

Tameng Care Limited

# St Catherine's Care Home

## Inspection report

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30 July 2020

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## Ratings

Overall rating for this service

Inspected but not rated

Is the service safe?

**Inspected but not rated**

Is the service well-led?

**Inspected but not rated**

# Summary of findings

## Overall summary

### About the service

St Catherine's Care Home is a two-storey purpose-built home that provides personal and nursing care to 60 people. The home is situated in the centre of Horwich, Bolton, and is close to local amenities, public transport and motorway networks. At the time of the inspection there were 53 people living at the home.

### People's experience of using this service and what we found

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

Risks to people's health and wellbeing were assessed and mitigated. People's medicines were managed safely; there was appropriate documentation in place to support the safe administration of medicines. Medicines records were audited regularly.

People received the correct diet types and care records included eating and drinking risk assessments. Care plans contained the relevant instruction regarding what people ate and drank.

The home was clean, and staff followed procedures to prevent the spread of infections.

The provider and registered manager followed governance systems which provided effective oversight and monitoring of the service. More robust quality assurance systems were now in place to ensure any shortfalls were identified and to drive continuous improvement within the service.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection (and update)

The last rating for this service was Requires Improvement (published 14 February 2020) and there were two breaches of regulations. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

### Why we inspected

We undertook this targeted inspection to check on a specific concern we had about the safe management of people's medicines and governance arrangements within the home. The overall rating for the service has not changed following this targeted inspection and remains Requires Improvement.

CQC have introduced targeted inspections to follow up on Warning Notices or to check specific concerns. They do not look at an entire key question, only the part of the key question we are specifically concerned about. Targeted inspections do not change the rating from the previous inspection. This is because they do

not assess all areas of a key question.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### **Is the service safe?**

At our last inspection we rated this key question requires improvement. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

**Inspected but not rated**

### **Is the service well-led?**

At our last inspection we rated this key question requires improvement. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

**Inspected but not rated**

# St Catherine's Care Home

## Detailed findings

### Background to this inspection

#### The inspection

This was a targeted inspection to check whether the provider had met the requirements of the specific concerns we had about the safe management of people's medicines and governance arrangements at the home.

#### Inspection team

The inspection was carried out by one inspector.

#### Service and service type

St Catherine's is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Notice of inspection

We gave the service 24 hours' notice of the inspection. This was due to the Covid-19 pandemic to ensure we had prior information to promote safety.

#### What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used all this information to plan our inspection.

#### During the inspection

We spoke with four relatives about their experience of the care provided. We spoke with seven members of staff including the regional manager, registered manager, senior care worker, care workers and the chef. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included six people's care records and associated medication records. We looked at a variety of records relating to the management of the service.

After the inspection

We looked at training data and quality assurance records.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as requires improvement. We have not changed the rating of this key question, as we have only looked at the part of the key question we had specific concerns about.

The purpose of this inspection was to check a specific concern we had about the safe management of people's medicines and governance arrangements. We will assess all of the key question at the next comprehensive inspection of the service.

### Using medicines safely

At our last inspection the provider had failed to ensure medicines were managed safely. This was a breach of Regulation 12 (Safe care and treatment) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- People received their medicines safely; the provider had systems in place to ensure people received their medicines as prescribed. We looked at three people's medicines administration records and found these to be completed correctly, with no gaps.
- People had risk assessment in place regarding their medicines and any allergies were noted. People were referred to appropriate professionals when needed, such as GP's to discuss, for example, the use of homely remedies.
- Paracetamol administration records now were checked daily by the clinical lead or deputy manager. Following the last inspection, the importance of ensuring the required time between doses of paracetamol being taken had been discussed with staff and reinforced at shift handover meetings. This helped to ensure people received paracetamol at safe intervals.
- All registered nurses and care home assistant practitioners had received a clinical supervision by the registered manager in relation to the use of paracetamol and transdermal patches. Staff reviewed people's topical cream medication charts each day to ensure they were applied as prescribed.
- Since the last inspection, the medication room had been reorganised to ensure it was fit for purpose, and people's medicines were stored safely. All staff who administered medicines had received the necessary training and competency checks.

### Assessing risk, safety monitoring and management

- Risks associated with people's care and support had been identified and actions were in place to minimise risks occurring, including risks associated with eating and drinking.
- Any specialist diet types were provided as required and people's nutritional intake was recorded daily. There was appropriate guidance for care staff and kitchen staff in people's care files regarding people's dietary needs.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. We have not changed the rating of this key question, as we have only looked at the part of the key question we have specific concerns about.

The purpose of this inspection was to check a specific concern we had about governance arrangements. We will assess all of the key question at the next comprehensive inspection of the service.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; continuous learning and improving care  
At our last inspection the provider had failed to ensure adequate governance arrangements were in place. This was a breach of Regulation 17 (Good governance) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- More robust quality assurance systems were now in place to ensure any shortfalls were identified and to drive continuous improvement within the service. A range of audits were now carried out on a daily, weekly and monthly basis. The area manager also visited regularly to carry out their own audits, to observe the staff and to check on the auditing the manager had done; this ensured the provider was aware of any issues in a timely way.
- After the last inspection a company restructure had taken place which looked at how registered managers were being supported. This restructure helped to promote familiarity, consistency and sustainability within services. This was because the 'regional support teams' were now a permanent daily fixture of support for the registered manager. They also provided registered manager cover during their absence, such as annual leave, which helped to ensure consistency of care.
- A full review of diet notifications for all people living at the home had been undertaken by the registered manager and chef. We saw copies of these notifications in the main kitchen area and in people's care plans. The menu had been revised and reflected what was offered during our inspection.
- Throughout the inspection the registered manager was constantly involved in observing and supporting staff and people. It was clear the registered manager knew people well and their individual needs. The atmosphere in the home was warm, friendly and welcoming. It was clear from our observations and discussions that there was an open and supportive culture towards people and staff.
- As of April 2015, it is a legal requirement to display performance ratings from the last CQC inspection. We saw the last inspection report was displayed within the home and was available for all to see.
- People we spoke with had confidence in the manager and found all staff to be approachable. One relative told us, "I think [registered manager name] is lovely and when I visit she is always available, and I see her practically every day. Her office door is always open and the other day she called me for an update on [my



relative]. She is very calm and open to any comments I make. I have not worried one bit during the Covid 19 period and I have been content that [my relative] is being really well looked after. Staff keep [my relative] nice and smart and tidy and she always has things around her that she likes to have."