

## Community Integrated Care

# St Catherines Care Home

### Inspection report

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Date of inspection visit:  
14 May 2018  
15 May 2018

Date of publication:  
20 June 2018

### Ratings

#### Overall rating for this service

Requires Improvement ●

Is the service safe?	<b>Requires Improvement</b> ●
Is the service effective?	<b>Requires Improvement</b> ●
Is the service caring?	<b>Requires Improvement</b> ●
Is the service responsive?	<b>Requires Improvement</b> ●
Is the service well-led?	<b>Requires Improvement</b> ●

# Summary of findings

## Overall summary

The inspection was unannounced and took place on 14 and 15 May 2018.

St Catherine's 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. St Catherine's is registered to provide accommodation with nursing and personal care for up to 40 people. There are currently 39 bedrooms, one of which is for double occupancy. There are two units within the home which are all based on one floor. On the day of our inspection there were 27 people living in the home.

St Catherine's has a registered manager, however they had resigned from their post two weeks prior to our inspection. There was an interim manager in post who had been in the home just under a week. 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.

The last inspection took place on 2 and 6 November 2017. At that inspection we identified four breaches of the relevant regulations in respect of the safe management of risk, not acting within the principles of the Mental Capacity Act 2005, poor paperwork and ineffective quality assurance systems. The service was rated inadequate overall and placed in special measures. We took further action against the provider for repeated and serious failures to meet the regulations. Full information about CQC's regulatory response to any concerns found during inspections is added to reports after any representations and appeals have been concluded.

At this inspection, we found that significant improvements had been made and the service is no longer in special measures. We found that the provider was still in breach of one regulation. You can see what action we told the provider to take at the back of the full version of the report.

We found that care records were not always being updated following any changes or when advice had been given by professionals. Care plans did reflect people's preferences as well as life history and their needs. We found additional monitoring sheets where people were identified at high risk were not consistently completed.

We found that the provider had no effective systems to monitor and improve the standard of care provided in the home. The manager did not have oversight of the risks to people within the home and subsequently actions had not been taken to address these risks.

The registered provider had some quality assurance systems in place. Some shortfalls were identified through these systems and these were being to be addressed. However, we continued to find other

shortfalls in the quality and standards within the service that were not identified by the provider's quality assurance systems. We saw that there had been improvements since the last inspection and these needed to be sustained and built upon.

Relatives and people living there were positive about the permanent staff working at St Catherine's and we observed positive relationships between permanent staff and people living in the home. However, we also received a number of negative comments about the high agency staff usage and how their approach was variable dependent upon how many times they had visited the home. There were sufficient staff to meet the needs of the people living in the home. We did receive negative comments from relatives about the levels of agency staff working within the home as this impacted on the quality of the care given as they were not familiar with their family members. The provider had met with the agencies that they used to try and ensure that the same agency staff attended the home provide consistency. The provider was actively recruiting for more staff and recruitment of staff within the home was safe.

Risks to people were managed safely and risk assessments were in place to provide guidance to staff as to how to manage risk. We did find some inconsistencies with these and found one care plan that needed improvements to provide more detail. We raised this with the deputy manager to address.

Staff had completed safeguarding training and safeguarding incidents were appropriately referred to the local safeguarding team. There was managerial oversight of these incidents so learning on how things may be improved or prevented in the future could be gained.

Medication was being stored and administered safely. Regular medication audits were being conducted and issues identified were being actioned.

Complaints were managed effectively within the home and people and their relatives felt confident that issues that they raised would be addressed.

The provider was acting in accordance with the Mental Capacity Act 2005 to ensure that people were receiving the right level of support with their decision making. Mental capacity assessments and best interest decisions were present on care files, however the provider had identified improvement in how best interests were recorded and plans were in place to address this.

Staff members confirmed they received regular training and we verified this in the provider's records. We saw that further improvements were needed as regular supervision with staff was not consistently carried out.

We saw regular checks on the property were undertaken and the premises were safe without restricting people's ability to move about freely.

People had access to various activities within the home and were observed to enjoy these on both days of our inspection.

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

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Risks to people were managed safely, however we found that some risk assessments could be clearer and more detailed.

There were sufficient staff to meet the needs of the people living in the home; however there was high use of agency staff to cover staff vacancies. Relatives felt this impacted on people living in the home as the agency staff did not know their family member well. The provider was actively recruiting more staff.

