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St Catherine's Manor

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

St Catherine's Manor is registered to provide accommodation with nursing care for up to 34 people. At the time of our visit, there were 22 people living at the home. The majority of the people who live at the home are living with dementia; some have complex needs. The home also provides end of life care. The accommodation is provided over two floors that are accessible by stairs and a lift.

The inspection took place on 30 August 2017 and was unannounced.

Since our last inspection a new registered manager had been appointed and was present on the day of the inspection. 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 inspection in February 2017 we identified concerns relating to providing people with safe care and treatment, insufficient skilled staff deployed, identifying and reporting safeguarding concerns, protecting people's legal rights, providing person centred care in line with people's needs and a lack of effective leadership and good governance. The service was placed into special measures and warning notices were issued with regards to safe care and treatment and good governance. The provider wrote to us to tell us what action they intended to take to be compliant with regulations.

We undertook this inspection to check that the provider had taken action to meet their responsibilities. We found that improvements had been made in all areas and no breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 were found. The overall rating for the service is requires improvement to ensure that the changes in the care people receive and the governance of the service are sustained and embedded in to practice.

There were sufficient staff deployed to meet people's needs safely. Staff had time to spend with people and the registered manager completed regular reviews of people's needs. New staff completed an induction process which included shadowing more experienced staff members to help them understand their roles. Staff received regular training and supervision to ensure they had the skills required to meet people's needs. Safe recruitment processes were in place to ensure people received support from suitable staff.

Risks to people's safety and well-being were assessed and control measures were in place to help minimise risks. Staff were aware of the support people required to manage risks and relevant healthcare professionals were involved when appropriate. Staff were aware of their responsibilities in keeping people safe from abuse and any concerns were reported to the appropriate authorities. Accidents and incidents were monitored by the registered manager and action was taken in a timely manner to minimise the risk of reoccurrence. The provider had developed a contingency plan to ensure people would continue to receive safe care in the event that the building could not be used.

Safe medicines systems were in place to ensure people received their medicines in line with prescriptions. Medicines were stored securely and regular stock checks were completed. People had access to healthcare professionals when required and advice given was followed by staff. People were provided with a choice of nutritious food and their weight was kept under regular review.

People's legal rights were protected as staff understood their responsibilities regarding the Mental Capacity Act 2005. Staff ensured that they sought consent from people before providing their care. People and their relatives were involved in developing care plans which were individualised and person centred. Regular reviews of the care people received were completed and changes in people's needs were responded to in a timely manner. People had access to a range of activities and there was positive interaction between people and staff.

People received support from staff who knew them well and treated them with kindness. Staff demonstrated understanding of people's individual needs and preferences. People were encouraged to maintain their independence and staff supported people in a respectful and dignified manner. Relatives told us they were made to feel welcome and there were no restrictions on the times they could visit.

The registered manager had had a positive impact on the culture of the service and staff told us they felt supported in their roles. Quality assurance systems were in place to monitor the service provided and action was taken where concerns were identified. People, relatives and staff had the opportunity to contribute to the running of the service and their views were listened to. There was a complaints policy displayed in communal areas and records showed that complaints were responded to promptly. Records were securely stored and well- maintained.

This service has been in Special Measures. Services that are in Special Measures are kept under review and inspected again within six months. We expect services to make significant improvements within this timeframe. During this inspection the service demonstrated to us that improvements have been made and is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is now out of Special Measures.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was safe.

There were sufficient numbers of staff deployed to meet people's needs

Systems were in place to safeguard people from abuse and staff were knowledgeable about their responsibilities

Safe medicines systems were in place.

Risks to people's safety and well-being were assessed and control measures implemented to keep people safe.

Robust recruitment processes were in place to ensure staff employed were suitable to work in the service.

Is the service effective?

Good ●

The service was effective.

Staff had received training to supervision to support them in their role.

Systems were in place to ensure people received support in line with the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

People nutritional and hydration needs were met and people were provided with a choice of food.

People had access to healthcare professionals.

