St Catherine Care Home Ltd

St Catherine Rest Home

Inspection report

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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

The service was last inspected in February 2017 where breaches 12, 15 and 18 of Health and Social Care Act 2008 (Regulated Activities) Regulations were identified. This was because medicines were not being stored safely, risk assessments were not robust, the premises were not safe due to an unlocked garden gate and a large amount of rubble in the garden, as well as unsafe storage of cleaning products and items. In addition the provider was failing to notify us of certain incidents or events which had occurred during, or as a result of, the provision of care and support to people. This inspection took place on 27 March 2018 and was unannounced. At this inspection, we found the provider had taken steps to make improvements and had addressed all of the breaches identified at our previous inspection.

St Catherine Rest Home is a care home that provides residential care for older people and people living with dementia. It is registered for 19 people and at the time of this inspection there were 18 people using the service.

There was a registered manager at the service at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People who used the service and their relatives told us the service was safe. Staff were knowledgeable about safeguarding and what to do if they had any concerns and how to report them. Safeguarding training was given to all staff and updated annually.

Risk assessments were thorough and personalised to individual needs and risks. Accidents and incidents were recorded. Staff knew what to do in an emergency situation.

Staffing levels were meeting the needs of the people who used the service and staff demonstrated that they had the relevant knowledge to support people with their care needs.

Recruitment practices were safe and records confirmed this.

Medicines were managed and administered safely and audited on a regular basis. Support workers were provided with medicines training prior to being permitted to administer medicines.

Newly recruited staff received an induction and shadowed more experienced members of staff before they started working on their own. Training for support workers was provided on a regular basis and updated when relevant. Support workers told us the quality of training was good.

Support workers demonstrated an understanding of the Mental Capacity Act (2005) and how they obtained

consent on a daily basis. Consent was recorded in people's care plans.

People were supported with maintaining a balanced diet and the people who used the service planned the menu with the chef on a weekly basis and expressed their preferences accordingly.

People were supported to have access to healthcare services and received on-going support. Referrals to healthcare professionals were made where relevant.

Positive relationships were formed between support workers and the people who used the service and support workers demonstrated how well they knew the people they cared for. People who used the service and their relatives told us that support workers were caring and that dignified care was provided.

Care plans were detailed and contained relevant information about people who used the service and their needs such as their preferences and life history. Care plans were reviewed monthly, with any changes being recorded.

Concerns and complaints were listened to and records confirmed this. People who used the service and their relatives told us they knew how to make a complaint.

Quality assurance practices were in place and consisted surveys and audits. The registered manager and deputy manager were engaged with other organisations and had received certificates of recognition for their contributions.

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. Systems and processes were in place to protect people from harm.

Risk assessments were thorough and personalised.

Staffing numbers were meeting the needs of people who used the service.

Medicines were stored and managed safely with regular audits taking place.

Infection control practices were robust. The home was clean and free from malodour.

Accidents and incidents were being recorded and reflective practice was taking place to learn from any mistakes.

Is the service effective?

Good

The service was effective. People's needs and choices were assessed appropriately.

All staff received regular and on-going training suitable to their role to ensure they had the knowledge and skills to deliver effective care and support.

People were supported to eat and drink in line with their preferences.

Consent to care was sought in line with legislation and guidance.

Is the service caring?

Good

The service was caring. People were treated with kindness and respect.

People were supported to express their views.

People's dignity and independence was respected and promoted.

Is the service responsive?

Good

The service was responsive. People received care that was personalised and responsive to their needs.

Concerns and complaints were listened and responded to in appropriate time frames.

People were supported at the end of their lives and plans were put in place where appropriate.

Is the service well-led?

Good

The service was well led. Support workers spoke positively about the management team and felt supported.

Quality assurance practices were in place which included surveys and audits.

Team meetings were taking place and support workers found these useful.

The service engaged with organisations within the community.