We found safeguarding incidents were appropriately referred to the local safeguarding team and staff were clear what action to take when safeguarding incidents occurred.

We found that medications were administered and stored safely.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

The provider was acting in accordance with the Mental Capacity Act 2005 to ensure that people were receiving the right level of support with their decision making. We found that capacity assessments and best interest decisions were recorded and applications for DoLS were made and the provider had identified further improvements to this paperwork.

We saw staff received regular training. Supervisions had taken place recently, however we saw that these were not occurring regularly. This was identified on their action plan for improvement.

We received positive feedback about the food provided at the home and we saw that people received choice in terms of where to eat as well as what to eat.

**Requires Improvement** ●

### Is the service caring?

The service was not always caring.

**Requires Improvement** ●

We received numerous concerns that there was high agency staff usage and that the agency staff did not know people well and therefore were unable to offer person centred care. Our observations were that whilst these staff were kind and polite, they were not as familiar with people's preferences.

We asked the people living at St Catherine's and their relatives about the home and the staff members working there and people we spoke with were positive about the permanent staff that worked in the home.

### **Is the service responsive?**

The service was not always responsive.

We found that care records were not being evaluated on a regular basis or following any advice given from professionals. Care plans were organised and contained information in order that staff could provide care that reflected people's preferences. .

Activities were varied within the home and people were also supported one to one where they did not want to take part in group activities. People and their relatives were positive about the activities in the home.

The provider had a complaints policy and processes in place to record any complaints received and we saw concerns raised were addressed within the timescales given in the policy.

**Requires Improvement** ●

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

The service was not well led.

We found that there were still gaps within the provider's quality assurance systems to monitor and improve the standard of care provided in the home. Plans were in place to introduce these across all areas.

We saw that audits on care plans and medication were taking place and shortfalls identified were being acted upon.

The registered manager had resigned from the service prior to our inspection and there was an interim manager in place. The management changes were unsettling for both staff, people living in the home and their relatives.

We saw that staff and relatives meetings were being held regularly within the home.

**Requires Improvement** ●

# St Catherines Care Home

## Detailed findings

### Background to this inspection

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

This inspection took place on 14 and 15 May 2018 and was unannounced. The inspection was carried out by one adult social care inspector and a Specialist Nurse adviser and two adult social care inspectors on the second day of inspection.

Before the inspection, we checked information that we held about the service and the service provider. We looked at any notifications received and reviewed any other information held about the service prior to our visit. We invited the local authority to provide us with any information they had about St Catherine's Care Home. We were aware that the service was working to an action plan with the local authority.

During the inspection, we used a number of different methods to help us understand the experiences of people living in the home.

We spoke with seven people who lived at the home, 11 relatives and 14 members of staff including the interim manager, the deputy manager, the activities co-ordinator, one nurse, five members of care staff as well as the regional manager and director of adult social care and quality lead for the provider. We also spoke with an agency nurse and an agency carer. We spoke to a visiting GP.

Throughout the inspection, we observed how staff supported people with their care during the day.

We used the Short Observational Framework for Inspection (SOFI) and undertook a SOFI during the course of the inspection. SOFI is a way of observing care to help us understand the experience of people who could not talk to us.

We looked around the service as well as checking records. We looked at six care plans. We looked at other documents including policies and procedures; staffing rotas; risk assessments; complaints; staff files

covering recruitment and training; maintenance records; health and safety checks; minutes of meetings and medication records.

# Is the service safe?

## Our findings

At our last inspection in November 2017, we found the provider was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Where risks to people's health and well-being had been identified, these had not been appropriately managed to reduce the risks to people. At this inspection, we found that there had been improvements in this area and the provider was no longer in breach of this regulation. However there was scope for further improvements.

Care plans had risk assessments completed to identify the potential risk to people. We saw that most risk assessments were clear and contained information for staff about potential risks and what steps to take to minimise these risks. We also saw that appropriate referrals and visits had taken place from other professionals where risks were identified. However, we did find some inconsistencies and saw two care plans where improvements were needed. Someone was identified as being at risk of choking, but there was no risk assessment in place. However on reading the care plan, they had been reviewed by the Speech and Language Therapist and assessed as having no choking risk, this care plan had not been updated, so was potentially confusing. In another care plan, we saw that there were some incidents where someone was attempting to leave the unit, whilst there was a plan in place for when their behaviour became challenging and they were agitated, it did not mention this specific issue in detail. We spoke to the deputy manager who advised that they were still working on care plans and risk assessments to ensure these were detailed and contained up to date information.

