and dignity was upheld.

Is the service responsive?

Good ●

The service was Responsive.

People and staff told us activities took place for people who lived at the home to enjoy.

There was a complaints procedure at the home. People and relatives we spoke with told us they were confident any complaints they made would be responded to.

People told us they were supported to discuss their end of life wishes and documentation was available to record these.

Is the service well-led?

Good ●

The service was Well-led.

Checks were carried out at the home to identify when improvements were required.

People and relatives told us they found the registered manager approachable and they could hold discussions with them.

Staff told us they could speak with management if they wanted any further guidance, and staff meetings took place to support effective communication.

Catterall House Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection visit took place on 03 and 04 January 2019 and the first day was unannounced. We revisited the home on the 09 January 2019. This was to complete the inspection and meet with the registered provider. The inspection was carried out by one inspector. At the time of the inspection there were 20 people receiving support at the home.

Before our inspection on the 03, 04 and 09 January 2019, we completed our planning tool and reviewed the information we held on the service. We also reviewed notifications we had received from the provider, about incidents that affect the health, safety and welfare of people who received support and information from members of the public. In addition, we contacted the local funding authority and asked them their views on the service provided. We used all information gained to help plan our inspection.

We spoke with four people who received support and three relatives. We spoke with the registered provider, the registered manager and the deputy manager. In addition, we spoke with three care staff and the cook. We walked around the home to check it was a safe environment for people to live and observed the interactions between people who lived at the home and staff. 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. This helped us understand the experiences of people who lived at the home.

We looked at care records of nine people who lived at Catterall House Care Home. We also viewed a sample of medicine and administration records. In addition, we viewed a training matrix and the recruitment records of two recently recruited members of staff. We looked at records related to the management of the service. For example, we viewed records of environmental checks, accident records and health and safety certification.

Is the service safe?

Our findings

People told us they felt safe living at the home. One person described how they had discussed the level of support they required to maintain their safety. They told us, "They look in on me to make sure I'm alright. That helps me feel safe." A further person commented, "I feel very safe here."

We viewed care records which contained assessments of risk in key areas of people's care. For example, we saw the risk of falls, skin integrity and malnutrition were assessed. Care records also contained information regarding people's preferences and social histories. On the first day of the inspection we found information was sometimes difficult to find and information was not always present. The registered manager explained they were currently trialling new documentation and would ensure the records were updated. Prior to the inspection being concluded we saw this had been carried out. We observed staff acted to minimise risk identified. For example, staff could explain the support people needed and delivered care which minimised risk. During the inspection we saw one person being encouraged to maintain their skin health. We viewed the person's records and saw staff were supporting the person in a safe way and in accordance with their assessed needs. This demonstrated staff were aware of the individual help people required.

We recommend the service seeks and implements best practice guidance in the documentation of people's care needs.

We observed medicines being administered and saw people were supported in a person centred and respectful way. We observed staff asking people if they were ready for their medicines and they spent time with people, discreetly explaining to them what the medicine was for. We noted the staff member checked individual medicine records prior to administering them. This helps minimise the risk of medicine errors. The staff member administering the medicine stayed with people until they had taken it and signed the medicine and administration record to record the medicine had been given. Staff spoken with could explain the arrangements for the ordering and disposal of medicines and told us they had received training which was refreshed annually, to ensure they were competent in the safe management of medicines.

We viewed the staff records of two recently appointed staff. We saw documentation recorded the full employment history of staff and Disclosure and Barring (DBS) checks were carried out and references were obtained prior to staff starting work. DBS checks and references help ensure suitable people are employed to work with vulnerable adults. We also spoke with two recently recruited staff. They confirmed all essential checks were carried out prior to them starting work at the home.

We walked around the home to check it was a safe environment for people to live. At the time of the inspection we saw refurbishment work was being carried out to improve the facilities provided. The registered manager told us if the work presented a risk to people who lived at the home, staff would be available to observe and support people. For example, when electrical work was being completed. We saw adequate handwashing facilities were available in people's individual rooms and in communal bathrooms. We observed staff wearing personal protective equipment when they supported people with personal care. This helped minimise the risk and spread of infection.

We asked people their opinion of the staffing arrangements at the home. People told us they were satisfied with these. We were told, "You get an instant response if you press that call bell." And, "Quick to come." Relatives we spoke with told us they had no concerns with the availability of staff at the home. One relative told us if their family member needed help or support, this was provided promptly. They told us, "There's enough staff here." During the inspection we timed two call bells and saw these were answered promptly. Our observations showed people were supported by staff in a relaxed way. Staff spent time with people chatting, helping them to mobilise and doing activities.