St Catherine Rest 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 took place on 27 March 2018 and was unannounced. The inspection was carried out by one inspector, a specialist nurse and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service. Before the inspection we reviewed the information we already held about this service. This included details of its registration, feedback from the local authority, notifications they had sent us and the previous inspection report. A notification is information about important events which the service is required to send us by law.

Before the inspection the provider completed 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.

During our inspection we spoke with the registered manager, the deputy manager, five support workers and the chef. We also spoke with five people who used the service. During the inspection we looked at six care plans and three recruitment files. We also looked at risk assessments, medicine records, policies and procedures and quality assurance documents. After the inspection we spoke with two relatives.

Good

Is the service safe?

Our findings

At our last inspection in February 2017 medicines were not being managed or stored safely. At this inspection, the provider had made appropriate changes and medicines were managed and stored safely. Medicines were stored in a secure locked cabinet. We saw that appropriate arrangements were in place for recording the administration of medicines and these records were clear and fully completed. The records showed people were getting their medicines when they needed them, there were no gaps on the medicine administration records and any reasons for not giving people their medicines were recorded. Medicines audits were completed on a weekly and monthly basis by the registered manager and records confirmed this. Support workers were only permitted to administer medicines once they had received the relevant training. One support worker explained, "I don't give medicines. I haven't had the training but I'd like to develop and learn so I've asked for it."

At our last inspection in February 2017, risk assessments were not robust. At this inspection, the provider had taken action to rectify this and risk assessments were in place for people who used the service and these were detailed and robust. Records showed that risk assessments were reviewed once a month. One person had a risk assessment in place for falls that stated, "Staff should ensure safe and clutter free environment. Staff to direct [person] holding [their] arm. Ensure dry surface. Staff to support [person] to wear appropriate footwear. Emergency procedure is for first aider to assess, call rapid response/GP/999." Another person had a risk assessment in relation to their continence that stated, "[Person] delays to use the toilet and on occasions might have an accident and sometimes would decline to have a wash and change clothes, thus creating a potential infection risk. Staff should regularly remind/prompt [person] to use the toilet. Staff should direct/guide [person] to the toilet. To affix sign and photo on toilet doors." During our inspection we saw that toilets were signed and labelled to support people to use the toilet when needed. Risk assessments contained the information staff needed to support people to mitigate risks in order to keep them safe.

Other risk assessments included individual Personal Emergency Evacuation Plans (PEEP). A PEEP is a bespoke 'escape plan' for individuals who may not be able to reach an ultimate place of safety unaided, or within a satisfactory period of time in the event of any emergency. Records showed that PEEP's were reviewed annually.

At our last inspection in February 2017, the provider did not ensure there was an appropriate level of security to keep people safe while receiving care. This was because the garden gate was unlocked and could be easily opened posing a risk to people who used the service. In addition, hazardous cleaning products and items were easily accessible to people as well as a large amount of rubble in the garden. At this inspection, we saw that the garden gate was securely locked using a padlock, hazardous cleaning products and items were securely locked away and the garden rubble had been cleared.

People and their relatives told us they felt the service was safe. One person who used the service told us, "I feel safe here." A relative told us, "I'm happy with the home, [relative] is safe." Another relative said, "Yes, [relative] is safe."

Policies and procedures were in place for whistleblowing and safeguarding, as well as policies in relation to equality and diversity, fire safety, medicines and whistleblowing. Staff told us they felt protected to whistleblow and knew what to do if they had any concerns about a person who used the service. One support worker told us, "I've had safeguarding training. There are different types of abuse, for example mental, physical. We've got safeguarding leaflets all over the building. The first step is to tell the manager, if not I'd call social services or CQC." Another support worker explained, "If I had any safeguarding concerns I'd talk to the senior or the manager, I'd also inform the safeguarding team." The chef also received the same training as support workers and records confirmed this. The chef told us, "Every year we have training, I had safeguarding last year. If I had any concerns I'd inform who is on duty and the manager. I would also whistleblow in confidence."
The service had a robust staff recruitment process in place. People told us and records confirmed that various checks were carried out on staff before they began working at the service. Records showed checks carried out on prospective staff included criminal record checks, proof of identification and employment references. This meant the service had taken steps to ensure suitable staff were employed safely.

