Bitterne Care Homes Ltd

St Katherine Care Home

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

We undertook this unannounced comprehensive inspection on 25 October 2017. This was the first inspection of St Katherine Care Home since it was registered with a new provider, Bitterne Care Homes Ltd.

St Katherine Care Home is registered as 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 we looked at both during this inspection.

St Katherine Care Home accommodates up to 20 older people who may also be living with dementia. It is located in a residential area of Southampton, close to the provider's other home, St Catherine Care Home. At the time of this inspection there were 16 people living at the home.

The provider had a single registered manager responsible for both homes. 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 provider had processes in place to protect people from risks to their safety and welfare, including the risks of avoidable harm and abuse. Staffing levels were sufficient to support people safely. Recruitment checks were in place to make sure the provider only employed workers who were suitable to work in a care setting. There were suitable arrangements to store medicines safely and administer them safely and in accordance with people's preferences.

Staff received appropriate training and supervision to maintain and develop their skills and knowledge to support people according to their needs. The provider put into practice the principles of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. People were supported to eat and drink enough to maintain their health and welfare. People were supported to access healthcare services, such as GPs and specialist nurses.

Care workers had developed caring relationships with people they supported. People were encouraged to take part in decisions about their care and support and their views were listened to. Staff respected people's independence, privacy, and dignity.

Care and support were based on assessments and plans which took into account people's abilities, needs and preferences. People were able to take part in leisure activities of their choosing. People were kept aware of the provider's complaints procedure, but there had been few formal complaints.

The home had a homely, welcoming atmosphere. Systems were in place to make sure the service was managed efficiently and to monitor and assess the quality of service provided.

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.

People were protected against risks to their safety and wellbeing, including the risks of abuse and avoidable harm.

The provider employed sufficient staff and carried out recruitment checks to make sure workers were suitable for work in a care setting.

People's medicines were administered and stored safely.

Is the service effective?

Good

The service was effective.

Staff were supported by training and supervision to care for people according to their needs

Staff were guided by the Mental Capacity Act 2005 where people lacked capacity to make decisions.

People were supported to maintain a healthy diet and had access to healthcare services when required.

Is the service caring?

Good

The service was caring.

There were caring relationships between staff and the people they supported.

People could take part in decisions affecting their care and support.

People's independence, privacy and dignity were respected.

Is the service responsive?

Good

The service was responsive.

People's care and support met their needs and took account of

their preferences.

There was a complaints procedure in place, but people told us they did not need to use it.

Is the service well-led?

Good

The service was well led.

There was a homely, inclusive atmosphere based on clearly stated values.

A management system and processes to monitor and assess the quality of service provided were in place.

St Katherine 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.

The inspection took place on 25 October 2017 and was unannounced. The inspection team comprised two inspectors.

Before the inspection we reviewed information we had about the service, including previous inspection reports and notifications the provider sent to us. A notification is information about important events which the provider is required to tell us about by law. Before the inspection, the provider completed a Provider Information Return. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with five people living at St Katherine Care Home and one visiting family member. We observed care and support people received in the shared areas of the home.

We spoke with the registered manager, the two owners, and three members of staff. Other members of staff helped us with answers to individual questions about people's care and support.

We looked at the care plans and associated records of four people, including their medicines records. We reviewed other records, including the provider's policies and procedures, records of checks and audits, quality assurance survey returns, training, appraisal and supervision records, and recruitment records for three staff.

Good

Is the service safe?

Our findings

People who lived at St Katherine Care Home and their visitors had no concerns about their safety. People told us they had no problems in that area. A visitor told us, "I know Mum is safe. They get the basics right."

The provider took appropriate steps to protect people from the risk of avoidable harm and abuse. Staff were aware of the types of abuse, the signs and indications of abuse, and how to report them if they had any concerns. They had contact telephone numbers for external organisations, such as the local authority, where they could report concerns if necessary. Staff we spoke with had not seen anything which caused them concern, but they were confident any concerns would be handled promptly and effectively by the registered manager.

Suitable procedures and policies were in place for staff to refer to, including a whistle blowing policy. This had recently been the "policy of the week" which meant it had been the subject of specific discussions between the registered manager and staff to keep their knowledge up to date. The registered manager was aware of processes to follow if there was a suspicion or allegation of abuse. They had notified us as required when concerns had been raised or observed.

The provider had identified and assessed risks to people's safety and wellbeing. These included risks associated with people's behaviours, making their own hot drinks, falls and mobility. Staff were aware of people's risks and what actions to take to reduce and manage their risks. Where people were at risk of poor skin health, staff used body maps to record areas of concern.

