

Speciality Care (REIT Homes) Limited

Catchpole Court 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 

Overall summary

We inspected this service on 8 January 2015 and the inspection was unannounced. Catchpole Court Care Home provides personal care for up to 66 older people, some living with dementia.

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.

There were enough staff to support people safely and staff knew what to do if they suspected someone may be being abused or harmed. Recruitment practices were robust and contributed to protecting people from staff who were unsuitable to work in care. Medicines were managed and stored properly and safely so that people received them as the prescriber intended.

Staff had received the training they needed to understand how to meet people's needs. They understood the importance of gaining consent from people before

Summary of findings

delivering their care or treatment. Staff were clear about their roles. Where people were not able to give informed consent staff and the manager ensured their rights were protected.

People have enough to eat and drink to meet their needs and staff assisted or prompted people with meals and fluids if they needed support.

Staff treated people with warmth and compassion. They were respectful of people's privacy and dignity and offered comfort and reassurance when people were distressed or unsettled. Staff also made sure that people who were becoming unwell were referred promptly to healthcare professionals for treatment and advice about their health and welfare.

Staff showed commitment to understanding and responding to each person's needs and preferences so that they could engage meaningfully with people. Outings and outside entertainment was offered to people and staff offered activities on a daily basis.

Staff understood the importance of responding to and resolving concerns quickly if they were able to do so. Staff also ensured that more serious complaints were passed on to the management team for investigation. People and their representatives told us that any complaints they made would be addressed by the manager.

The service had consistent leadership. The staff told us that the manager was supportive and easy to talk to. The manager was responsible for monitoring the quality and safety of the service and asked people for their views so that improvements identified were made where possible. The organisation also carried out quality assurance visits, set action plans and checked the actions had been undertaken.

Summary of findings

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 safe.

Staff had received training in how to recognise abuse and report any concerns and the provider maintained safety by making sure that there were enough qualified, skilled and experienced staff on duty to meet people's needs.

Risks were minimised to keep people safe without reducing their ability to make choices and self-determination. Each person had an individual care plan which identified and assessed risks to them.

The service managed and stored medicines properly.

Good



Is the service effective?

The service was effective.

Staff received the training they required to provide them with the information they needed to carry out their roles and responsibilities.

Staff understood how to provide appropriate support to meet people's health, social and nutritional needs.

The Deprivation of Liberty Safeguards (DoLS) was understood by the manager and staff. Where people lacked capacity, the correct processes were in place so that decisions could be made in the person's best interests.

Good



Is the service caring?

The service was caring.

Staff treated people well and were kind and caring in the ways that they provided care and support.

People were treated with respect and their privacy and dignity were maintained. Staff were attentive to people's needs.

People were supported to maintain relationships that were important to them and relatives were involved in and consulted about their family member's care and support.

Good



Is the service responsive?

The service was responsive.

People's choices preferences were respected and taken into account when staff provided care and support.

Staff understood people's interests and assisted them to take part in activities that they preferred. People were supported to maintain social relationships with people who were important to them.

There were processes in place to deal with any concerns and complaints and to use the outcome to make improvements to the service.

Good



Summary of findings

Is the service well-led?

The service was well led.

People and their relatives were consulted on the quality of the service they received.

Staff told us the management were supportive and they worked well as a team. There was an open culture.

The manager had systems in place to monitor the quality of the service and took appropriate action to improve the standards when necessary, as did the provider.

Good



Catchpole Court 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 8 January 2015 and was unannounced and the inspection was carried out by two inspectors.

Before we carried out our inspection we reviewed the information we held on the service. This would include statutory notifications that had been sent to us in the last year. This is information about important events which the provider is required to send us by law. We would use this information to plan what areas we were going to focus on during our inspection.

During our inspection we observed how the staff interacted with people who used the service, including during lunch. We spoke with four people who used the service. Other people were unable speak with us directly because of communication needs relating to dementia. We used the Short Observational Framework for Inspection (SOFI). The SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with six people who used the service, three people's relatives, the manager, two senior care staff and five care staff. We also spoke with the area manager was at the service during our inspection.