Records showed that staffing levels were meeting the needs of people who used the service and support workers told us there were enough staff on each shift. One support worker said, "There are three support workers on each shift, plus management. It's enough and if we are busy at lunch time the registered manager and deputy manager helps us. If there are unexpected absences there is cover. We don't use agency."

The service routinely completed a range of safety checks and audits such as fridge temperature checks, first aid, fire system and equipment tests, gas safety, and water temperature checks as well as infection control practices. The systems were robust and effective. The home environment was clean and free of malodour. During our inspection we observed members of staff carrying out cleaning practices and we saw that they used protective clothing and gloves. The registered manager told us "We have a cleaner every day, even on weekends and we have someone to cover if the cleaner is not available." A support worker told us, "We always use gloves and aprons and alcohol rub. After we give personal care we put gloves in the bin and we wash our hands." A relative told us, "The home is clean." This meant that infection control practices were robust.

The service had a ground floor level-access shower room that was clean and free from malodour. The radiator was secured at a level that could not be reached or accidentally leant on which ensured that people were not at risk of burning themselves.

Accident and incident policies were in place. Accidents and incidents were documented and recorded and we saw instances of this. We saw that incidents were responded to by updating people's risk assessments and any serious incidents were escalated to other organisations such as safeguarding teams and the CQC. One support worker told us, "If there is an accident or emergency I'd tell the senior or the manager. We've had first aid training and I'm confident I'd know what to do in an emergency." In addition, accident and incidents were followed up with an 'accident follow up form' which highlighted whether any additional actions were taken after the incident and whether risks assessments were updated. A 'lessons learnt' document was also created and we saw examples of this in relation to accidents and incidents. For example, one person had a fall and the lessons learnt document stated, "We thought it would be a one off [fall] but after a couple of falls we referred [person] to the GP." This meant the service was monitoring accidents and incidents and lessons were learnt when things went wrong.

Good

Is the service effective?

Our findings

Care plans contained detailed information about people's care needs and the information was captured in an assessment form that had been completed prior to them being placed at the home. Where relevant, care plans also contained information about the person if they had been placed from hospital by way of a document named 'hospital transfer information'. The assessment looked at a wide range of needs such as the person's mobility, washing, dressing, communication needs, health and wellbeing, risk factors and routine. For example, one person's assessment stated, "I need staff to support me with personal care such as brushing teeth, washing skin and toileting. I need staff to do my hair." A relative told us about the assessment process and stated, "When [relative] was in hospital and being assessed by different homes, the registered manager called me and told me she would be assessing my [relative] and invited me. The other homes didn't even let me know. The registered manager wanted my opinion." This meant the assessment process was thorough and actively sought to include family input.

All staff received on-going training and upon commencement of employment and records confirmed this. Support workers were given an induction that included shadowing experienced members of staff as well as the completion of an induction checklist. One support worker told us, "I started working here last year and before that I was also working as a carer. When I first started I had training and I did lots of shadowing of different residents. It was extremely useful to do shadowing. Every resident is different and have different needs. The shadowing was done before I could do my first shift. We were also given booklets and policies and procedures to read." The support worker also told us about the training offered and said, "They have online training courses and we also had a lady coming in to teach us, for example for incontinence training and manual handing training. The training is really good. It was beneficial." Another support worker told us, "When I started here a year ago I had lots of training for example safeguarding, food hygiene, medicines, mental capacity, and first aid. It was good training, I enjoyed it." In addition, records showed that a number of staff had received 'Significant 7' training. This training helps support workers and care staff to recognise early signs of deterioration in people and to appropriately manage the signs and communicate any findings to management and other health care professionals.

