HC-One Limited

Catherine House General Nursing Home

Inspection report

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Date of inspection visit: 20 and 22 May 2015
Date of publication: 15/07/2015

Ratings

Overall rating for this service	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

We carried out an unannounced comprehensive inspection of this service on 8 and 12 December 2014. A breach of legal requirements was found. After the comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to the Health and Social Care Act 2008 (regulated Activities) Regulations 2010, Regulation 9.

We undertook this focused inspection to check that they had followed their action plan and to confirm that they now met legal requirements. We also followed up other areas where the provider needed to improve the service, although they had not breached legal requirements. This report only covers our findings in relation to these issues. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Catherine House General Nursing Home on our website at www.cqc.org.uk

This inspection was unannounced and took place on 20 and 22 May 2015.

Catherine House General Nursing Home provides accommodation for up to 67 people who need nursing care. The home mainly provides care for older people

Summary of findings

who are living with dementia. The home is a large, purpose built property. Accommodation is arranged over four floors, although only two floors are currently in use. There is a passenger lift to assist people to get to the upper floors. There were 37 people living at the home at the time of our inspection.

There was a manager in post who was currently going through the process of being 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.

At the last inspection we found people were not always cared for in accordance with their preferences and choices. Staff support for people with meals and drinks varied. People saw health and social care professionals when they needed to, but they did not always receive prompt care and treatment. At this inspection we found people received care in the way they chose to receive it. People were well supported with meals and drinks; the mealtime experience had been significantly improved. People's changing care needs were responded to promptly.

At the last inspection we found there was a lack of consistent leadership on both floors where care was delivered; care practice was inconsistent. Care was sometimes based around completing tasks and did not take account of people's preferences. People's privacy was not always respected. At this inspection we found care practice and leadership had improved and people's privacy was respected.

At the last inspection we found there was a lack of interaction between some people and staff and not enough meaningful activities to meet each person's individual needs. At this inspection we found staff interacted a lot more with people and that both group and individual activities had been significantly improved.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service effective?
We found that action had been taken to improve the service's effectiveness.

People were cared for in accordance with their preferences and choices.

People were well supported with meals and drinks.

People saw health and social care professionals when they needed to and received prompt care and treatment.

Good

Is the service caring?
We found that action had been taken to improve how caring the service was.

Care practice was more consistent, taking account of people's preferences.

People's privacy was respected.

Good

Is the service responsive?
We found that action had been taken to improve how responsive the service was.

People received care and support which was responsive to their changing needs.

Staff interacted well with people and activities met each person's individual needs.

Good

Is the service well-led?
We found that action had been taken to improve how well led the service was.

People were provided with consistent levels of care.

There was consistent leadership on both floors where care was delivered.

Good

Catherine House General Nursing Home

Detailed findings

Background to this inspection

We undertook an unannounced focused inspection of Catherine House General Nursing Home on 20 and 22 May 2015. This inspection was done to check that improvements to meet legal requirements and improve the quality of the service planned by the provider after our previous inspection on 8 and 12 December 2014. We inspected the service against four of the five questions we ask about services: is the service effective, caring, responsive and well led. This is because the service was not meeting some legal requirements.

The inspection team consisted one adult social care inspector and an expert by experience. This is a person who has personal experience of using or caring for someone who uses this type of service.

During our inspection we spoke with three people who lived in the home, eight visitors, two registered nurses, four care staff, one volunteer, the manager and the deputy operations director (who oversees this and some of the provider's other homes). We observed care and support in communal areas, spoke with some people in private and looked at the care records for five people. We also looked at records that related to how the home was managed.

Before our inspection we reviewed all of the information we held about the home, including the provider's action plan following the last inspection and notifications of incidents that the provider had sent us.

Good

Is the service effective?