Procedures were in place to keep people safe in an emergency and reduce risks to their health. Personal evacuation plans were in place which showed support individual people would need in an emergency. There were general risk assessments in place for risks associated with medicines, clinical waste, electrical and fire safety, food preparation and infection control. There was a regular health and safety checklist, and records showed any issues identified were followed up. The provider had taken steps to make sure people were supported in a safe environment.

Equipment used in people's care and support was inspected and maintained regularly. There were records on file to show checks had been made on equipment including the stair lift, fire safety equipment, emergency lighting and alarms.

There were sufficient numbers of suitable staff to support people and keep them safe. People and their visitors were satisfied there were enough staff, and staff told us their workload was manageable. The registered manager told us staffing levels were based on people's needs and dependency. We saw staff were able to carry out their duties in a calm, professional manner.

The provider carried out the necessary checks before staff started work. Staff files contained evidence of proof of identity, a criminal record check, employment history, and good conduct in previous employment. Records showed that checks had been made with the Disclosure and Barring Service (DBS). The DBS helps

employers make safer recruitment decisions and helps prevent unsuitable staff from working with people. The registered manager told us where they used agency staff they made sure the same checks had been made.

Medicines were stored and handled safely by staff who were trained and had undergone a competency check before they administered medicines to people. Staff had suitable instructions on how to administer people's medicines. These included detailed instructions where people were prescribed medicines to be taken "as required". The same standards were applied to creams and ointments. Appropriate arrangements were in place to manage controlled drugs.

Staff maintained accurate records of medicines administered. In the case of "as required" medicines the records included the dose administered and the effect of the medicine. There were regular internal checks and audits to make sure people benefited from correct processes in the administration of medicines.

Good

Is the service effective?

Our findings

People living at St Katherine Care Home and their visitors were confident staff had the skills and knowledge to support them according to their needs. A visitor told us "They (care staff) are very good and the nurses are very good." Staff we spoke with told us the training they received prepared them to do the job effectively.

Staff were satisfied they received appropriate and timely training and had regular supervision meetings with a senior staff member. They told us they had induction training which prepared them to support people according to their needs. There was regular refresher training in subjects the provider considered mandatory.

The registered manager had introduced the Care Certificate for new staff undergoing induction and was in the process of introducing it for existing staff. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. It aims to ensure that workers have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support.

The registered manager had an effective system for monitoring staff training. Their records showed clearly where staff had completed training, where it was due and where it was overdue.
Staff had annual appraisals and four to six supervisions a year. The registered manager had delegated staff supervisions to a senior staff member.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards. 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.

Records relating to mental capacity assessments and best interests decisions were of a high standard. They showed that the provider followed the correct process. Assessments related to specific decisions, such as whether to take medicines disguised in food, and showed how people were given opportunities to take part in the process. Where best interests decisions were made, these were done in consultation with connected parties, such as family members or the person's GP. Where authorisations were in place under the Deprivation of Liberty Safeguards, there were no conditions imposed in the records we saw.

Where people had capacity and could communicate their wishes, we saw that staff were mindful of their responsibility to obtain consent to people's care.

The provider supported people to eat and drink enough and to maintain a healthy diet taking into account their preferences and wishes. Assessments were in place where people were identified as being at risk of poor nutrition. Staff made mealtimes an enjoyable experience. Meals were appetising, and people were offered choices of menu. Arrangements were in place to take into account people's cultural and other preferences with respect to their diet.

Lunchtime was a pleasurable experience for people. Some people had lunch together while others preferred to have it in their own chairs. Staff asked if people needed help and responded. If people declined help, this was respected. Staff made sure people's drinks were topped up regularly.

There was a good relationship with local healthcare providers. Records showed people had access to other healthcare services when needed. There were records of visits by GPs, district nurses, and other clinical specialists, such as community psychiatric nurses. People were supported to attend hospital appointments.

Good

Is the service caring?

Our findings

There were caring relationships between people and staff who supported them. A low turnover of staff meant staff had been able to develop long term relationships with people. There was an upbeat, cheerful atmosphere in the home. We saw interactions between staff and people that were universally friendly. Staff were careful to make eye contact with people when engaging with day to day support. Staff addressed people in a kindly, respectful way, offered them choices and respected their choice if they declined help. Staff spoke clearly and gave people time to understand and reply. Staff made sure people understood what they were saying by explaining and repeating themselves.