Support workers received supervision every two months, which was reflected in the service's supervision policy. One support worker told us, "I feel listened to during supervision. I feel my concerns are taken into account." Another support worker told us, "We have supervision every two months and we discuss everything like how I'm finding the work, clients, anything I feel worried about; I feel supported." The chef told us, "I have supervision, it's good to voice your opinion. I feel supported."

The service completed a monthly weight chart for each person who used the service and records confirmed this. In addition, the service completed 'Waterlow' assessments for each person who used the service. The 'Waterlow' assessment gives an estimated risk for the development of a pressure sore in a person. A support worker told us how they monitored people who were assessed to be at risk of pressure sores and said, "We check on people throughout the day and at night, in particular those who need to be re-positioned and we write it down on their re-positioning chart." A relative told us, "They check [relative] to make sure they have no sores." The service also completed nutrition and oral care assessments and referrals were made when

necessary to nutritionists and the dentist.

People's health care needs were documented in their care plans and the service supported people to access healthcare professionals as needed. Records showed people had access to various healthcare professionals including GP's, dentists, psychiatrists, chiropodists, district nurses and dieticians. We saw where professionals were involved, their guidance was followed. For example, a consultant psychiatrist had provided guidance about supporting a person with their medicines and risk of falls and records confirmed this was being done. The registered manager told us, "We're not afraid to chase things up with health professionals." The registered manager showed us a chain of email correspondence between them and a health professional when they were requesting support for someone who was exhibiting behavioural needs. This meant the service was proactive in engaging with health professionals to best support people who used the service.

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 when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). We found the service had up to date policies and procedures in relation to the MCA so that staff were provided with information on how to apply the principles when providing care to people using the service and we were made aware of people subject to DoLS authorisations. One support worker told us, "People have DoLS in place and there are people who can't make decisions for themselves. You have to read the care plan and never force someone." Another support worker told us, "If someone refuses their medicine we can't force them. Sometimes after two or three minutes I'll return and try giving the medicine again and the person will take it but if they do refuse I write it down and tell my colleagues."

At the time of inspection people who used the service had authorised DoLS in place because they needed a level of supervision that may have amounted to a deprivation of liberty. The service had completed appropriate assessments in partnership with the local authority and any restriction on people's liberty was within the legal framework. We found that the service had submitted notifications to the CQC about the decisions of applications submitted for DoLS for people who used the service. The service kept a record of all DoLS applications, authorisations and refusals and this helped them to track if any authorisations were expiring.

The service carried out mental capacity assessments to determine if people had capacity or otherwise to make decisions about their care. Where people lacked capacity we saw best interest decisions had been made and recorded, for example in relation to administering medicines to a person. Family members and relevant health professionals had been involved in making best interest decisions for people. In addition, people had signed consent forms to allow relevant parties to access confidential information about them. Where people lacked capacity to give this consent family members with authority had signed the forms on their behalf.
The adaptation and design of the premises was suitable for the people who used the service. Corridors and doorways were wide for wheelchair users and there was also a wheelchair accessible lift. People's individual needs were being met by the adaptation, design and decoration of the service, however some bedrooms had peeling paint on the walls. The registered manager told us the decoration of the home was a work in progress and since our last inspection, we saw that a vast amount of redecoration had taken place. We recommend the service follow best guidance practice on the design and redecoration of the service.

People were supported to have enough to eat and drink in line with their preferences and dietary needs. The service had a weekly menu planning meeting with people who used the service where the chef sat with everyone and used pictures of food to assist people in making decisions about what they wanted on the menu. During the inspection we observed the menu planning meeting. The chef told us, "They do a menu every week and I have an input. I ask people what they want and I'll make something different according to preferences. There are three people on a pureed diet and I make sure I do the meat and vegetables separately. I follow the guidelines, I don't blitz them altogether." The kitchen had laminated posters from a nutritionist and a speech and language therapist with guidance on pureed food and consistency. One person told us, "The food is fantastic here." A relative told us, "The food is very good, my [relative] is fed and it's very dignified."