Our findings

When we last inspected this service on 8 and 12 December 2014 we found that people were not always cared for in accordance with their preferences and choices. Staff support for people with meals and drinks varied. People saw health and social care professionals when they needed to, but they did not always receive prompt care and treatment. Following the inspection the provider sent us an action plan which set out the improvements they intended to make. The action plan stated a robust system had been put in place to ensure urine samples required from people were obtained and tested promptly.

At this inspection people said they did make choices about their care and these were respected. Relatives told us their family member received the care they needed in a way which suited them. One relative said "The care is what suits dad and they've adapted the care to his needs here. If he's had a bad night they let him sleep in. If he's ok in the morning he's up for the day. They see him as a person, a human being."

People had access to health care professionals to meet their specific needs. People said staff made sure they saw the relevant professional for reviews or if they were unwell. Staff supported people to attend outpatient appointments or if they needed to be admitted to hospital. One GP routinely visited the home twice each week; they also visited at other times, for example if someone was unwell and needed to be seen that day.

People received prompt care if they became unwell or if their needs changed. For example, staff noted one person's behaviour had changed and carried out tests immediately to see if the person had an infection. They had also made referrals to appropriate health care professionals. One relative said "I think the health care is good. They do pick up when people are not well and always make sure they are seen."

People were happy with the meals and drinks served in the home. People's likes and dislikes were known by staff and recorded in their care plans. Menus were planned in advance, discussed with people and at the relative's meetings. There was a choice of meals each day; if people did not like the options they could ask for an alternative. People chose where they preferred to eat their meals.

We observed the lunchtime meal being served on the first day of our inspection. A new programme called "Dignity in Dining" had also been introduced. This approach had a10 point plan for staff to follow to ensure high standards at mealtimes. These included checks on food temperature, quality, taste and texture; we saw these checks were carried out. The plan said that background music should be played; classical music was playing at a low volume, which helped create a relaxed, sociable atmosphere.

The home had introduced 'protected mealtimes'. This meant that all staff, including non care staff such as members of the housekeeping team, helped at mealtimes. The serving of meals had also been staggered; they were served at different times on the first and second floors as this allowed some staff to help on both floors.

Staff were kind and attentive; lunchtime was well organised. Some people ate in the dining areas. They sat at tables which were nicely laid; each had condiments for them to use. People were given a choice of meals; they were shown each meal so they could decide which one they wanted. Some people ate their meals in the lounges or in their own rooms. Some were independent; others needed staff to help them with their meals. We saw that people who needed prompting or assistance were well supported by staff. Staff only helped one person at a time and focused on them, engaging them in conversation during the meal. Staff checked that people had enough to eat and drink. Staff asked one person "Would you like more to drink? Would you like more potatoes? Would you like more carrots?" There was a suitable pause between each question to allow the person time to respond.

Good

Is the service caring?

Our findings

When we last inspected this service on 8 and 12 December 2014 we found care practice was inconsistent. Care was sometimes based around completing tasks and did not take account of people's preferences. People's privacy was not always respected.

At this inspection people said they were well cared for. Relatives thought staff were caring and understood how to care for their family member. One relative told us "They have some wonderful, caring staff here. The nurses are very good as well. [Relative] has been as happy as she could be here." Another relative said "The staff are lovely, caring people. They are always friendly and welcoming. We've never had any concerns about the care here."

Throughout both days of our inspection staff interacted with people in a caring way. People had their care needs met but staff ensured they took time to speak with people, not just when they were providing care. One staff member said "I think this has really improved. We have put a lot of effort into that. We have discussed things like this in detail so we know where we were failing before." There was a good rapport between people; some chatted happily with staff.

When care was provided, such as when people were assisted to move by staff using a mechanical hoist, staff spoke to the person explaining what they were doing and offering reassurance but also spoke socially with them. Staff ensured they spoke and interacted with people who had language, speech or hearing difficulties. Staff used a list of common phrases to communicate with one person whose first language was not English. They used some written communication to help them interact with another person; staff had written some set phrases which this person was able to read. We saw these in use and that the person understood them and responded to them.

