

# Community Health Services Limited

## Catherine Court

### Inspection report

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11 October 2018

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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

This inspection took place on the 10 and 11 October 2018 and was unannounced on the first day.

Catherine Court 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.

Catherine Court accommodates 60 people across two floors each of which have separate adapted facilities. One of the floors specialises in providing care to people living with dementia. The other floor supports people with nursing needs. At the time of our inspection there were 50 people using the service.

The service is required to have a registered manager to manage the service. At the time of our inspection there was a registered manager in post. 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 our last inspection in 2016 we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated concerns.

People and relatives gave positive feedback about the caring nature of staff, comments included "Yes I feel [my relative] is safe and well looked after", "The staff are very approachable", "I am looked after here". People told us staff treated them respectfully and in a caring manner.

People told us they felt safe living at Catherine Court and we saw that appropriate referrals were made to the local authority when required.

Staff we spoke with understood the importance of treating people as individuals, irrespective of their preferred lifestyle or physical and mental abilities. During our observations of one person's support we saw the service respected their chosen lifestyle. The service had policies and procedures in place to guide staff.

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

Care needs were assessed and reviewed at regular intervals.

Robust recruitment procedures meant that only suitable staff were appointed. People were supported by suitable numbers of staff who had received training to enable them to provide high quality care.

Medicines were mainly managed effectively. Where issues were raised appropriate intervention was carried out.

People told us there was a choice of meals and said they had plenty to eat of good quality food. Staff knew about people's dietary needs and preferences. Snacks and drinks were available throughout the day.

Activities and social events were available for people to avoid social isolation. Relatives and friends could visit without restriction.

There was a procedure in place for anyone to make comments or raise any issues. Relatives and people told us they knew how to make a complaint if the need arose.

The provider had systems in place to ensure the service offered quality care and support. Where issues were identified the provider took action to enable improvements to be made.

The provider had systems and processes to record and learn from accidents and incidents that identified trends and helped prevent re-occurrence.

People were able to attend external healthcare visits to ensure their healthcare needs were met.

## 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.

We have made a recommendation in relation to medicine management.

Staffing levels ensured people received care when they needed it.

Recruitment procedures ensured only suitable staff were appointed.

### Is the service effective?

Good ●

The service was effective.

People were supported by staff with the relevant training.

Staff received regular supervisions to monitor their performance and development.

### Is the service caring?

Good ●

The service was caring.

People's dignity was protected and staff treated them with respect.

People and their families were involved in care and treatment plans.

People were encouraged to personalise their rooms with personal furnishings of their choice.

### Is the service responsive?

Good ●

The service was responsive.

People were able to take part in activities to avoid social isolation.

People were supported at the end of their life. We found end of life care plans were not always completed in a timely manner. We have made a recommendation in relation to this.

The service had procedures in place for people to follow if they wished to make a complaint.

**Is the service well-led?**

**Good** ●

The service was well led.

The service had a clear vision about how it should support people.

Staff felt supported and valued by the management of the service.

Audits ensured the service was monitored to provide quality care.□

# Catherine Court

## **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.

This inspection took place on 10 and 11 October 2018 and was unannounced on the first day. The inspection on the first day was carried out by two inspectors and one expert by experience. An expert by experience is someone who has personal experience of using this type of service. One inspector completed the inspection on the second day.

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 it does well and any improvements they could make. We reviewed notifications and any other information we had received since the last inspection. A notification is information about important events which the service is required to send us by law. In addition, we requested feedback from the local authority who had knowledge of the service.

We spoke with the registered manager, the regional manager, the deputy manager, the activity coordinator, six members of the care team, a visiting professional and the maintenance person. In addition, we were able to speak with four visiting relatives and four people who lived at Catherine Court.

We reviewed eight care records and observational charts and each person's medicine chart. We reviewed records relating to quality assurance and other documentation relating to the way the service was run.

We observed practice throughout the service and used a Short Observational Framework for Inspecting (SOFI). SOFI is a way of observing care to help us understand the experience of people who were unable to communicate with us.

# Is the service safe?

## Our findings

People told us they felt safe and liked living at Catherine Court. We received comments such as "I feel safe here" and "They look after me." Relatives told us, "Yes I feel [my relative] is safe here and is well looked after" and "I would recommend this care home."