We looked at the accident and incident records in the home. We could see incidents forms were completed when anything happened in the home. These were overseen by the deputy manager as well as head office and if these were not actioned, the manager, deputy manager or regional manager would be questioned as to what action had been taken. These were analysed each week for any specific patterns and to see whether any adjustments were needed to individual care plans or staffing. The deputy manager advised that they were also used when completing the monthly clinical governance report which went to the provider's head office.

We looked at medication and how this was managed. The new interim manager had undertaken medication audits since being in post and actions had been taken to address some shortfalls that they had found. They had also met with the GP and pharmacist to discuss some recent issues with medication. We saw both the medicines trolley and the treatment rooms were securely locked and daily temperature checks were made. We observed medicines being dispensed and saw that practices for administering medicines were safe. We checked medicine administration records, which showed people were getting their medicines when they needed them and at the times they were prescribed. We saw records were kept of all medicines received into the home and if necessary their disposal. Controlled drugs were stored securely and in the records that we looked at, these were being administered and accounted for correctly. We did note that some body maps had gaps in terms of guidance for where and when creams should be applied, however the interim manager had identified this and was in the process of amending records during the course of our inspection. Medication audits had been undertaken on a regular basis and issues identified had been actioned.



At our last inspection in November 2017, we found that the provider was in breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as safeguarding incidents were not appropriately reported to the relevant authorities. At this inspection, we saw that improvements had been made and the provider was no longer in breach of this regulation.

We saw that the provider had a safeguarding policy in place. This was designed to ensure that any safeguarding concerns that arose were dealt with openly and people were protected from possible harm. The manager told us that they were aware of the relevant process to follow and the requirement to report any concerns to the local authority and to the Care Quality Commission (CQC).

Staff members confirmed that they had received training in protecting vulnerable adults and when we checked the records we could see that this had been completed recently. Staff members told us that they understood the process to follow if a safeguarding incident occurred and they were aware of their responsibilities for caring for vulnerable adults. Staff were aware of the need to report safeguarding incidents both within and outside of their organisation. We saw that the provider had a whistleblowing policy in place. Staff were familiar with the term whistleblowing and each said they would report any concerns regarding poor practice they had to senior staff. We saw that safeguarding incidents had been appropriately referred to the local authority and notified to CQC. The provider kept an overview of all safeguarding incidents in order that analysis could be undertaken and lesson learnt.

People living in the home told us they felt they were safe. Comments included, "Yes, there are enough staff around and they come quickly if I ring the bell", "Relatively quick when I press the buzzer" and "If you need them, they come quick". However relatives provided more mixed feedback and they all commented on the high use of agency staff and that they were more confident when permanent staff were on shift. However, they did all comment that staff were attentive and came quickly, but felt agency staff did not know their relatives as well. Comments included, "I think this home's brilliant. He always looks well cared for when I come in", "The agency staff have been getting more regular. Last few weeks it's been the same ones. All staff are kind and respectful, even the agency ones". Whereas other relatives told us, "There are issues with staffing, particularly at weekends. On this unit there are staff about, so no issues. I would like more permanent staff but I know they have been recruiting", "Staff is a problem as they are not regular staff. There are more agency staff at weekends" and "Permanent staff are great, but at weekends there seem to be more agency staff. We are seeing more of the same faces in the last few weeks and she is always clean and tidy".

We spoke to both permanent and agency staff in relation to staffing and they told us that they felt at present there were enough staff to meet the needs of the people living in the home. Agency staff told us that they received an induction to the home and were provided with information about people to help them familiarise them with people's needs.

We spoke to the regional manager in relation to staffing and dependency levels. We saw that they were now using two different dependencies tools to check and adjust staffing accordingly. These were reviewed regularly. Currently the home had reduced numbers of people living there, but they had maintained the levels of staff to take account of the amount of agency staff. We looked at the staffing rotas, specifically around weekends and saw that the usage of agency staff was consistent during the week as at weekends. The provider was continuing a number of different recruitment strategies in order to attract staff to the home. The previous manager and the current one had met with the recruitment agencies to try to ensure that they received the same agency staff into the home to provide continuity for people living in the home. As part of our inspection we used the call bells in people's rooms on a number of occasions and each time these were answered promptly.