Is the service caring?

Good ●

The service was caring.

People were supported by staff who knew them well.

People's dignity and privacy was respected.

Visitors were made to feel welcome.

Is the service responsive?

Good ●

The service was responsive.

Detailed care plans were in place which guided staff on the support people required.

Care records were person-centred and included information about the person's past life and preferences.

People had access to a range of activities.

Complaints were recorded and responded to in a timely manner.

Is the service well-led?

Requires Improvement ●

The service was well-led.

People, relatives and staff were involved in the development of the service.

Regular audits were completed to monitor the quality of the service provided.

The registered manager was working alongside staff and the culture within the service was more positive.

Staff told us the registered manager was approachable and that they felt supported.

St Catherine's Manor

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 checked 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 30 August 2017 and was unannounced. The inspection was carried out by two inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to the inspection we looked at notifications which we held about the organisation. Notifications are events which have happened in the service that the registered provider is required to tell us about, and information that had been sent to us by other agencies.

During our inspection we observed care in the home and spoke with the registered manager, the provider, a visiting healthcare professional and five members of staff. We spoke with two people who used the service and nine relatives. As many of the people living at St Catherine's Manor were unable to share their experience with us 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 looked at seven people's care plans and records relating to people's care including care plans, risk assessments and daily notes. We reviewed a range of documents which related to how the home was managed including accident and incident forms, policies and procedures, training records, quality assurance monitoring and health and safety monitoring.

Is the service safe?

Our findings

At our inspections in November 2016 we found that sufficiently skilled staff were not available throughout the service and risks to people's safety were not always responded to in a timely manner. At our last inspection in February 2017 we found the provider had failed to address these concerns. In addition, we identified that safeguarding concerns had not always been reported to the local safeguarding authority in order for them to be appropriately investigated. Following that inspection the provider took immediate action and to address these concerns with the local authority. At this inspection we found that staffing levels were sufficient to meet people's needs and risk assessments were now comprehensively followed to mitigate risks to people. Although improvements have been made, the rating for this domain remains as requires improvement to ensure that systems now in place are embedded into practice. We will continue to monitor the service to ensure that these improvements are sustained.

People and their relatives told us they felt the service was safe and that they did not have to wait for their care to be provided. One person told us, "Yes it's safe here, I don't worry about anything." Another person said, "They leave me be when I want to be on my own but they are always there when I need them." One relative said, "It takes away the guilt, knowing that Mum is here and she's safe." Another relative said, "I don't know what the staff ratio should be but I'm satisfied there's enough staff for her."

During the inspection we found that there were now sufficient staff deployed to meet people's needs promptly and safely. We observed people did not have to wait to be supported with their care needs and staff were able to spend time with people socially. The manager monitored call bell response times on a monthly basis. These showed that calls for support were responded to in a timely manner. People received their morning personal care at a reasonable time of their choosing and staff did not appear rushed. One staff member told us, "I think we have enough staff. We have enough time to spend with the residents." The registered manager completed a dependency tool to review the staffing levels required and adjustments were made when required. The registered manager told us, "I speak to staff about their workload and check they feel they have enough time with residents. I spend a lot of time working alongside them which helps me to monitor staffing. It's about communication."

We did observe that five people were sitting in the lounge in the morning for a period of one and a half hours with little support provided. We spoke to the registered manager about this. They told us people were usually supported by a staff member who was designated to provide activities but they had not been available due unforeseen circumstances. Rotas and staff allocation sheets showed that this was the normal routine in the service and no one sitting in the lounge area was in need of constant support. The registered manager informed us they would put plans in place to ensure that staff were always available for people sitting in the lounge during the busy morning period.