We observed that people had call bells in their rooms. We also saw other safety equipment including bed rails and safety mats. People who were not able to operate a call bell had regular safety checks. We observed that a person who was sitting in their room did not have a call bell within reach (the handset and a drink were on a bedside table across the room). At the person's request, we moved the table within reach and informed the manager.

On the day of our inspection, a pharmacist visited from the local Clinical Commissioning Group. They told us that "Every person will have a full review" of their medicines. We reviewed medicines for each person living at Catherine Court. We found one person had not been able to have their pain relief for one day due to lack of stock. However, we were told the person had not experienced pain due to not having their medicine. We saw on the second day of our inspection stock had been delivered for the person. We also noted discrepancies in completing medicine records for two people. One person had two identical charts in place which had both been signed by the nurse. Another chart we saw had not been signed when additional insulin had been given. We informed the registered manager about this and they discussed this with staff and this was rectified during our visit.

We recommend the service refers to national guidance in relation to the management of medicines.

Staff we spoke with told us they had undertaken training in safeguarding adults. A team leader gave us examples of forms of abuse and neglect. They told us signs might include "leaving the resident with the pad dirty" or not offering a cup of tea. Staff were aware of their responsibility to report concerns. A team leader told us that "everything is recorded" and they would report concerns to the manager. A member of staff told us "institutional abuse" could occur when a service had a "set time" for example for people to get up. "We do it according to their wants and choices, mostly offering choices really." When we asked about whistleblowing, a member of staff told us "We have a number." They also stated they could "go to the manager" with concerns.

Risk assessments were in place, such as for bed rails, moving and handling, the malnutrition universal screening tool (MUST) and the Waterlow assessment for skin integrity. An incident policy was in place. Staff we spoke with were able to discuss how they reported accidents and incidents, the process for follow up and any learning that may be used as a way of prevention.



We reviewed a choking risk assessment which indicated '(person) is known to Speech and Language Therapist (SALT)'. We saw the person was provided with a pureed diet with thickening agent added to fluids to reduce the risk of choking. This was detailed and included an 'initial choking risk screening tool.' For example, 'does the person have a condition that might indicate dysphagia?' This was followed by a section of 'choking indicators' including 'diagnosis of reflux' (which means acid from the stomach travelling up towards the throat); 'is the person using the service known to the SALT team'. The person's level of risk was assessed as 'high'.

We heard a team leader seeking telephone advice from a Speech and Language Therapist for the person. The team leader was concerned that the person was managing to take thickened fluids but was retaining pureed food in their mouth. The team leader told us the SALT advised that yoghurt could be offered to the person.

We saw that personal emergency evacuation plans (PEEPs) were in place and were completed as part of the pre-admission assessment.

We spoke with a visiting maintenance engineer from an external company which facilitated the provider's maintenance services. The engineer was conducting monthly checks including tap temperatures and emergency lighting. Gas and electricity maintenance was carried out 'in house' by the external company, safety checks, for example, chlorification of storage tanks was done by a specialist water company.

We observed rodent traps outside the home in the 'wheelie bin' storage area. The premises were cleaned to high standards and appeared clean and free from obvious hazards during our inspection. We saw cleaning taking place on both days of our inspection. Staff we spoke with told us they had completed infection control training and used personal protective equipment (PPE) such as disposable gloves and aprons when giving personal care.

The home was arranged in two units, ground floor and first floor. At the time of our inspection, twenty-five people resided at each unit. Both units had three vacancies. People had complex needs, including those related to dementia and to health needs including mobility issues.

Qualifies nurses and team leaders worked long days of 0800 to 2000. The staff complement at each unit was a nurse and seven care staff (including a team leader) during the morning, with a nurse and six care staff in the afternoon. Night staffing comprised a nurse and two carers on each unit. The registered manager (who was a nurse) was also present. Relatives commented they felt there were adequate staff to attend to their family member's needs. However, one relative told us they thought the numbers of staff had gone down. We saw call bells were answered promptly and staff had time to attend to people's needs without rushing. We concluded staffing was adequate to meet the needs of people using the service. Agency staff were only used to cover shifts when required. However, the provider used regular agency staff to ensure continuation of care.