The chef told us about people's cultural needs in relation to food and said, "One person is [specific religion] and doesn't eat pork so we make sure of this." The chef also told us about the dietary needs of people who were diabetic and said, "For example when I make custard, I won't put too much sugar and it's also about portion control." They also told us, "Cooking can be improvised in line with people's likes and dislikes. We are making mutton curry this week and there will also be an alternative vegetarian option, no one misses out." During our inspection we observed one person who did not want the desert offered but later asked for a banana which was supplied and served with custard.

The chef also explained, "On a Saturday we have a big cooked brunch of bacon, eggs, hash browns, sausages, there is a vegetarian version as well." A relative told us, "On Saturdays they have a brunch and my [relative] likes it, they always offer the brunch to me as well. They've got plenty of choice and it's all fresh." During our inspection we saw that fresh fruit was available for people and the chef had baked cakes. The fridge and cupboards were well stocked and the chef told us, "The owner does the shopping and there's enough food at the moment, I make sure there's enough stock, I write a list."

During our inspection we observed two people being brought their desert before they had finished their main course. One was confused by this and didn't know which to eat. The other put their meat into the custard in her desert bowl. We recommend the service follow best guidance practice in relation to meal times and meal structure to avoid confusion.

Good

Is the service caring?

Our findings

All of the people we spoke to during our inspection were complimentary about support workers and the care they received. One person told us, "All the staff are caring and friendly, I love it here". Another person said, "The staff are very professional, I feel well cared for and I feel safe here".

A relative told us they were happy with the support workers and said, "The carers are caring. They are gentle with [relative]. If [relative] says no to anything they don't force it." Another relative told us, "The carers are caring; some of them call her mum, which is very nice."

Support workers told us how they treated people with kindness and formed caring relationships with the people they cared for. One support worker told us, "You need to care for people like they are your own mother." Another support worker said, "By caring for my own family I am caring. I put my family in the place of people here and would always want people to be cared for." The chef told us, "I do enjoy it here. I like the elderly; I want to give them the best I can. I am a caring person."

One support worker explained, "We have a really nice happy atmosphere here." A relative told us, "My [relative] has been very well living here, there's an open door policy and you can visit any time. My family visit, they allow everyone to visit, I even took the priest to visit [relative] and the priest said the place is brilliant." Another relative said, "I visit three times a week and I can always help myself to a cup of tea, it's a homely environment. They give us private time when I visit, we are not restricted. One carer in particular is very good, all the carers are very caring and if my [relative] ever needs anything they always let me know."

People who used the service were supported with maintaining their independence and were encouraged by support workers. One support worker told us, "Encouragement goes a long way. I work around people, we never force anyone. If ask people what they want to wear, even if it doesn't match, they can choose. If someone can still wash their chest, I'll let them. You can give them that option so they feel capable."

Support workers told us how they treated people with dignity and respect. One support worker said, "When giving personal care I always talk to the person and I make sure the door is closed. I give them a choice with their clothes, I show them and they can choose what they want to wear." Another support worker said, "Some people here have times of incontinence. If they have an accident they can feel embarrassed so we will give them a shower and reassure them that it happens sometimes."

Records showed that staff had received training in respecting people's privacy and dignity. The provider had a policy on dignity, privacy and respect which reminded staff that they were guests of people who used the service and they should behave accordingly. The policy also gave guidance to staff in line with the Equality Act 2010 about not discriminating against people who used the service regardless of age, gender, disability, race, religion or belief, gender reassignment, sexual orientation, marriage or civil partnership, and being pregnant or on maternity leave. The deputy manager told us they recognised the importance of treating people as individuals, "It doesn't bother us at all if someone identifies as LGBT. We do not discriminate." A relative told us, "My [relative] is [specific religion] and the home is run by people who are [specific religion]

but they buy everything my [relative] likes."