Staff had a good understanding of how to keep people safe and their responsibilities for reporting any concerns. Staff were able to describe the different types of potential abuse, signs to look for which would raise concern and reporting procedures. One staff member told us, "I would report anything to the manager, we can't just assume anything. I can also report to social services or the police if I need to." Another staff

member told us, "I know that if a resident tells me they want to (disclose abuse) but not to tell anyone, I can't do that. I can't keep that confidential." Following our last inspection all staff had received updated safeguarding training and the service had worked closely with the local safeguarding team to ensure that effective systems were in place for the reporting and management of safeguarding concerns. Records showed that any concerns identified were appropriately reported to the local authority safeguarding team and investigations completed where required.

Risks to people's safety were assessed and measures implemented to keep people safe. People's care records included risk assessments in areas including mobility, falls, nutrition and hydration, choking and skin integrity. Where risks were identified management plans were in place to minimise risks and staff were aware of the guidance they needed to follow. One person's risk assessment identified that they were at a high risk of falls. A falls mat had been put into place to alert staff when the person attempted to stand so they could offer assistance. This measure had proved to be effective as the person had not experienced any falls since this had been implemented.

Risk assessments were reviewed regularly and when people's needs changed. Care records for one person showed their mobility had reduced and they now spent more time in bed. The person's risk assessment identified that this put them at a higher risk of their skin breaking down and control measures had been implemented to mitigate this risk. Guidance was available to staff on how to support people who may experience high levels of anxiety. This included details of how to effectively communicate with the person, activities and conversation they enjoyed and how to reassure them.

Accidents and incidents were reviewed and monitored by the registered manager to minimise the risk of them happening again. Staff we spoke to were clear about their responsibilities to inform senior staff when accidents or incidents occurred and to ensure that detailed records were maintained. The registered manager reviewed each accident and incident to ensure that appropriate action was taken and risk management plans were updated as required. For example, staff had reported that one person had begun to choke when eating their meal. As a result advice was sought from the Speech and Language Therapy team who had assessed the person as requiring a soft diet to prevent further concerns. There had been no other incidents of the person choking since these measures had been put in place. The registered manager also analysed accidents and incidents on a monthly basis for any emerging trends.

People received their medicines safely and in accordance with prescribed guidelines. Each person had a medicines administration record (MAR) in place which contained a recent photograph of the person and details of any allergies. MAR charts were up to date and completed promptly following each administration. Where people were prescribed PRN (as required) medicines, protocols were in place to guide staff and we observed that these had been followed.

Medicines were securely stored and medicines requiring refrigeration were stored in a lockable fridge which was not used for any other purpose. The temperature of the fridge and the clinical room were monitored regularly to ensure the safety of medicines. Stock checks of medicines stored were completed regularly and records of medicines returned to the pharmacy were maintained. Regular audits of medicines management systems were completed and any actions arising were promptly addressed. All staff responsible for the administration of medicines had received training and their competency was regularly assessed.

Robust recruitment checks were completed to ensure that staff employed were suitable to work at the service. We reviewed four staff files and found the provider had completed pre-employment checks included requesting references from previous employers, identity checks and Disclosure and Barring Service (DBS) checks. DBS checks identify if prospective staff have a criminal record or are barred from working with

people who use care and support services. Staff files also included application forms listing previous employment and evidence of face to face interviews taking place. The registered manager told us that staff did not start work at the service until all relevant recruitment checks had taken place and staff we spoke to confirmed this was the case.

People lived in a safe and clean environment. Regular health and safety checks were completed to ensure the building and equipment was suitable for use. A fire risk assessment was in place and updated when changes occurred. Each person had a person emergency evacuation plan which detailed the support they would require should they need to exit the building. The provider had developed a contingency plan which informed staff of the action to take in the event of an emergency. The plan was regularly updated and included relevant contact details.

Is the service effective?

Our findings

At our last inspection in November 2015 and February 2017 we found that staff did not have the skills to carry out their job role effectively. Staff did not have an understanding of their responsibilities with regards to safeguarding and the Mental Capacity Act 2005 (MCA) and training was not effectively monitored. At this inspection we found that improvements had been made. Staff demonstrated a greater understanding of their responsibilities, people's legal rights were protected and staff training was now kept under continual review.