A care worker told us they used to work as an agency carer and "I felt honoured" to be invited to apply for a post with the provider. Staff we spoke with told us there were sufficient staff to meet people's needs. A team leader told us "It's enough." A member of the nursing team told us "We are all covered." In the event of staff sickness, we were told this would be replaced by existing staff or an agency staff member.

The provider had systems in place to assess the suitability and character of staff before they commenced employment. We looked at recruitment files and found relevant documentation was in place which included Disclosure and Barring Service (DBS) checks.

## Is the service effective?

### Our findings

Staff were trained and supported to carry out their role effectively. Staff completed induction training and completed the Care Certificate. The Care Certificate is a set of standards designed to equip social care and health workers with the knowledge and skills they need to provide safe and compassionate care. One family member told us, "[Relative] can be difficult and they manage well with that."

A team leader told us they had a three-month probationary period "to demonstrate your abilities". Staff completed mandatory training and updates including safeguarding, moving and handling, fire safety and infection control. Staff members had completed further training, including percutaneous endoscopic gastrostomy (PEG) feeding. PEG is an endoscopic medical procedure in which a tube (PEG tube) is passed into a person's stomach through the abdominal wall, most commonly to provide a means of feeding when oral intake is not possible. Two people at the service took nutrition and fluids via PEG. We reviewed each care plan which was consistent with their care needs. We saw that a person had detailed daily PEG feeding records that stated the daily feeding regime with times and details of feed, water, medicine and flushes to be given. This delivered enough calories and 1225mls of fluid (including feed of 1000mls/ 1cal per ml) daily, excluding flushes and water given with medicine administration.

A nurse told us they had completed training in the theory and practice of various clinical skills, including use of syringe drivers and catheterisation. Another nurse we spoke with had completed clinical skills training in epilepsy, wound care and PEG feeding. They were up to date with mandatory training. PEG feed training was provided by nurses from the nutritional products company. Records we viewed confirmed all staff were up to date with their training.

One member of staff told us that they were hoping to begin the vocational qualification in health and social care. Both team leaders we spoke with were registered nurses in their countries of origin and had the potential to register with the Nursing and Midwifery Council (NMC).

Staff we spoke with had regular supervision and told us they found it helpful. A member of staff told us they had two supervisions recently with their team leader. A team leader told us they had a "one to one" every three months. Staff had an annual appraisal. Records we saw confirmed this.

Where people had frail skin, staff ensured regular monitoring took place to ensure any problems were dealt with as soon as they arose. For example, a member of staff told us a person had a pressure ulcer which was being treated and dressed. We saw the tissue viability nurse was involved. They had visited the person and were also able to review photographic evidence. Senior staff told us that there was one person who had a moisture lesion that was kept clean and dry and topical cream was applied but otherwise there were no tissue viability issues. We saw that some people had pressure relieving mattresses and in some cases, these were automatic and did not require manual setting. We saw a person's Waterlow assessment indicated the mattress setting required and two-hourly repositioning during the day and three-hourly at night was required.

We saw menus on view on each floor, and these described menu choices for the meals being presented that day. People had a choice of where to eat. One relative told us, "My [family member] has lunch in his room it's his preference." We observed lunch during our inspection; we found staff spent time with people and meal time was relaxed and people could go at their own pace. We observed people being supported with meals who required this and noted the consistency of food was as directed in the person's nutritional records. People reported they liked the food and the amount was adequate.

A team leader told us "We offer drinks every hour" and that "a lot" of people had fluid intake charts. There was "a high risk of malnutrition" and "nutritional assessment is very important".

We saw that a person had taken 500mls of fluid in the last recorded twenty-four-hour period. The person was receiving end of life care. We discussed this with the team leader who told us that fluids were offered regularly. We asked about family involvement and were told "They're aware." At lunch we saw that people received one to one support where needed. We noted that another person who was frail and cared for in bed had maintained a weight and BMI in the mid-range.

A range of professionals were involved in assessing, planning, implementing and evaluating people's care and treatment. Professionals included the GP, tissue viability nurse, community dietitian, speech and language therapist (SALT), and pharmacist.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this process in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. We found the service was acting within the MCA. People's capacity to consent to their care and support arrangements had been assessed. Where people lacked capacity appropriate applications to the local authority had been made. We saw that mental capacity assessments had been conducted and best interests' meetings held for example regarding a person's ability to use the call bell.