Staff supported people who were in pain or distressed in a sensitive way. We saw one person had become agitated because of the noise a workman's drill was making; one member of staff had noticed this and provided one to one care for a period of time. The door to the lounge had been closed to minimise the noise made by the workmen. The staff member said to the person "close your eyes, listen to the music"; this helped to calm them. Then the staff member said "watch me and have a sip of coffee". The staff member and the person picked up their cups and they both drank together.

Staff respected people's privacy. All rooms at the home were used for single occupancy. This meant that people were able to spend time in private if they wished to. Bedrooms had been personalised with people's belongings, such as furniture, photographs and ornaments to help people to feel at home.

A majority of the people in the home needed assistance with personal care. One relative said "I am quite happy with my husband's treatment; he is nice and clean as is the room. My husband has been in four different homes and this is the best." We saw bedroom, bathroom and toilet doors were always kept closed when people were being supported with personal care. Staff always knocked on doors and waited for a response before entering these rooms. We noted that staff never spoke about a person in front of other people at the home which showed they were aware of issues of confidentiality. People's records, some of which had previously been left in communal areas, were now kept securely. People now kept their own daily records in their rooms; other records, such as people's care plans, were kept securely by staff.

Good

Is the service responsive?

Our findings

When we last inspected this service on 8 and 12 December 2014 we found people did not always receive care and support which was responsive to their changing needs. There was a lack of interaction between some people and staff and not enough meaningful activities to meet each person's individual needs. Following the inspection the provider sent us an action plan which set out the improvements they intended to make. The action plan stated activities for people had been improved and better records kept, including when one to one activities took place or where people declined the offer of an activity or a trip out.

People said the care provided met their current or their changing needs. One relative told us "Staff are very on the ball; they ring for the slightest thing, even a cough." We discussed daily routines with staff, including the need for some people to be nursed in bed. A small number of people remained in bed throughout both days of our inspection; this was clearly described in their care plans. One member of staff said "If people need to be nursed in bed this is clear in their care plan. We do have a few people who need this care, but everyone else is helped to get up now." One relative said they had concerns previously about their family member being left in bed for long period of time. They said "I have no concerns at all about [their family member's] care now. She is up every day now, so my concerns have been listened to."

People were involved in planning and reviewing their care where this was possible. Where people lacked the capacity to make a decision for themselves staff involved other professionals and family members in writing and reviewing plans of care. One relative said "I discuss the care plan every 8 to 10 weeks. The daily records are available. They (staff) can communicate with [their family member] but it is one way." This person's care plan confirmed their relative did discuss their care at the frequency they described.

Staff were aware of people's care plans and provided care in line with these. Staff kept people's care needs under review; nurses or senior staff updated people's care plans. Care plans were up to date and accurately reflected people's current or changing needs. For example, we looked at the plans for two people who had lost weight. Their weight loss had been identified and recorded; their plan which assessed their risk of malnutrition had also been updated to reflect the loss of weight. The appropriate health care professionals had been consulted and changes had been made to each person's care. One person's weight had increased and the other person's weight had stabilised.

Activities for people had been improved. These were organised and led by one staff member, but care staff helped. This staff member had been very successful in recruiting volunteers who visited the home, spent time with people and also provided some of the activities. This staff member said "The activities have improved a great deal. We now have nine volunteers on board and they do watercolours, singing and one to one time with people. We have a monthly pottery group, we had birds of prey in yesterday and we want to start chair based yoga sessions."

People were encouraged and supported to take part in group or individual activities to keep them active and avoid people becoming isolated. One person said "There is singing this afternoon. At Christmas, I made 50 knitted pockets and put sweets in them for the staff. We also made cards for Christmas, Valentine's day and birthdays". On the first day of our inspection a musician came in to play the guitar and sing songs. Staff encouraged some people to dance, others were clapping along. One person with communication difficulties was clearly singing along by mouthing the words; people clearly enjoyed the music.