Good

Is the service responsive?

Our findings

Care plans were detailed and contained 'My profile' section with information such as their family history and background, the job they had and any spiritual beliefs. For example, one person's said, "I am Christian of faith and I follow Church of England." A support worker told us, "The church visits on a weekly basis."

Care plans also contained a 'My Life Story' document which had information about people's life histories and families. For example, one person had photographs of their wedding day, their children and grandchildren.

A relative told us, "We had a meeting and we did the care plan together. The care is person centred." Support workers told us they read through care plans in order to obtain information about the people they were caring for. One support worker explained, "In my opinion the care plans are relevant. You know exactly what people need." Another support worker told us, "We read the care plan when new clients come. The care plan is good and the manager also explains things to us."

Care plans contained a weekly activity planner, for example one person's weekly activities consisted of, "Praying with church, listen to music, relax in garden, menu planning, activity coordinator, nail polishing, watch telly, foot massage." During the inspection we observed people having their nails painted in the lounge. Another person's activity plan stated that they enjoyed playing dominoes and during the inspection we observed this person and others playing dominoes in the lounge. There was a notice in the lounge with upcoming weekly activities, for example a word game, singing and dancing and arts and crafts. An activities coordinator visited the home twice a week. A support worker said, "There are always things to do. Some people prefer time in the room and we have an activities coordinator." A relative told us, "If [relative] doesn't want to come down in the morning they respect [relative's] wishes but they do encourage [relative]. Another relative explained, "They have someone visit every week for a sing-song, making things, bingo but my [relative] doesn't want to know. They celebrated Christmas and Chinese New Year and the Church comes in but my [relative] is not religious." The registered manager told us, "At Christmas we had a company called 'tickled pink' visit the home and they did a panto, singing and dancing, we all wore Christmas jumpers and hats." During our inspection we saw photographs of the Christmas party that were framed and displayed in the lounge.

Care plans were reviewed once a month and records confirmed this. Reviews looked at aspects such as medicines, any health professional input and advice and activities. One support worker told us about the review process and stated, "People's problems are progressive and the care plans are reviewed regularly." A relative told us, "They invite me to the reviews."

People's bedrooms were personalised and contained photographs of their families. One person had a framed certificate on their wall of their achievement and commitment to their job when they were in employment. A relative told us, "[Relative's] room is very nice. [Relative] is very happy." Door frames were painted different colours and the registered manager told us this was to "Help those with dementia recognise their rooms."

End of life plans were created for each person with the support of their families or advocates and records confirmed this. For example, one person's end of life plan stated they wanted their spouse to deal with the process and they would like to stay in the home and receive palliative care. Their end of life plan was signed by their spouse.

The service had a complaints procedure in place. This included timescales for responding to any complaints received and details of who people could complain to if they were not satisfied with the response from the service. During the inspection we looked at complaints records and saw that complaints were responded to within timescales and action was taken to resolve any issues promptly. The service kept a complaints log to monitor the date the complaint was made, when a response was set and when it was resolved. One relative told us, "There was a time I didn't like the way they dressed my [relative] and I spoke to the registered manager and expressed my unhappiness and they quickly changed everything. They corrected it there and then." This meant the service was proactive in managing complaints in an effective way.

Good

Is the service well-led?

Our findings

At our last inspection in February 2017, the provider did not notify the CQC without delay of incidents which occurred whilst carrying out the regulated activity. Providers and registered managers are required to notify us of certain incidents or events which have occurred during, or as a result of, the provision of care and support to people. One notifiable event is when someone has a serious injury. Since our last inspection, records showed we had been notified when required.