We also looked at seven people's care records and examined information relating to the management of the service such as health and safety records, staff training records, quality monitoring audits and information about complaints.

Is the service safe?

Our findings

The people we spoke with told us that they felt safe living in the service, many people were not able to talk to us because they were living with dementia, but we spent time with some of those people, chatting with them generally. On the whole they were relaxed and did not give the impression of being worried about their safety.

A relative told us that they felt their family member was safe and well cared for. They said, "I know [my relative] is safe here, I have no worries there." Another relative told us, "I can leave here and know [my relative] is going to be safe and well cared for."

Staff told us and records confirmed, they had received training in protecting adults from abuse and how to raise concerns. They were able to demonstrate the action they would take and tell us who they would report concerns to in order to protect people. Staff understood the different types of abuse and knew how to recognise signs of harm and understood their responsibilities to report issues if they suspected harm or poor practice. They were confident that the manager would take action if they reported any concerns and were aware of the whistleblowing policy and said they would feel confident to use the process if they thought it was necessary.

The manager demonstrated an understanding of keeping people safe. Where concerns had been raised, we saw that they had taken appropriate action liaising with the local authority to ensure the safety and welfare of the people involved.

Risk assessments were in place that were designed to minimise the risk to people in their day to day lives so that they could keep their independence and self-determination as much as possible. For example the risk of falling, there was guidance for staff on what support people required to reduce the risk. Records showed us that people who had developed pressure areas and those that had been assessed as being at risk of developing them were receiving the care they needed to prevent deterioration and aid recovery. Their wounds were being dealt with in line with their care plans and specialist equipment was being used, such as pressure relieving mattresses and seat cushions.

There were also policies and procedures in place to manage risks to the service and untoward events or emergencies. For example fire drills were carried so that staff understood how to respond in the event of a fire. The service was kept clean and proper procedures were carried out to maintain infection control, which helped keep people safe from infections.

The manager explained how they managed risks to people's health and welfare such as accidental falls or the risk of pressure ulcers. Incidents were managed promptly and actions were taken to prevent or reduce the risk of further occurrences. If people were assessed as being in danger of developing pressure areas specialist equipment such as pressure relieving mattresses and cushions were obtained.

There were sufficient staff on duty to keep people safe and protect them from harm. One relative told us, "The care is very good here. I come here almost every day and staff are always around when you need them."

Staff said there is now plenty of staff to meet people's needs because the management had recognised that staff were struggling at meal times because some were rotated to take their meal break during the people's lunch time. The working day was reorganised to ensure more staff were available for meals.

The manager told us that they felt the staffing levels were good and if a member of staff was unwell they were replaced with another member of the permanent staff team if possible or agency staff were used. They assured us that they use regular agency staff whenever possible. This meant that people received care and support from staff who knew them well.

Medicines, including controlled drugs, were well managed by the service. We observed staff supporting people to take their medicines in a patient and caring manner. Where people needed medicines only occasionally (PRN) there were protocols to inform staff when to use them. Records showed that staff had received the appropriate training to enable them to administer medicines and company was assessed to check they were capable of doing the task safely. Spot checks were carried out by the manager and senior staff to check practice.

Is the service effective?

Our findings

People told us that they were supported well and that staff made sure that they got what they needed. One person told us, "There're good [the staff] I get what I need." Another person said, "It's OK here, they [staff] are friendly people." A relative told us, "They do what they can to keep my [relative] comfortable, I don't have any worries about them."

Records showed that staff received training and support to enable them to do their jobs effectively. Staff told us they were provided with training, supervision and support which gave them the skills, knowledge and confidence to carry out their duties and responsibilities. The organisation's training matrix, which was how they tracked staff's training, showed us that a high percentage of staff had completed their training, enabling them to develop the skills they need to carry out their roles and responsibilities.

Staff were expected to complete competency checks after they had undertaken any training. On speaking with staff we found them to be knowledgeable and skilled in their role. We were told the service supported staff to gain industry recognised qualifications in care. This meant people were cared for by skilled staff trained to meet their care needs.

One person's relative told us, "They [staff] know what my [relative] well, what they need and do lots of little things to make them feel special."