At the time of our inspection there were 27 people living in the home. During the two days of our visit there was one nurse and a nurse practitioner on duty between the hours of 8am and 8.30pm and eight carers. At night there were two nurses and four care assistants between the hours of 8.30pm and 8am. The interim manager and deputy were in addition to these numbers. We looked at the rota and could see that this was the consistent pattern across the week and we saw that there were only two occasions over the last month, where the staffing levels dropped below these numbers.

We found that appropriate recruitment checks had been made to ensure new staff were suitable to work with vulnerable adults. Checks had been completed by the Disclosure and Barring Service (DBS). These checks aim to help employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups. Each file held suitable proof of identity, the application form with full employment history, a medical check and references.

We checked some of the equipment and safety records and saw that they had been subject to recent safety checks. We conducted a tour of the home and our observations were of a clean, fresh smelling environment which was safe without restricting people's ability to move around freely.

We could see that a number of maintenance checks being carried out weekly and monthly. These included the fire alarm system, emergency lighting and water temperatures. We saw appropriate safety certificates were in place for gas and electrical installation.

Staff had regular training on fire safety, however when we checked the records we saw although a fire drills had been done recently, they had not been completed on a regular basis to ensure that all staff were familiar with fire procedures. We raised this with the regional manager to address. We found that the people living in the home had an individual Personal Emergency Evacuation Plan (PEEPS) in place. PEEPS are good practice and would be used to assist emergency personnel evacuate people from the home in the event of an emergency such as a fire.

## Is the service effective?

### Our findings

At our last inspection in November 2017, we found that the provider was in breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had not always renewed Deprivation of Liberty Safeguards (DoLS) authorisations when they had expired. Where people had been identified as lacking capacity, some mental capacity assessments had not been completed. Where people were given medication covertly, there were no clear mental capacity assessments and best interest decisions to look at whether this was the most appropriate and least restrictive option in which to administer the person's medication. At this inspection, we saw that improvements had been made and the provider was no longer in breach of this regulation. We did identify some improvements in relation to how best interests were recorded on the care plans, however the provider had identified this within their care plan audits and plans were in place to make these improvements.

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 application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The service was working within the principles of the MCA, and any conditions on authorisations to deprive a person of their liberty were being met. We checked and could see that mental capacity assessments and best interests' decisions had been recorded within each file. There was a clear tracker of all the applications which had been granted and when these expired. Documentation in relation to covert medication (this is where medication may be crushed or hidden in food) was clear. Mental capacity assessments and best interest decisions to look at whether this was the most appropriate and least restrictive option in which to administer the person's medication were present on file. We did note that the instructions for how to administer this were not in the same document. The regional manager agreed to review the paperwork in order that this information was contained all in the same document.

Staff were clear on the need to gain consent prior to assisting anyone. During our visit we saw that staff took time to ensure that they were fully engaged with each person. Staff explained what they needed or intended to do and asked if that was acceptable rather than assuming consent.

All the people and their relatives we spoke with felt that their needs were met. They said staff were caring and knew what they were doing. Comments included, "He is well cared for. They look after him very well", "He's always clean and never had a bedsore since he's been in here" and "Permanent staff are wonderful and know all their foibles".

We saw that new staff received an induction when starting in post and completed shadowing of existing staff prior to working unsupervised. We asked staff members about training and they all confirmed that they had

received regular training throughout the year. We subsequently checked the staff training records and saw that staff had undertaken a range of training relevant to their role including emergency first aid, safeguarding and mental capacity training. Where people's training was out of date, there were plans for people to undertake this training.

Staff told us they received regular support and supervision. We checked records which confirmed that supervision sessions for each member of staff had been held, however we noted that these were not always on a regular basis. We spoke with the deputy manager in relation to this and this was in part due to the management changes and lack of permanent staff in which to cascade supervision. The provider was aware that this was an area for improvement and continued to work on this.

We saw that people were weighed regularly and if someone had gained or lost significant amounts of weight, appropriate advice was sought. Visits and advice from other health professionals were recorded on the care files however we noted that care plans were not always evaluated following this advice and updated. This is discussed further in the responsive domain.