The deputy manager told us about the work they had been doing to make improvements at the home and stated, "I regularly visit the CQC website and look at reports where homes are rated as good." They also explained how they were proud of the work they had done with a service user who had moved back into the community. They explained, "[Person] is an insulin dependent diabetic and they had made so much progress, they were reassessed and [person] is now in supported living in the community. We visited [person] a few weeks ago and they look well and we had [person] here for our Christmas party. We are very proud of our work to support [person] to be independent."

Support workers told us they felt supported by management and that management systems were working and there was a clear ethos for staff to follow. One support worker said, "The manager's door is always open." Another support worker told us, "The management is very good. There is a clear ethos, management have expectations, for example the cleanliness of the home, residents being clean etcetera." A third support worker told us, "The manager is very good. She always supports us, not only me but everyone. Her door is always open to us." Relatives told us they were also happy with the management at the home. One relative said, "They always communicate with me, even when [relative] has appointments, they let me know." Another relative told us, "The registered manager is very good, you can always speak to her."

Team meetings were taking place on a monthly basis and records confirmed this. Discussions took place around MCA, DoLS, health and safety, fire procedures and recruitment. One support worker told us, "We have a meeting, all of us every month. Any points we want to make we talk about it."

There was also a monthly meeting for people who used the service and records confirmed this. People were asked questions about what they would like to improve in the home and what people enjoyed. Responses included, "I like it the way it is. I like the way staff prepare my breakfast and I like to do activities with the girl who visits us," and, "I like the staff and the food. I also love the reggae songs you put on every day."

Relatives of people who used the service were invited to complete an annual opinion survey, the last one being in September 2017. One relative told us, "I've filled in their annual survey and they've invited me to relatives meetings." Survey questions included, 'Does the person you represent like living here?' and 'Does your relative like the food provided?' Responses were positive and highlighted that people were happy at the home, for example one relative stated, "I would recommend the home to others", another relative wrote, "All the staff at St Catherine's are doing a truly excellent job, I have the greatest respect for their selfless dedication." A visitor's survey was also carried out and we saw feedback from a subcontractor that stated, "I visit every six months and I have noticed a stark difference in the quality of surroundings, smells and overall

upkeep." Feedback from surveys was analysed on a quarterly basis and management told us this was so that they were kept abreast with the feedback they were receiving so that they could take action or follow up on any points raised.

Staff were also invited to complete an 'employee job satisfaction survey', the most recent in November 2017. Responses were positive and included comments such as, "I feel encouraged to come up with new and better ways of doing things," and responses stated that they "strongly agreed" that they had clearly defined goals in relation to their role. In addition, the deputy manager told us about a new initiative where they presented support workers with an award. They explained, "We did employee of the year last year. It makes people feel valued and we appreciate their extra effort." The registered manager also told us, "The deputy manager received an appreciation award for all of his hard work." This meant staff were recognised for their work and commitment to their role.

The service had received a certificate of achievement for 'commitment to a high standard of employment practice' in June 2017 and this was displayed in the lounge. In addition, they had received an 'employer of the month' award from a training provider and a support worker was also awarded 'student of the month'. The service had also received a certificate from the 'police community club' for supporting local children as well as a certificate of appreciation for supporting students during work experience. The deputy manager told us about an affiliate programme they were involved in and said, "Last year we affiliated with Kings College University to research dementia." They explained that this affiliation was providing them with different resources to support people with dementia who were living at the home and that this would have a positive impact on everyone. They also stated, "The impact of this kind of work and engagement is that we receive more help and people who look for experience bring their knowledge and knowhow here."

The registered manager also told us about community engagement they were involved in and stated, "There is an organisation from the local area who asked us if they can do a mother toddler group with us because all of our residents love children and we see how happy our residents get when their families visit with children. This is a work in progress and we are looking into it."

The service had policies and procedures in place for staff to refer to. These were updated annually and the deputy manager told us, "We attended the Health Show at Excel and we got some new ideas for new policies and procedures so we will be working with a company who will be providing us with all new policies and procedures.