Staff had attended Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLs) training. These safeguards protect the rights of adults by ensuring that if there are restrictions on their freedom and liberty these are assessed by appropriately trained professionals. The manager had a good understanding of both the MCA and DoLs and when these should be applied to the people who lived in the service, including how to consider their capacity to make decisions.

Where people lacked capacity, the care plans showed that relevant people, such as their relatives or GP had been involved in making decisions about their care. Any decision made on behalf of a person was done in their best interest and the least restrictive option was chosen so that people could still make some decisions for themselves and keep

control of their lives. The manager had completed a number of DoLs referrals to the local authority in accordance with new guidance to ensure that restrictions on people's ability to leave the home were appropriate.

People's care records showed that their day to day health needs were being met and that they had access to healthcare professionals according to their specific needs. The home had regular contact with a GP surgery that provided support and assisted staff in the delivery of people's healthcare. One person received medical treatment on the day of our inspection after they had appeared unwell when they were being assisted with personal care in the morning. People were supported to attend hospital and other healthcare professionals.

People told us that they enjoyed the food offered to them, had enough to eat and they were able to make choices between two different main meals offered at dinnertime. We were told, "Sometimes, they [the staff] get me something different, I can be a bit fussy." Another person told us, "Sometimes I get stuffed!"

We observed positive interaction between staff and the people they supported to eat their dinner. Staff sat with the person they supported, while chatting and encouraging them to eat. The activities coordinator helped support people during lunch and people were offered a drink of their choice with their meal. One person asked for a cup of tea and it was fetched for them promptly.

Plate guards and specialist utensils were available for those with who found it easier to eat with these aids. This helped to promote independence, meaning that people could manage to help themselves to eat without the need of staff support.

The home had responded to specialist feedback given to them in regard to people's dietary needs and had taken action to meet them. For example, by introducing food that was fortified with cream and extra calories to enable people to maintain a healthy weight. Staff were found to be knowledgeable about supporting people to eat healthily and meeting their individually assessed dietary needs. We saw that where people were too distracted to be able to sit and eat their meal they were offered finger food that they could eat on the move. This helped to ensure that people got the food they needed to stay well.

Recognised professional assessment tools, such as the Malnutrition Universal Screening Tool, were used to identify

Is the service effective?

people at risk nutritionally and care plans reflected the support people needed. People's weights were monitored so that staff could take action if needed. For example, they would increase the calorific content in food and drinks for those people losing weight.

Is the service caring?

Our findings

People felt that staff treated them well and were kind. One person said, “They [the staff] are like family to me.”

When staff spoke with people they were polite and courteous. Relatives were complimentary about how staff treated their family members. One relative said, “They [the staff] work hard here, there’s good food and there’re well cared. I couldn’t do what they do; they [the staff] really care.”

We saw interactions between people and members of staff that were caring and supportive and which demonstrated that staff listened to people. Staff sat in the lounge chatting and being sociable. They spoke with people in a thoughtful manner and asked if they were all right or if they wanted anything. People were offered alternatives drinks or snacks if they were unable to voice a preference. We saw genial banter and laughs between people and staff. Staff were able to tell us about people’s needs and specifically how they liked to be supported and their experiences in life which were important to them. This helped staff communicate effectively with them.

For example, we saw a staff member talk to a person who was distressed by another person getting too close to

them. The staff member was skilled at communicating with them and was able to keep them calm and distracted until the other person had moved away. Before the staff left the person they were laughing at a joke they shared. We saw that staff had built up a good relationship with the people they were supporting and there was a light hearted atmosphere.

One relative told us, “I can’t believe that I was worried when my [relative] moved here. Staff are kind to them and very generous with their time.” Another relative told us that, “We are always made welcome, I’m never made to feel as if I’m in the way.” The manager told us that people were encouraged to be involved in planning their care where they were able and relatives also told us they were consulted about their family member’s care. One relative said, “I always know what’s happening, they keep me informed.”

People were treated with dignity and respect and staff were discreet when asking people if they needed support with personal care. Any personal care was provided promptly and in private to maintain the person’s dignity. One person managed to pull their clothing and their underwear became a little exposed. It was very quickly noticed by staff who rearranged their clothing without making a fuss or attracting attention. Thus preserving that person’s dignity.