We reviewed rotas and discussed staffing arrangements with the registered manager. They told us the rota was arranged two weeks in advance and if leave was taken at short notice, additional staff would be provided. This was confirmed by speaking with staff. Staff told us they had no concerns with the way staffing was organised. One staff member said, "We have time to spend with residents." This showed staff were effectively deployed to meet people's needs.

We asked the registered manager how they monitored accidents and incidents which occurred at the home. They explained accident forms were completed by staff, which were then reviewed by them to see if any further actions were required to minimise risk. The registered manager showed us documentation which demonstrated falls and incidents were reviewed monthly. They explained they looked for trends and patterns. The registered manager said they would consider risk controls such as extra visual checks, equipment and staff support to minimise the risk of reoccurrence. For example, alert mats were used to minimise the risk of falls. These are mats which sound an audible alarm if people move from their chair or bed. This meant on hearing the alarm, staff could respond to the person and help them with their mobility. The registered manager said any lessons learned, or changes needed would be shared at handovers, staff meetings and supervisions. This demonstrated there was a system at the home to maintain oversight of accidents and incidents and to review these to see if further actions were required.

Staff told us they were committed to protecting people from abuse. Staff could explain what they would report to ensure people were safe. For example, staff told us they would report unexplained bruising or injury to ensure people were protected. There was a policy which was accessible to staff in the office of the home. This contained information on the types of abuse people may experience if staff needed further information. We saw the contact number of the local safeguarding authorities was visible on a notice board at the home. This helped ensure staff, people who lived at the home, relatives and visitors could raise concerns if they wished to do so.

We noted the latest food hygiene rating from the Food Standards Agency (FSA) was displayed. The home had been awarded a four-star rating following their last inspection by the FSA. This graded the home as 'good' in relation to meeting food safety standards about cleanliness, food preparation and associated recordkeeping.

We found windows were restricted to prevent the risk of falls from height and the Landlord Gas Safety Certificate, hoist service and lift service was in date. We found there was a fire risk assessment completed and staff we spoke with could explain the support people would require evacuating the building if this was required. In the event of unforeseen emergencies there was a business continuity plan which was accessible to staff. This contained information and guidance on the steps to take if an emergency occurred. For example, in the event of a power failure. This helped ensure risks to people from such events was minimised.

Is the service effective?

Our findings

People told us they were happy living at Catterall House Care Home. One person told us, "It's good care here." A second person said, "My care is good." Relatives we spoke with told us they were happy with the care and support their family member received living at the home. One relative shared their family member's experiences and the support they had received from staff. They spoke positively of the care their family member had received. They told us their family member was, "Well cared for."

We walked around the home to check it was a suitable environment for people to live. We saw refurbishment was taking place. The downstairs lounges, conservatory, dining room and hall had been decorated. These areas were bright and well-lit and we saw new chairs were available for people to use. Grab rails were available in bathrooms to support people who experienced challenges with mobility and signage was on communal doors to help people identify rooms they may want to enter. The registered manager told us all areas of the home were going to be refurbished and this included people's individual rooms. They further explained this would be carried out in a planned way to minimise the disruption to people who lived at Catterall House Care Home.

People told us they were offered choices of meals and they liked the meals provided. One person told us, "The food is very good, you can always have more." We also noted people could choose where they wanted to eat. We observed people could eat in their private rooms, in the dining room, or in the lounges if they wished to do so. This demonstrated people's preferences were considered and accommodated.

We observed the lunch time meal and found staff were available in the dining area to serve people and provide help if people required this. We noted one person did not eat their meal, staff sat with them and gently encouraged them. This had a positive effect as they ate their meal and dessert. In addition, we saw staff were available in the lounge if people chose to eat in the lounge. We noted one person refused to eat their meal. Staff offered them an alternative which they accepted and ate. This demonstrated people were supported to eat and drink sufficient to meet their needs.

We saw evidence people's nutritional needs were monitored. One person told us they were weighed regularly by staff and they understood the reasons for this. Staff told us they would support people to gain further professional advice if this was required. We reviewed records which showed people were weighed in accordance with their assessed needs and if further professional advice was required, this was sought. This demonstrated people's nutritional needs were assessed and monitored and action taken as required.