Staff told us they had completed training on Mental Capacity Act 2005 (MCA) on e-learning. Senior staff we spoke with were aware of the Deprivation of Liberty Safeguards accompanying the Mental Capacity Act 2005. Staff showed an understanding of consent and of the MCA. A team leader told us "We help people to make the choice." They also described the components of a mental capacity assessment. For example, can the person communicate their decision and told us that having "flu vaccine" was an example of a specific decision.

We noted an application for a standard DoLS authorisation submitted on 11th January 2018 and a confirmation receipt from the supervisory body was received. For another person, we saw that mental capacity assessments had been completed for 'call bell mounted on the wall' and for 'access with keypad locks'. We saw that a DoLS authorisation was in place until 17 November 2018. The application had been made following a mental capacity assessment on 24 October 2018.

The front door of the home and internal doors to the units were accessed via coded electronically locked

doors. People were supervised by staff on a twenty-four-hour basis. These measures were in place for people's safety in the context of their care needs.

The premises were well designed and provided people with an environment which promoted their independence. Passageways and communal areas were bright and well designed and provided people with a pleasant and safe environment in which to live.

# Is the service caring?

## Our findings

We received positive feedback about the caring nature of staff at Catherine Court. One person told us, "The staff are nice." A relative commented, "The staff are kind and caring and are approachable."

We observed good relationships between people and staff. We observed a person asking for a particular care worker by describing them. Staff were able to explain how they maintained people's dignity whilst delivering personal care. We observed staff knocked on people's doors and waited for a response before entering. Staff told us they explained to people what was happening at each stage of the process when delivering personal care.

Staff provided information to people that considered their communication needs. We saw examples of this in people's care plans. For example, people with impaired vision, people unable to communicate verbally and people who were hard of hearing.

The service enabled people and their families to be involved in decisions about their care and support. We saw that regular reviews were held with people and their families to discuss any additions or changes to care.

The service supported people to access external bodies such as advocacy services when required. We saw advocacy service contact details displayed in the service. Advocates are people independent of the service who help people make decisions about their care and promote their rights.

The service complied with the Equality Act 2010 and ensured people were not treated unfairly due to any characteristics that were protected under the legislation. Through discussion with the registered manager and staff we saw that the service was pro-active in promoting people's rights. For example, we saw that people could choose their choice of care staff and follow their preferred lifestyle.

A nurse told us care is "great – carers are equipped with the knowledge and skills" (to meet people's needs). A team leader told us that "Communication with the resident is very important." Staff we spoke with understood the importance of treating people as individuals irrespective of their gender, ethnicity or their physical or mental capabilities. The service had policies and procedures in place to guide staff. We saw one person had a preferred lifestyle and staff respected this.

Visitors were able to visit without restriction. We saw relatives and friends visiting on both days of our inspection.

People could be assured that information held about them was treated confidentially which complied with the Data Protection Act. Records were stored securely on each floor of the service.

## Is the service responsive?

### Our findings

People's individual needs were assessed before they came to live at Catherine Court. The assessment reflected people's mental, physical, emotional and social needs. This included their individual preferences to enable people to have as much choice and control as possible.

Care plans were stored both electronically and in hard copy. We reviewed care plans which contained detailed daily notes of care and observations such as fluid intake charts. We saw an entry that read '(the person) was assisted with personal care and wet pad changed, mouth care given. (The person) was offered a puree meal with assistance. He did not eat or drink much and remains poorly (the person) seems fine checked regularly and repositioned as he moves around a lot.'

A team leader told us "I'm doing the care plans." We saw that care plans were reviewed monthly or as changes arose. A team leader told us they would review care plans every month (as part of the 'resident of the day' approach), or "every time there's a change" for example if a person was losing mobility or had been seen by the GP or district nurse team. We saw an entry that read '(the person) was assisted with personal care and wet pad changed, mouth care given. Care plans we read contained care objectives including sections on the activities of daily living. For example, communication, eating and drinking, elimination and personal hygiene.

The service supported people at the end of their life. This was supported by the palliative care team and a local GP. One person was receiving end of life care at the time of our inspection. Their initial assessment stated that end of life care was the reason for admission. We noted that the person did not have an end of life care plan in place. We discussed this with the team leader and the manager. The manager told us later that the team leader was completing the end of life care plan. We reviewed 'do not attempt cardiopulmonary resuscitation' (DNACPR/DNR) orders for people and saw that family members had been informed and involved where necessary.