People and their relatives told us they felt staff had the skills and knowledge required in their roles. One person told us, "The staff know what they're doing. They always involve me in decisions, otherwise I'd moan." One relative told us, "I have such confidence in the staff's abilities that for the first time I can go away and know he's in safe hands, it's changed my life." Another relative said, "There's always a core of people who are well trained, there's one Carer in particular who goes the extra mile."

People were supported by skilled and experienced staff. The registered manager maintained a training matrix. This identified staff had completed training in areas including safeguarding, moving and handling, health and safety, dementia, first aid, fire and food hygiene. Staff told us they found the training they had undertaken useful in supporting them in their role. One staff member told us, "I've done quite a bit of training. It's all been useful and keeps us up to date." Another staff member said, "The training we have is important. People say this job is all about common sense but there is a lot of skill involved to do things the correct way. The manager is very supportive with the training." When speaking to staff they were able to demonstrate their learning and describe how this impacted on their role. We observed staff demonstrated practical skills they had developed from training such as supporting people whilst using the hoist in a safe and confident manner. We spoke to the registered manager about the training provided to staff. They told us, "I work with staff all the time. Training tells them what they should do and I make sure they understand the reasons why we do things the way we do. It's all about educating the staff."

New staff received an induction into their role before working unsupervised. This included completing mandatory training, familiarisation with the provider's policies and procedures and working alongside more experienced staff members. Staff told us they had found the induction period helpful in getting to know people's needs and the routines of the service. One staff member told us, "It was three days of shadowing different people and I did e-learning too. It helped me to get used to how things are done." New staff were also required to complete the care certificate within the first three months of their employment. The Care Certificate is a set of agreed standards that health and social care staff should demonstrate in their daily working lives.

Staff received regular supervision to support them in their roles. The manager maintained a supervision planner and matrix which evidenced that all staff had received one to one supervisions in line with the provider's policy. Records of supervision showed discussions included staff performance, any areas of concern, training needs and attendance. Clinical supervisions were held with all nursing staff to support their professional development and skills. In addition, the provider held regular nurse strategy meetings

which involved best practice discussions and clinical updates.

The 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 make 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 and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

People's legal rights were protected as the principles of the MCA were followed. Capacity assessments had been completed where restrictions were in place such as bed rails, covert medicines administration or where people were unable to leave the service without supervision. Where assessments determined people lacked the capacity to consent to a specific decision, best interests decisions were recorded to ensure that the least restrictive options were in place. Records showed that best interest decisions taken involved relevant health professionals and family members. Where restrictions had been agreed DoLS applications had been submitted to the local authority which described the restrictions in place and the rationale for the decision in detail.

Staff demonstrated a good understanding of people's rights and how the MCA impacted on their role. Records showed that all staff had received training in the MCA and DoLS. Staff were able to describe how they worked within the principles outlined in the MCA. One staff member told us, "We can't force anyone to do anything, we need to give choices to people and allow them to do things for themselves. If they can no longer make some choices we need to assess that and help them in a way that's safe for them." Another staff member said, "If someone is able to make decisions then it's their right to take risks if they choose. We can talk to them about it but can't take the choice away." During the inspection we observed that staff sought consent from people before providing support. When one person indicated they did not want to be supported at that time staff respected their wishes and returned later.

People and their relatives told us that they enjoyed the food provided and that individual preferences were catered for. One person told us, "No complaints about the food at all." Another person said, "The food is always hot and looks good, there's always a choice." One relative told us, "Mum's always been difficult around food but the food here is excellent. Mum has difficulty swallowing so they pureed her food but she still didn't show interest so they mashed it and then she ate it, it's made such a difference to her appetite, they tailor it to the individual and they take the time to notice." Another relative told us, "She always gets whatever she wants whenever she wants! In the morning they ask her what she wants and she'll say scampi and chips and she gets it!"