Documentation showed people received professional health advice when this was appropriate. We found people were referred to doctors, specialist health teams and district nurses if this was required. Staff we spoke with were knowledgeable of the individual needs of the people they supported. For example, staff could explain the help and support a person needed in relation to their skin health. This demonstrated staff were aware of professional advice. During the inspection we spoke with two visiting health professionals, they told us they had no concerns with the care and support provided by staff at the home.

We checked to see staff received training to maintain and develop their skills. We reviewed a training matrix, staff supervision records and appraisal records. Staff spoke highly of the supervision and appraisal process. These are one to one meetings where staff can discuss their performance and any concerns with their line manager. They told us these were beneficial as it enabled them to give and receive feedback on their performance and any training needs. Staff told us they received training on a regular basis and they welcomed this. Staff also said they were supported to gain further qualifications if this was their goal. One staff member shared they were enrolled on a vocational qualification. They told us they felt supported to increase their knowledge and skills. All the staff we spoke with were positive about the training provided. They said this was a mixture of face to face training and e-learning. The training matrix we viewed showed staff received training in areas such as safeguarding, moving and handling and equality and diversity. We noted some gaps in the matrix provided and discussed this with the registered manager. They told us they had identified this and all outstanding training was planned to be completed by the end of March 2019. Staff we spoke with confirmed this. This demonstrated training and support was available to staff to help ensure their knowledge and skills remained current and up to date.

We asked the registered manager what documentation was provided to support effective decision making by other health professionals if people needed to attend a hospital in an emergency. The registered manager explained person centred information from the individual's care record would be photocopied and sent with people. In addition, a list of the person's current medicines would also be provided. This helped ensure health professionals had access to relevant information to inform their decision making.

We asked the manager how they obtained and implemented information on best practice guidance and legislation. They told us they sought opportunities to improve the service at Catterall House Care Home and attended regular best practice forums provided by the local authority. They could give examples of how they implemented best practice. They explained they had reviewed best practice information in relation to end of life wishes and had used this to develop a care planning tool for use at the home. We saw documentation which evidenced this was being introduced during the inspection. This demonstrated the registered provider sought best practice and implemented this where possible.

The registered manager told us they used technology if this was appropriate. For example, they would use alert mats to alert staff if people who needed help with their mobility got out of their bed. We saw this equipment was in use at the home, and this was recorded in the person's care records. In addition, the registered provider told us they were considering introducing a new call bell system at the home. They said this would support effective monitoring of any waiting times for call bells. This demonstrated the registered provider considered the usefulness of technology when considering the service provided.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment 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. People told us they were involved in decision making and discussions about their care. We were told, "I say it, they do it. What more's to say." And, "I'm asked if I agree." Relatives we spoke with told us if any decisions needed to be made, they

were consulted. One relative commented, "They talk to me and we agree what needs to change."

We saw consent was sought before care and support was given. For example, we saw people were asked to consent to care before help was given with mobility, medicines and with planned care interventions. We viewed records which showed people were offered the opportunity to record their written consent to their care.

If restrictions were required to maintain people's safety, applications to the supervisory bodies were made as required. The registered manager told us these were reviewed to ensure they remained relevant to the people they related to. This helped ensure people's rights were upheld.

Is the service caring?

Our findings

People who lived at the home told us staff and the registered provider were caring and they had positive relationships with them. Comments we received included, "It's getting better here every day. [The registered provider] must care because look at what he's doing for us; all the decoration. Simply remarkable." And, "All the staff here are lovely. Properly polite and they're always happy." One person told us they valued the staff and they had built positive relationships with them. They told us, "I like it here, I've got my friends." Relatives spoke positively regarding the approach of staff. Relatives described staff as, "Very caring." And, "Always caring."

We saw staff were caring. Staff observed people discreetly to check they were comfortable. We observed one staff member noted a person at the home was moving restlessly in their chair. The staff member sat with them and learnt they were uncomfortable in their seat. We saw the staff member rearranged the person's cushions until the person said they were happier. This had a positive impact on the person who sat quietly and without movement. This indicated staff were observant of people's non-verbal communication and responded to ensure their needs were met.

We observed a person being gently encouraged to mobilise. Staff were patient and went at the person's pace. They offered encouragement and reassurance and we saw the person chatting happily with them as they were helped. We also saw a staff member sitting with a person listening to them talk about their family. They maintained good eye contact with the person and asked questions to prompt further conversation. We noted the staff member focused their time and attention on the person and appeared interested in what they had to say. This showed staff considered people's individual needs and our observations showed staff were caring.