Records showed people were involved in planning and reviewing their care and support. Where people had individual communication care plans, these contained guidance for staff on how to support the person to be involved in decisions about their care. These included making sure people wore hearing aids and spectacles, and encouraging a person to use a magnifying glass to read information. Where a person was described as "hard of hearing" their care plan instructed staff to write down important information.

The provider had a strong focus on respecting people's privacy and dignity. People had dignity care plans which covered aspects of care and support including choice, control, communication and privacy. Staff used a dignity in care assessment tool to review all aspects of people's individual care in the light of respecting their dignity. People's care plans included areas where they were able to be independent.

People described staff who were caring and considerate. One said, "We are treated as human beings." Another person said the banter with staff "brightens everybody's day". A visiting family member told us staff were "outstanding, very caring people".

Good

Is the service responsive?

Our findings

People received assistance with their personal care that met their needs and took into account their preferences and wishes. Care plans were detailed and individual to the person, with clear guidance for staff about how to meet the person's care needs. Care plans covered topics such as dignity, choice and control, hygiene, communication, privacy, eating and nutrition, pain management and social inclusion.

Where people lived with a disability or sensory impairment they had a communication care plan which identified their communication needs and included guidance on how to make information accessible for them. People had care plans which covered their cultural and spiritual needs. There was information about people's life history, important dates, hobbies, beliefs and interests.

The provider involved people and their families in the care planning process and in regular reviews of their care plans. People were satisfied their care and support met their needs and reflected their choices. One person told us that staff "will do anything if you ask them". A visiting family member said, "All credit to the staff. They do a really good job."

Staff supported people's wellbeing with a variety of organised and individual leisure activities and events. Shared events included Christmas and New Year parties, barbecues, cream teas, shopping trips, and visits to a local café. People participated in organised games such as bingo and skittle as well as sitting exercises. Staff sat with people to play dominos and card games, and to support them with nail care and other individual activities.

People were confident any concerns they raised would be dealt with promptly and effectively by the registered manager. One person said, "They would listen, but I have no complaints." The provider's complaints procedure was on display in the home. People were aware of how to complain if they needed to.

There was a process in place to review and action complaints, which had only been used once in the months before our inspection. This complaint had been managed effectively, and staff made aware by means of staff meetings to prevent the same thing happening again.

Good

Is the service well-led?

Our findings

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.

The registered manager was aware of their responsibilities according to the regulations, including their responsibility to notify us about certain important events. We had received notifications when people died, had certain injuries, or if there were safeguarding concerns about a person.

The registered manager had a clear vision to deliver personal and individual care in a home-like atmosphere. This was supported by the provider's mission statement which listed the values of the service. These included "compassion, empathy, dignity and respect, safety and security, and person centred framework".

Feedback from a recent local authority quality review stated the service was "committed to listening and learning from providers, not only about service delivery but the health and wellbeing of staff to deliver safe and effective care and raise quality". A visitor had written in their quality questionnaire, "You manage to create such a lovely atmosphere."

The provider had an ongoing improvement plan which was delivering improvements to the fabric of the building. These took into account the provider's learning around delivering effective dementia care, as well as renovating bathrooms and other facilities. The improvement plan had also delivered new furniture and equipment, and additional staff training. The provider had a philosophy of continual improvement.

There was an effective management system in place. The registered manager was supported by the home's owners who worked at the home most days. There were weekly management meetings, regular staff team meetings and residents meetings. These were supplemented by the provider's diary which recorded findings and actions.

There was a strong sense of teamwork amongst the staff. The registered manager had established a number of "champions" to be the focus of expertise in certain areas. These included dementia, dignity, infection control, health and safety, moving and positioning, activities and falls. Staff told us they felt supported and listened to.

The provider had a system of quality assurance to monitor and improve the quality of service people received. This was based on regular monitoring visits. These were recorded and actions from previous visits followed up. They covered 14 areas including feedback from people using the service, visitors and staff. A sample of care plans and other records were monitored and checked monthly. Other areas covered by the quality audits were health and safety, infection control, safeguarding, any disciplinary actions, complaints and compliments and feedback from quality questionnaires.

People using the service, visitors and staff were invited to complete quality questionnaires. Where necessary people were supported by independent advocates in completing the questionnaires. One example we saw contained all positive responses, and the independent advocate had commented, "Resident seemed happy and relaxed… Staff helpful and caring." Where concerns were raised, actions were taken. Following a review of staff questionnaires, changes had been made to staffing levels to better support people.