Staff supported people to maintain a balanced diet appropriate to their dietary needs and preferences. People's care records contained details of their preferences and dietary needs. This information was shared with kitchen staff to ensure that people's food was prepared in accordance with their needs. A choice of meals was provided to people and alternatives were available when required. People were offered a choice of where they would prefer to eat their meals and staff were organised and responsive to people's needs. There was a relaxed atmosphere during the lunchtime period and where people required support to eat this was done at a pace of the persons choosing. People's weight was regularly monitored and any significant changes were discussed with healthcare professionals and advice followed.

People's health was monitored and where required health care professionals were involved to make sure people remained as healthy as possible. Records showed that people had access to a range of healthcare

professionals including GP's, Speech and Language Therapy, hospital consultants, dieticians and physiotherapy. Where treatment and advice were recommended records showed that this had been followed by staff. We spoke to a healthcare professional who told us they felt the clinical staff were knowledgeable and experienced and ensured that appropriate referrals for support were requested. They told us, "The staff have our visits planned and have all the documentation ready. Any advice given is always followed. The documentation side of things has improved since the new manager has been in post. They also have good connections with the mental health services so things can be followed up on."

Is the service caring?

Our findings

At our last inspection February 2017 we found that staff did not always spend meaningful time engaging with people and demonstrated a lack of understanding of the needs of people living with dementia. At this inspection we found improvements had been made and staff were now spending time interacting with people. Staff supported people with kindness when they experienced periods of anxiety and demonstrated a greater understanding of their needs.

People and their relatives told us that staff treated them with care and compassion. One person told us, "The staff are always very kind and accommodating." One relative told us, "I'm very pleased he came here, at the time we looked at others but this is the best, they really care." Another relative said, "Mum has her favourites, they even sing with her, they have a rapport with her." A third relative said, "I'm happy Grandad is here, they ask him what he wants."

People were supported by staff who knew them well. Staff we spoke with were able to describe people's personalities and what was important to them. One relative told us, "The staff are very caring. They chat to her, it's really important to me, they've got so used to her. They took the time and realised she is not an early riser, she retired at 81 and they discovered she likes to go to bed late. They treat her like she is at home, I'm so happy with them." We observed staff spent time with people chatting about their interests and their family. When speaking with people staff took the time to sit next to them and used appropriate touch such as stroking people's hands. There was a relaxed atmosphere in the service and people were heard frequently sharing jokes and laughing with staff. Staff demonstrated understanding of supporting people living with dementia. One staff member described to us how a person could become anxious very quickly. They told us, "When we see this we know to reassure (name) using their dementia doll and singing with them. We need to help people feel safe with us."

People's dignity and privacy was respected by staff. We observed staff knocked on people's doors before entering and chatted to people about how they were feeling before providing care. Staff ensured doors were closed during personal care and provided mobile screens to protect people's dignity when supporting people to use the hoist in communal areas. We spoke to staff about how they supported people with their personal care to ensure their dignity was respected. One staff member told us, "I wouldn't leave someone lying naked, I'd use a towel to cover them and help them to do as much for themselves as they can. We try to do things how people want them and always offer choices of toiletries and clothes." Another staff member told us, "It must be hard to be given personal care. We have to treat people like we'd want to be treated. I chat with people to reassure them and tell them what I'm doing all the way along." People's religious and cultural needs were respected. Care records contained details of people's needs in this area and regular church service were held.

People were supported to maintain their independence. Care records for one person showed that they had required support from staff to eat their meals and were at risk of malnutrition. Staff had supported the person to sit in the dining room at mealtimes and encouraged them to eat independently. This had led to the person starting to eat more and their weight had increased. Staff told us they understood the

importance of people maintaining their independence. One staff member said, "If they are able to do something themselves they should be able to. It doesn't matter if it takes a long time. You give people the choice and encourage them."

Relatives told us they were made to feel welcome when visiting the service and there were no restrictions on the times they could visit. One relative told us, "I come most days, the staff here make you feel welcome, you feel part of a club." Another relative said, "I visit every other day and they always give me up to date accounts." One person told us, "My wife can visit anytime, she visits most days." We observed staff greeted visitors warmly and had a good rapport with relatives. They spent time chatting about how their loved one had been and sharing information about what they had been doing.