We found people's privacy was respected. One person told us how they could spend time alone in their room and they did not have to use the communal areas unless they wished to do so. They explained this was important to them as they liked to follow a particular television programme and staff did not interrupt them when they were watching this. We spoke with staff who confirmed they were aware of the importance of respecting people's individual privacy and wishes. They told us they sought permission to enter people's rooms prior to entering and during the inspection we saw this took place. We saw if people were supported with personal care, bathroom doors were closed to maintain their privacy and dignity. In addition, we observed staff knocking on private bedroom doors and waiting for a response before entering. We discussed privacy with a visiting relative. They told us they had no concerns with this. They told us if they wanted to spend time alone with their family member, this was arranged. This demonstrated people's dignity and privacy were upheld.

We observed caring interactions between staff and people who lived at the home. For example, we saw a staff member complimenting a person on the way they had managed to eat all their meal. Our observations showed the person valued this comment as they laughed and thanked the staff member. This demonstrated staff were caring and gave recognition to people's successes.

Staff spoke affectionately of people who lived at Catterall House Care Home. Staff told us they had time to spend with people and enjoyed being with them. One staff member said, "I see it as a privilege to help the residents, I love spending time with them." A further staff member told us, "We all go the extra mile and do care." This demonstrated staff had a caring approach.

We spoke with the registered manager about access to advocacy services should people require their guidance and support. The registered manager told us details were made available to people if this was required. This ensured people's interests would be represented and they could access appropriate support outside of Catterall House Care Home if needed.

Staff we spoke with told us they had received training in equality and diversity and had a good understanding of protecting and respecting people's human rights. Staff told us they valued each person as an individual and would report any concerns of discrimination to the registered manager, or local safeguarding authorities so people's rights could be upheld. We saw care records documented people's chosen faith and the registered manager told us if people had faith or cultural needs, support for them could be accessed to support their beliefs and preferences.

Is the service responsive?

Our findings

People told us they considered the care was good and said they received the help they needed when they needed it. One person told us how they had been unwell and a doctor's visit had been arranged. They shared that because of the staff noticing they had experienced a change in needs, they had received treatment and were now well. They commented, "It's a good thing they did. I needed antibiotics." Relatives told us they were informed if their family member's needs changed and were involved in care planning. One relative described how the registered manager and staff worked with them and other health professionals to support their family member's changing needs. They said, "[Family member] has a better quality of life here." A further relative told us their family member was involved in their care planning and they were also involved when it was appropriate. This demonstrated people and relatives were consulted when individual needs changed.

Documentation we viewed demonstrated people were referred to external health professionals if this was required. During the inspection we spoke with two visiting health professionals. They voiced no concerns regarding the care and support people received at Catterall House Care Home and told us they considered appropriate and timely referrals were made. This demonstrated people were supported by staff who responded to people's changing needs.

People we spoke with told us they were given the opportunity to discuss their end of life wishes. We spoke with one person who confirmed they had been asked if they wanted to discuss their end of life care. They told us they had shared the information they wished to share. We asked the registered manager how information shared would be documented. They told us they had developed a care plan format to record people's wishes. We viewed this and saw it supported the sensitive planning of end of life care. The registered manager showed us a care plan which was being developed to capture the wishes of a person who lived at the home. They explained records would be updated as people shared information with staff and care planning took place.

We found people were supported by staff who were responsive to their needs and wishes. We noted one required support to maintain their skin health. We observed staff offering the person support in accordance with health professionals instructions. We also noted a person wanted to stay in their room and only visit the communal areas of the home at mealtimes. We saw their wishes were respected. This demonstrated care was provided which was responsive to individual needs.

During the inspection we saw activities taking place and people were offered the opportunity to participate in these. We observed the activity 'movement to music.' People were asked if they wanted to join in and if they chose not to do so, their wishes were respected. People who participated were seen to be enjoying the activity and were smiling and laughing. We also observed a quiz taking place. We noted people's answers were explored. For example, people were asked to describe their experiences of previous holidays. This resulted in memories and experiences being shared and stimulated group conversations. We observed people to be happily discussing their shared memories with each other and there was a positive and relaxed atmosphere. We asked people if they were informed of the activities taking place. People told us they were.

One person said, "They remind me what's on." This demonstrated people were supported to engage in activities to minimise the risk of social isolation.

We saw people's care records contained information on people's individual communication needs. For example, in one record we saw that communication should be written down. The registered manager told us they would consider the needs people individually and obtain what support they required. For example, by using pictures or large print to support understanding. This showed people's individual needs were considered.