The provider employed catering co-ordinators who prepared food from a catering company who delivered meals on a monthly basis. There was a four week menu that was nutritionally balanced and specialist diets such as gluten free were catered for. Staff members and the catering food representative advised people could request an alternative option if they did not like the meal of the day. There was a four weekly menu, with two options at lunchtime, various choices for breakfast and soup and sandwiches in the evening. Special diets such as soft diets were provided. Everyone we spoke with in the home and relatives were positive about the food. Comments included, "Food is pretty good, if he doesn't like something, they'll take it off his menu, it's no problem" and "The food is very good".

We observed lunch being served and people had the option to eat in their own room or the living room or other seating areas. We saw wherever people were seated they had been provided with a lap table with appropriate cutlery and napkins. People were given different portion sizes and plates dependent upon their preferences. Tables within the dining room had been set with table cloths, napkins and appropriate cutlery. We saw that when people needed support, they were assisted by staff members in a patient and unhurried manner.

Relatives told us they felt involved in their family members care and kept up to date. Comments included, "They communicate any issues well and they always tell me what he's been up to", "When I raised something about his care, they listened to my feelings and respected them" and "Nurses tell me everything and involve me".

Visits from other health care professionals such as GPs, chiropodists and dieticians were recorded so staff could see when the visits had taken place and why. We spoke to a GP during the course of our inspection. They commented that documentation had improved and the service had been more proactive at dealing with issues and referrals that had not been responded to.

A tour of the premises was undertaken. This included all communal areas including the lounges and dining room and with people's consent a number of bedrooms. We saw that rooms were clean and personalised. Bathrooms were clearly sign posted and in different colours to help distinguish them from people's rooms. There were a number of different seating areas on each unit which enabled people to move about the unit freely and seek quiet time if activities were being conducted. There was an enclosed garden and on the days of our inspection, we saw that this was in use by people and their relatives. Staff members told us that they try to take people out whenever the weather is good and we saw this happening throughout our inspection.

## Is the service caring?

### Our findings

We asked people who lived in the home and their visitors about the home and the staff who worked there. Everyone we spoke with was positive about the permanent staff who worked in the home. People told us, "They treat me with respect" and "They are respectful and kind. They are very good actually". Visiting relatives told us, "They are always smiling. They are very good", "The staff do an excellent job, that are here [permanent]" and "The staff are brilliant". However concerns were also raised with us about the amount of agency staff and how they did not know people as well and that this caused distress for some people living in the home, particularly the people living with dementia who respond better to consistency in their care. One person told us, "It's not very nice here. Different people all the time. They are very kind and respectful, I just don't know them"

Relatives also raised this as their main concern about the home. Comments included, "She responds better to permanent staff", "It's very unsettling with the staffing. In terms of agency staff, some are very good, others haven't been as good. They have got more regular in the last few weeks" and "Main issue is consistency of staff as they don't always know them".

Throughout the two days of our inspection, we observed positive interactions between staff and the people living in the home. However, we noted that this was variable. On the first day of our inspection, the agency staff that were present had visited the home on a number of occasions and it was clear that they knew the people they were caring for well. On the second day, we noted that there was a higher proportion of agency staff who were not as familiar with the home and whilst their interactions were polite and considerate, it was observed that they were not as clear about people's preferences and were unable to offer care that was as person centred as staff more familiar with the people living in the home.

On the first day, when we spoke with both permanent and agency staff, they were able to tell us about people's likes and dislikes as well as their history. In order to assist new agency staff, the provider had devised an overview sheet on each care plan which gave enough detail about someone so care could be given to meet their needs. There was also detail in the handover sheet of each person and their specific risks and needs. Staff told us that they enjoyed working at St Catherine's and had very positive relationships with the people living there. Comments included, "I enjoy it. We have got time to chat to people and spend time with people more in the afternoons" and "It's important to make it personal".

It was evident that family members were encouraged to visit the home when they wished. One person told us, "They make you feel very welcome and comfortable". Another told us, "you can come in when you want and as many times as you want".

We undertook a SOFI on the first day of our inspection. We saw that staff members were speaking to people with respect and were very patient and not rushing whilst they were supporting them. They looked interested in what people were saying and took their time to engage with each person.

We saw on both days of our inspection that the people living in the home looked clean and well cared for.

Those people being nursed in bed also looked clean and comfortable. Relatives commented that the home was clean and fresh smelling and the people living in the home always looked clean.