Is the service responsive?

Our findings

Relatives told us they were happy with the standard of care their family members received and it met their individual needs. One relative said, “This move has been hard for everyone, me included. But at least my [relative] is comfortable now, the staff have been good to them and me. I couldn’t have managed otherwise.”

Relatives told us that they had been provided with the information they needed during the assessment process before their family member moved in. Care plans were developed from the assessments and recorded information about the person’s likes, dislikes and their care needs. Care plans were detailed enough for the carer to understand fully how to deliver care to people in a way that met their needs. The outcomes for people included supporting and encouraging independence in areas that they were able to be independent as in choosing their own clothes and maintaining personal care when they could.

Staff told us that they always consulted with people to ask their views when care plans were reviewed and updated. Care plans were clearly written and had been reviewed and updated.

Staff were encouraged to support people with activities that reflected their interests and pastimes, the focus was on what the individual wanted to do, whether that was sitting having a chat, reading a newspaper, playing cards or joining in a planned social activity. Entertainers came to the service regularly. An entertainer carried out a sing along session during our inspection, we saw people join in and sing along. People told us how much they had enjoyed it.

The service now employs two activities coordinators, each for 30 hours per week. Each person who lived in the service had been assessed for their individual likes and dislikes around activities, this information was used when planning activities to ensure that they suit people’s individual preferences. Social outings to the local pub and meals out had taken place for small groups and individuals. Staff felt that there has been a recent improvement in the range and amount of activities people had been offered. During our inspection we observed people being engaged with board games, foot spas, manicures, listening to music and reading magazines.

People were supported to keep in touch with people that were important to them such as family and friends, so that they could maintain relationships and avoid social isolation. Input from families was encouraged and relatives told us they were always made welcome when they visited.

A relative told us, “I have never made a complaint, I just tell them [staff] what’s wrong and it gets put right.” Another relative said, “I have no complaints. If I am concerned about anything I would go to one of the manager or my [relative’s] keyworker.” People told us that if they had a problem they would speak with the staff or the manager.

The provider had a procedure in place to manage any concerns or complaints that were raised by people or their relatives. The complaints procedure was displayed in the Lobby. The manager said that they encouraged people to raise concerns at an early stage so that they could learn from them and improve the service.

Is the service well-led?

Our findings

Relatives told us that the manager was approachable and made themselves available if they wanted to speak to them. One relative told us, “The office is always open and I drop by on my way in to have a word if I need to.”

All the staff we spoke with were positive about the culture of the service and told us that they felt they could approach the manager if they had any problems, and that they would listen to their concerns. There were regularly staff meetings, which enabled staff to exchange ideas and be offered direction by the manager.

The service was well led. The manager was knowledgeable about the people in the service and they spent time in all areas of the service daily and monitored staff and the delivery of care closely.

People were asked their views about the way the home was run by annual surveys and were given the opportunity to attend meetings and give their comments about the running of the home. A copy of the meeting minutes were posted in the entrance lobby for people and visitors to see along with other information of interest about the service, such as our last inspection report and notices about upcoming events happening at the service.

Health and safety records showed that safety checks such as fire drills and essential maintenance checks, the lift and hoists for example, were up to date and regularly scheduled.

There were systems in place to monitor the quality and safety of the service. The manager carried out regular audits which were submitted to the provider. This included audits of staff training, health and safety procedures and a general building audit. These audits were analysed by the provider and were used to identify, monitor and address any trends.

The manager was supported by their line manager and the organisation carried out an extensive programme of quality assurance audits. The regional director was at the home during our inspection and was available to answer any questions we had about the organisational running of the home and to support the manager. Records showed that the regional area manager visited the service regularly to carry out quality assurance audits, including checking that care and personnel files were up to date and had been reviewed regularly.

We saw records of these audits and the action plan that was in place to record action needed and when it was met. For example, the audit highlighted that areas of the service needed redecorating and asked for it to be arranged. We saw that areas of the service had been redecorated and new carpets had been fitted into some of the bedrooms and some of the communal areas.