Catterall House Care Home had a complaints procedure which was available to people who lived at the home. We reviewed the complaints procedure and saw it contained information on how a complaint could be made. The registered manager informed us there had been no complaints made since the last inspection. People and relatives we spoke with told us they were confident any complaint they may wish to make would be addressed by the registered manager.

Is the service well-led?

Our findings

Since the last inspection carried out in July 2017, Catterall House Care Home had been purchased by a new registered provider. The registered manager at Catterall House Care Home had remained the same. During this inspection in January 2019 we found the registered manager was in the process of adopting new working processes and paperwork. People, relatives and staff spoke positively of the improvements the new registered provider was making. They told us the environment was being refurbished, there were more resources and the registered manager worked closely with them to ensure they were informed of the changes that had taken place.

People, relatives and staff told us they could approach the registered manager if they had comments to make and they considered the home to be well organised. Staff told us they had no concerns with the way the home was managed. They said they could give feedback on changes and the registered manager was focussed on ensuring people who lived at the home received good care. One staff member commented, "[Registered manager] is very caring, very dedicated and passionate about the care."

We saw evidence the registered manager sought feedback from people who lived at the home and relatives. This included annual surveys and 'resident's meetings' for people who lived at the home. We viewed the most recent surveys provided to people and relatives and saw positive comments recorded. On reviewing the minutes of resident's meetings', we saw people were invited to comment on areas of the home such as the decoration or activity arrangements. In addition, people were asked to suggest any changes. We noted it had been suggested the temperature in the home was cool at times. We saw recorded the temperature had been increased in response to this. During the inspection we found the home to be warm and people raised no concerns with the heating at the home.

We also found evidence people were engaged and invited to give their views on prospective employees. The registered manager explained they invited people to attend recruitment interviews to give their views on prospective staff. The registered manager further explained they considered the engagement of people who used the service to be integral to the development of the service. They said people had the right to express their views and have them listened to. They also told us it enabled them to assess the interactions and social skills of the prospective employee. We spoke with a staff member who confirmed they had been interviewed by a person who used the service. They commented, "I had no problem being interviewed by residents. They should be included." This demonstrated the registered provider was committed to seeking feedback and making improvements.

Staff we spoke with could explain their roles and responsibilities and spoke positively of the support they received from the registered manager. Staff told us they considered morale was, "High." Staff told us they could raise any concerns or suggestions for improvements to the registered manager. They explained staff meetings took place where they could discuss any changes at the home and receive feedback on the service provided at Catterall House Care Home. We viewed minutes of these meetings and saw any improvements required were discussed. For example, we noted staff were reminded of the importance of maintaining accurate documentation. This demonstrated the registered manager sought to engage and communicate

with staff to ensure the service ran smoothly.

We asked the registered manager what audits were carried out to ensure improvements were noted and successes celebrated. The registered manager told us they were currently implementing a range of new audits as these reflected best practice. We viewed the audits and saw they covered areas such as infection control, activities, medicines and incidents and accidents. They explained this was a way in which to monitor trends and identify any actions that were needed to be taken to improve the service provided. They also told us they intended to introduce a care records audit to ensure all documentation remained up to date and reflective of people's needs. This demonstrated the registered manager maintained oversight of Catterall House Care Home and sought to identify where actions were required to improve. As the audits were in the process of being implemented we were unable to assess the effectiveness of these. We will check this at the next inspection.

In addition, we were shown documentation which evidenced the registered provider sought the opinion of a consultant who was external to the home. The registered manager told us the consultant had carried out an audit which looked at various aspects of the home and this was provided to the registered manager and the registered provider. The registered provider told us it was their intention to complete this audit themselves in the future and this would be done annually. They also told us they visited the home weekly to discuss any progress or concerns identified with the registered manager. This demonstrated the registered provider sought to maintain oversight of Catterall House Care Home.

We discussed partnership working with the registered manager. They explained they would work with other agencies to make sure they followed current practice, providing a quality service and the people in their care were safe. These included healthcare professionals such as GP's, district nurses, members of the falls team and dietitians. In addition, the registered provider told us they attended various forums to share and learn best practice. This ensured a multi-disciplinary approach had been taken to support care provision for people in their care to receive the appropriate level of support.

The home had on display in the reception area of the home their last CQC rating, where people who visited the home could see it. This is a legal requirement from 01 April 2015.