People's dignity and privacy were respected; for instance we saw staff knock on people's doors before entering and always used their preferred name. We saw signage on doors that indicated when someone did not want to be disturbed or was receiving personal care. One person told us, "They always ask before doing anything and respect my choices".

There was a policy and procedure for promoting equality and diversity within the service. We spoke with a relative of someone who had "protected characteristics". They told us that they had been treated fairly and with respect and made to feel included within the home and also the care of their relative.

People's personal information was kept securely in the nurses' office on each unit. We did see on occasion that the doors to the filing cabinets on one of the units were not locked. We saw the manager reminding staff that these needed to be locked.

## Is the service responsive?

### Our findings

At our previous inspection in November 2017, we found that the provider was in breach Regulations 12 and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as the provider was not keeping an accurate, complete and contemporaneous record in respect of each service user and where risks were identified, it was not clear what action staff should be taking to mitigate such risks. At this inspection we found that the provider continued to be in breach of Regulation 17. However we found that they were no longer in breach of Regulation 12, however there was scope for further improvements in terms of risk assessments. This was discussed previously in the safe domain.

We looked at the care plans and saw that these had improved since our last inspection however there was still scope for further improvement. There was an overall summary of someone's needs which was brief but informative, then there were more detailed care plans where needs were identified. There was also an overview of how each person liked to spend their day and their likes and dislikes. These were detailed and informative. There was an overview of people's history and people who were important to them. Information was more organised and easier to find than at our last inspection. However we found that care plans were not regularly being evaluated and reviewed. For instance, we found that someone who was at high risk of malnutrition had been seen by a Speech and Language Therapist (SALT) in relation to swallowing difficulties, but the care plan had not been evaluated or updated to reflect the advice given. In another care plan, we found someone was at high risk of falls and their care plan had not been evaluated at the time that a fall had taken place. We saw someone with challenging behaviour was being monitored and incidents were being recorded and they had been reviewed by another health professional, but the care plan had not been evaluated to show whether any adjustments to their care were. We looked at additional monitoring charts, where someone may have their fluid intake and output monitored to ensure that they are receiving sufficient fluids. Whilst they were being completed more regularly than at our previous inspection, there were still gaps and we saw consistently that whilst fluid input was monitored, output was not recorded.

We spoke to the deputy manager in relation to the care plans. They advised that the home had focused on transferring the care plans onto a new format and they were aware that care plans had not been evaluated regularly and that this was a priority and had been identified on the audits and actions plan for an area of improvement.

This is a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider was not keeping an accurate, complete and contemporaneous record in respect of each service user.

Where risks were identified, appropriate referrals had taken place or advice sought for people living in the home. However, we saw that there were some inconsistencies in the paperwork. We saw some risk assessments and plans were detailed, however we also saw some which needed improvement, for instance we saw that someone had been identified as being at risk of choking but when we checked the advice from SALT, we saw that they had assessed that this was not a risk, but the care plan had not been updated to



reflect this. In another care plan, we saw that someone was at risk of absconding and whilst the risk assessment detailed the person could become agitated, there were no specific instructions for staff in relation to absconding. We observed that staff were aware of this and were vigilant about where this person was when they were wandering around the unit. We spoke with the deputy manager and regional manager in relation to this and they acknowledged that care plans were still being improved and the audits had identified further areas for improvement.

We saw that an information sheet had been provided that highlighted people's specific needs and risks. This was produced due to the high number of agency staff working in the home, in order that they were aware of anything specific to each person. Handovers also took place at every shift change. We saw staff were updated of any changes in people, however we did note that these were sometimes not very detailed. We raised this with the manager and senior management team to address. Appointments and visits into the home were recorded in a diary in each unit.

From our observations and discussions we found that permanent staff knew the people they were supporting well. They were able to tell us about their likes and dislikes as well as some of their history. The agency staff on the first day of our inspection had also visited the home on a number of occasions and therefore were familiar with people's preferences.

The provider had a full time activities co-ordinator. On both days of our inspection, we observed that there were activities in the home for people to join in should they wish, but also that the activities co-ordinator provided quieter one to one time for people chatting or playing games and reading the paper for people who did not wish to take part in the group activities. The schedule of activities was posted on the wall in both units; however this could have been made more visual for people living with dementia. We saw a music session taking place on the first day of our inspection as well as one to one time with different residents. On the second day, there was a choir visiting the home; a number of people and their relatives were seen to be enjoying this activity. The activities co-ordinator kept a log of activities undertaken, who had taken part and their participation in the activities. People we spoke with were very positive about the new activities co-ordinator and felt that there was more activity in the home since they had been in post. Comments included, "Activities person comes round a few times a day and spends time with each person. They are very good", "Activities are much improved, they are very, very good" and "[name] is very brilliant and does one to one and now he'll even go into the day room for some of the concerts".