We saw that a person had an end of life care plan in place. The person had previously received end of life care but their health had since improved. It stated that, following family discussion with the GP, 'DNAR is removed from this afternoon' (4.9.17). The person was 'now for resuscitation'. The care plan stated that the person wished to have a 'dignified and pain free death' and that the service needed to 'respect (the person) and family's wishes'.

We recommend people who require an end of life care plan have this completed in a timely manner.

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The service offered a range of activities for people to take part in. Information about the activities was displayed throughout the service so people could decide if they wished to join in. The activity programme included group activities, one to one time and trips out of the home. This included horse therapy on Mondays. Horse therapy involved people visiting the local stables to interact with the animals. We saw photographs of people who visited the stables and saw positive interaction with the horses which in turn helped stimulate positive responses from people living with dementia.

During the morning of our inspection, we saw that fifteen people were involved in a karaoke session. One person told us they had been out on two outings already that week. In addition, there was a Wish Tree displayed in the main reception area of the service. People could put their wishes on the tree and the service would aim to fulfil them. One relative told us that their family member went on an outing to the garden centre and they knew they would receive a photo emailed to them from the outing. The service had access to a shared (with other services operated by the provider) minibus.

Systems were in place to log, investigate and respond to complaints. We saw there was a complaints policy on display around the service to enable people and their family to raise a complaint or concern. Where issues had been identified, action had been taken to resolve them. There had been six complaints in the last 12 months, all of which had been resolved.

The service enabled people to have access to information they needed in a way they could understand. The service complied with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. We saw notices were displayed throughout the service which enabled people to have access to information such as community events, recent meetings and activities taking place. We saw these were in a format people could understand and read with ease.

# Is the service well-led?

## Our findings

Staff could describe the service's vision and values and how it had a positive impact on the care delivery. They told us they could approach the registered manager with any concerns or worries at any time. A team leader told us "Teamwork is essential for our residents." They added "Yes, I really do" (feel supported) "I'm really happy here and supported by the staff, by nurses and by management." A care worker told us the provider encouraged their development "They allow you to excel."

A nurse told us "We're getting good support from management." One member of staff gave an example of having been supported when personal circumstances had arisen, necessitating a change of duty rota. This demonstrated the management supported staff and ensured staff felt valued and their well-being was protected.

Weekly clinical meeting for all nurses and team leaders took place. This enabled any changes to care and support to be communicated effectively. We saw that nursing staff and team leaders were visible on the units to monitor the quality of care delivery. Health and safety meetings were held on a monthly basis.

One relative told us, "The manager is fine and the receptionist is very efficient." We saw good rapport between the administrator and a family member when they (family member) had come in to discuss their relative's financial account.

There were systems to monitor the quality and governance of the service. The regional director completed provider quality assurance visits every two months. Audits were completed and action plans formulated when necessary. These were shared with all relevant staff to ensure they were aware of any issues identified and areas to be addressed. Audits comprised of MCA and DoLS, dining experience, medication, health and safety as well as activities. Action plans from the audits were put on the provider's service improvement plan which enabled the service to monitor progress and work on actions and prioritise tasks.

The service involved people and their families in the way the service was run. Resident and family meetings were held on a regular basis to encourage people to share their views about the service. In addition, resident, relative and staff surveys were used to assess the delivery of care. Any actions from these were used to drive improvements ensuring quality of care. We saw two actions that required improvement which were the décor and issues with the laundry. We noted that this was in progress. For example, we saw refurbishment taking place during our visit and were told improvements had been made in terms of people's laundry. The service had purchased a labelling machine to ensure people's clothes did not go missing.

Providers are required by law to notify us of significant events that occur in services. We found safeguarding alerts had been made by the service and managed appropriately.

Providers are required to comply with the duty of candour statutory requirement. The intention of this



Regulation is to ensure that providers are open and transparent with people who use services and other 'relevant persons' (people acting lawfully on their behalf) in relation to care and treatment. It sets out some specific requirements that providers must follow when things go wrong with care and treatment, including informing people about the incident, providing reasonable support, providing truthful information and an apology when things go wrong. The regulation applies to registered persons when they are carrying on a regulated activity. The registered manager was fully aware of the requirement and had fulfilled their legal responsibility when required.