Is the service responsive?

Our findings

At our last inspections in November 2015 and February 2017 we found that appropriate care and treatment was not always provided to meet people's needs and that care plans contained contradictory information regarding the support people required. At this inspection we found improvements had been made. Care plans had been comprehensively reviewed to ensure that the guidance required was available and this was now being followed by staff.

People and their relatives told us they felt staff knew people's needs well and responded promptly to any changes. One person told us, "The whole thing seems to work well. It's because they take the time to listen." One relative told us, "They understand Mum well. She smiles when they come to the door. It makes me feel so much better to know that they call me and let me know if anything's wrong."

Care plans were person-centred and contained information regarding people's needs and preferences. Care plans were detailed and contained guidance for staff in areas including communication, mobility, nutrition, social needs and healthcare needs. Information was available to staff on people's interests, family links and past occupations. We observed staff used this information when interacting with people and to provide reassurance when required. Detailed guidance was also available to staff on how people preferred to receive their care. This included the gender of care worker they preferred, if they preferred the light on or off when sleeping and how they liked to spend their day. One person's care records showed that on occasions they became anxious and displayed verbal and physical aggression towards staff. There was a behaviour care plan in place, outlining in detail possible triggers to behaviour and guidance to staff on how to de-escalate situations and keep themselves and others safe. Incidents were recorded on behavioural charts and the provider had sought advice from mental health professionals. Records showed there had been a decrease in the person's anxiety since this support had been in place.

People and their relatives told us they were involved in developing care plans and were regularly updated when changes occurred. One person told us, "Of course I'm involved; they couldn't do it without me could they?" One relative told us, "She has an extensive care plan with likes and dislikes. They discussed everything with us." Another relative told us, "Mum got out of bed at night which wasn't safe. They called me and they organised a plan of action to see what they could do and discussed it." Care records contained evidence of regular reviews being completed and responsive action was taken when people's needs changed.

There was a range of activities for people to be involved in, both in groups and on an individual basis. People and relatives told us they felt the activities provided were suitable for people's needs. One person told us, "The care is good, I'm mostly left alone, which I like, I can use the computer or the television, I just ask and they take me out." One relative told us, "If they do little ball games, its individual rather than general, everything is tailor made." Another relative said, "They always find opera music for her, she used to sing opera." A third relative told us, "They do this thing that is fantastic, there's a pub around here and the girls take them there, my Mother loves it."

During the inspection we observed staff playing games in small groups with people. Staff ensured that each

person was involved and offered support where required. Other staff spent time with people looking at pictures and magazines or completing puzzles. Appropriate resources to support people living with dementia were available such as reminiscence games and age appropriate puzzles. The provider had also purchased a tablet device to enable staff to play games and look up items of interest with people. Staff showed an awareness of people's preferences with regards to the television programmes and music people enjoyed. External entertainers visited the service regularly including musicians, singers and pet therapy. Regular church services were held at the service which people told us they enjoyed. The registered manager told us the post of activities co-ordinator had been vacant for some time and cover had been provided by a member of the care team. They told us that they felt activities had improved as staff had got to know people better. A new activity coordinator was due to start work at the service the following week and there were plans to further develop the opportunities available to people.

There was a complaints policy in place and guidance on how to make a complaint was displayed. People and their relatives told us they would feel comfortable in raising any concerns with the registered manager and were confident these would be addressed. One person told us, "I've never had any complaints. The manager would listen if I had a gripe." One relative said, "I have complained about the laundry in that things were getting lost and sometimes other people's things were in the wardrobe but it's got a lot better now." Another relative told us, "Since the new manager has been here, I can go to her with anything, she sorts it out." The registered manager maintained a log of complaints received. This showed that complaints had been addressed in line with the provider's policy and responses to concerns were provided. All complaints were reviewed on a monthly basis in order to identify any trends to minimise the risk of them happening again.

Is the service well-led?