Relatives said there were enough activities for people, who could chose to join in if they wished. One relative said "I visit nearly every day. They don't just let people sit in their rooms; people come and sit in the lounge with others. One member of staff takes [their relative] out to the market. It keeps people in touch with the outside world."

People who were either too frail or who did not wish to join in with group activities were offered one to one time with staff. Records showed that these activities varied, depending on people's preferences or interests. One person's records showed they had one to one time planned each day; they enjoyed a variety of activities such as pet therapy, poetry reading, beauty sessions and listening to 'talking book' as they had impaired sight. Their relative told us "All those activities do take place. Sometimes they do them in the morning and sometimes they are in the afternoon.

Good

Is the service well-led?

Our findings

When we last inspected this service on 8 and 12 December 2014 we found the service was not providing consistently high quality care. There was a lack of consistent leadership on both floors where care was delivered.

The management of the home had changed since our last inspection. The interim manager had left. A permanent manager had been recruited; they were going through the process of becoming registered with us. The deputy operations director who was responsible for overseeing the home had changed, although the person now in this role had been involved with Catherine House for several months before formally taking over. A nurse had recently been recruited as the home's 'clinical lead'; they took a lead on reviewing and improving the care being provided to people and staff practice.

The findings of the last inspection had been discussed with staff so that they understood what they did well, the areas they needed to improve and why improvements were needed. We spoke with nurses who led the staff teams on the floors where care was delivered. Both felt that there had been many improvements since the last inspection. One told us "There have been lots of changes. We had meetings to discuss improvements and how we were going to do them. We have lots more activities, better dining experience and people are getting up every day."

There was good leadership on both floors where care was delivered. One nurse led the care team on each floor. Care staff worked in small teams each day; each staff member knew who they were caring for and who was in their team when they required help, such as when they were using a mechanical hoist to move people. Specific roles had been created for staff each day such as one staff member being a 'dignity champion' and another 'meal time champion' to help ensure consistent, high standards of care. These roles were rotated so all staff had the opportunity to carry them out; this helped staff have a greater understanding of the role and its importance.

There were regular meetings where the quality of care and other issues were discussed. There was a handover meeting each time staff came on duty; regular staff meetings were held. Each morning senior staff from all areas of the home met to discuss any issues. One staff member said "We meet at 11 o'clock, seven days a week. All departments attend. It's a good way to discuss what's going on in the area you work in as well as what other departments are doing."

The manager and the deputy operations director observed care practice and the general running of each floor of the home. This was done both formally as part of auditing and informally. On both days of our inspection they were both visible on the care floors, observing, helping and giving advice or guidance to staff. They also made themselves available to people and their visitors. One relative said of the manager "He will talk to you, he is a person you can talk to easily and he listens to you." Another relative said "I spoke to (the manager) as (their family member's) exercises were not being done. They help to keep him mobile. This was sorted out straight away. I'm now very happy with the care."

Each relative spoken with was happy with the care provided by staff. All felt the service had improved in the last few months. Every relative hoped the improvements would continue but each was concerned that when new people moved into the home the current standards of care may not be maintained. Their particular concern was having the right amount of good staff employed to care for people. One relative summed up the general feeling by saying "Things have improved, very much so. I don't know if it's improved enough to have a lot of new residents in though. They still use agency staff quite a lot. I do worry if they open the doors up and move new people in as they do still struggle to get staff. If more people move in, who's going to care for them?"

We spoke with the manager and the deputy operations director about these concerns. They told us thorough assessments, including the impact on people currently living at the home, would be completed before any new people moved into the home. This would ensure the home was able to meet people's needs. They would also increase the number of people slowly to enable the service to consistently maintain the quality of care. This would be kept under review by the manager and the deputy operations director and would form part of their quality auditing of the service.