We found that appropriate 'Do Not Attempt Cardio Pulmonary Resuscitation' (DNACPR) forms were in place on some of the care files that we reviewed. We saw that the person, their relative or health professional had been involved in the decision making. Records were dated and signed by a GP and were reviewed appropriately. A DNACPR form is used if cardiac or respiratory arrest is an expected part of the dying process and where CPR would not be successful. Making and recording an advance decision not to attempt CPR will help to ensure that the person's advance decisions about their end of life care are respected.

We saw that in some files there was information recorded about people's end of life wishes, whereas in others this was not present. We did receive feedback from two sets of relatives, prior to the inspection and during the inspection. Both were very positive about the care their relative had received at the end of their life. We spoke with the regional manager about this and they advised that care plans were put in place at the point that someone needed additional support in an area, however he agreed to discuss this with the senior team in terms of ensuring that people's wishes and feelings in relation to future plans was captured within the care plans.

The service had a complaints policy and processes were in place to record any complaints received and to



ensure that these would be addressed within the timescales given in the policy. Since our last inspection, there was only one complaint that had been raised and this was still being dealt with. People living in the home and their relatives told us that they were able to raise any concerns and were confident that they were listened to and complaints would be dealt with.

## Is the service well-led?

### Our findings

At our last inspection, we found that the provider was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had ineffective systems and processes in place to ensure compliance with the regulations. At this inspection, we found that whilst there were some improvements in this area, the provider remained in breach of this regulation.

There were now systems in place to monitor and analyse safeguarding incidents or other incidents and accidents. These were reviewed each month by the deputy manager and we could see that where trends were identified that action had been taken.

We saw that audits were completed on care plans and medication, however we continued to see shortfalls in the quality of care plans and whilst the provider was taking action to address this, there were no clear timescales in which this would be completed.

The regional manager informed us that a comprehensive quality assurance system was being introduced to bring conformity to all the provider's adult social care homes and this was being rolled out into St Catherine's first. This included, health and safety; infection control as well as environmental audits. However, we found that there were shortfalls in the frequency of fire drills being conducted which meant that we could be not sure that all staff had recently taken part in these. This had not been picked up by the systems currently in place.

Whilst there was some progress in a number of areas, we still found shortfalls and a remaining breach in the regulations.

The above issues constitute a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There was a registered manager at the time of our inspection, however they had resigned from the service just prior to the inspection and an interim manager had commenced four days before our inspection. The provider was actively recruiting for a new manager. There was also a deputy manager and the service was currently receiving regular visits from the provider's regional manager and quality lead.

We spoke to people, their relatives and staff about how the home was run. Everyone we spoke with talked about the constant changes in relation to staffing and management. Comments included, "We go to meetings, but there has been lots of changes of managers", "We've just lost another manager and staffing is not brilliant as there are lots of agency. We are getting them more regularly and that makes things easier" and "It's unsettling when the manager's change".

We saw that since our last inspection, there had been improvements in a number of areas and this improvement needed to be maintained.

We saw that a number of relative's meetings had taken place since the last inspection and we were able to view the minutes from the last meeting. We saw that items discussed included the latest CQC inspection rating and staffing and recruitment.

We saw that staff meetings had been held and staff were able to raise any concerns. Issues such as documentation, confidentiality, activities, training, recruitment and staffing had been discussed.

Providers are required to notify CQC of events or changes that affect a service or the people using it, for instance serious injuries or where the provider has made an application to deprive someone of their liberty. We saw the provider was appropriately notifying CQC of incidents within the home.

From April 2015, providers must clearly display their CQC ratings. This is to make sure the public see the ratings, and they are accessible to all of the people who use their services. The provider was displaying their ratings clearly both at the home and on their website.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	<p>The provider was not keeping accurate and contemporaneous records in respect of each service user.</p> <p>Quality assurance systems were in place, but there remained some shortfalls within the service which had not been picked up by their governance systems.</p>