Our findings

At our inspections in November 2015 and February 2017 we found concerns regarding the governance of the service as the lack of clear management processes meant people continued to experience care that was not safe, effective and responsive to their needs. At this inspection we found that improvements had been made and that systems were now in place to monitor the quality of the service provided. A new registered manager had been appointed in March 2017 and was continuing to work closely with staff to ensure individual responsibilities were clear. The registered manager had previously been employed by the provider and was therefore aware of the providers systems and processes. Although improvements have been made the rating for this domain remains as requires improvement to ensure that systems now in place are embedded into practice. We will continue to monitor the service to ensure that these improvements are sustained.

People and their relatives told us they felt the service was managed well. One person told us, "The manager is wonderful, she always comes and says hello." A relative told us, "The new manager is so approachable, there isn't too much change of staff and the general atmosphere is great." Another relative said, "The new manager is like a breath of fresh air, I've noticed a difference in the staff. She doesn't sit in the office, she gets involved, she notices things, she asks relatives what they think would enhance their lives, I just think she is wonderful."

The provider and registered manager had implemented more in-depth systems to monitor the quality of care and support that people received. The registered manager completed a range of audits including care plans, medicines management, accidents and incidents, infection control, complaints and call bell response times. A provider audit was completed each month by a senior manager. This included checks that audits were completed and any shortfalls had been actioned appropriately. People, relatives and staff were spoken to as part of this process to gain their views on the service and any improvements which were required. In addition, the head of nursing for the organisation visited the service regularly to assess the quality of clinical care provided and gave feedback to the registered manager. A detailed action plan was in place to address any concerns identified and this was discussed and updated on a monthly basis. The registered manager told us this process had been essential in enabling them to identify areas of priority and was a good tool to show staff how much had been achieved.

The provider had reviewed systems and processes in place to support and monitor the service. The organisational senior management structure had been changed to incorporate a head of nursing, head of hospitality and additional regional managers. This meant that additional support and monitoring of services was taking place. In addition, the provider had also changed the way in which training was delivered to staff to ensure all training was now face to face to ensure staff learning could be tested. The provider had also made significant investment in the property which included the refurbishment of bedrooms, redecoration of communal areas and creating a themed area in the communal dining room.

People and their relatives were given the opportunity to contribute to the running of the service. Residents and relatives meetings were held regularly and people's opinions were taken into account when changes

were made. Meeting minutes showed that discussions included activities, menu choices, the environment, staffing updates and security. Where suggestions were made these acted upon by staff. One person had suggested alternative options for the menu and we saw that these had been added. A relative had suggested flowers be planted in the front garden to provide a more colourful outlook for people. We observed that a colourful flower display was now in place. Minutes reflected that people and their relatives had been consulted regarding the refurbishment of communal areas and people told us they were pleased with the results.

Satisfaction questionnaires were available to people and their relatives to gain their views. Completed questionnaires showed that people and their relatives were happy with the service provided. One relative had commented, 'My Mother seems very happy at St Catherine's Manor. In my opinion her dignity is always maintained and staff are very welcoming'.

Staff told us they felt supported by the registered manager. One staff member said, "I think the manager is brilliant. She listens and we know we can talk to her if we need to." Another staff member told us, "The manager is easy going, you can talk anything to her and she's very supportive, she'll always come and help us when we need it." The registered manager demonstrated understanding of the importance of promoting a positive culture within the service. They told us, "The way we all communicate is important to me. I spend a lot of time with people and staff; they know I'm always willing to help. It means I know what's going on and can discreetly monitor staff skills and point them in the right direction. Regular staff meetings were held in the service which gave staff the opportunity to raise any concerns. Records of staff meetings were maintained which showed that action had been taken to address any points raised by staff.

People's confidential records were stored securely. All care records were electronically stored and could only be accessed by the use of individual passwords. Paper records were stored securely in locked cupboards in the office. The CQC had been notified of all significant events that happened in the service in a timely way. This meant we were able to check that the provider took appropriate action when necessary.