

Catherine Care Limited

# Catherine Care

## Inspection report

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Date of inspection visit:

27 April 2023

02 May 2023

Date of publication:

25 May 2023

## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Requires Improvement ●

# Summary of findings

## Overall summary

### About the service

Catherine Care is a supported living service providing personal care to 13 people living in their own homes. The service provides support to autistic people and people living with learning disabilities across 3 houses in Great Wyrley. People receive varying levels of support. The office is located at a separate address.

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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

Quality checks were not always undertaken regularly and consistently. Quality systems in place were not always effective in identifying errors, for example medicines recording errors had not always been identified. Systems were not in place to undergo trends analysis of accidents and incidents to ensure patterns could be identified.

### Right Support

People were supported by a sufficient number of staff to meet their needs safely. People were supported by staff who had been safely recruited. The principles of STOMP (stop over medicating people with learning disabilities) were applied when people were prescribed 'as required' medicines.

### Right Care

People were supported by staff who made them feel safe. Staff had completed safeguarding training and understood how to protect people from abuse. Risk assessments were in place to guide staff how to manage risk to people. Staff ensured people received care in a way that mitigated risk. People were supported by staff who understood how to prevent and control infection.

### Right Culture

The provider promoted a person-centred ethos which was disseminated amongst staff and helped to empower people and improve their quality of life. People, relatives and staff were involved in the service and encouraged to provide feedback to improve the quality of care provided. The provider took a reflective approach when things went wrong and took action to reduce the risk of reoccurrence. The new manager had taken immediate action to improve the provider's systems and people and staff had told us improvements had already been seen. People felt listened to and able to approach the management team.

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

### Rating at last inspection

The last rating for this service was Good (published 7 March 2019).

#### Why we inspected

We received concerns in relation to the management of medicines and staffing. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the Safe and Well Led sections of this full report.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has remained as Good.

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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.

Details are in our safe findings below.

### Is the service well-led?

**Requires Improvement** ●

The service was not always well led.

Details are in our well led findings below.

# Catherine Care

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

#### Inspection team

The inspection team consisted of 2 inspectors.

#### Service and service type

This service provides care and support to people living in 3 'supported living' settings, so they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was not a registered manager in post. A new manager had been in post for around 3 weeks and had submitted an application to register. We are currently assessing this application.

#### Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or manager would be in the office to support the inspection.

Inspection activity started on 27 April 2023 and ended on 4 May 2023. We visited the location's office on 27

April 2023 and visited people's homes on 2 May 2023.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

#### During the inspection

We spoke with the directors, the new manager, the HR/Training Manager and 5 support workers. We also spoke with 6 people who received support from the service and 4 relatives. One of the directors was also the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We looked at 4 people's care records and reviewed 4 people's medicines administration records (MARs). We also viewed three staff files and documentation related to the governance of the service.

The provider sent us further documentation we had requested following the site visit including staff rotas, training records and information from health professionals.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. One person told us, "The help staff give me helps me feel safe." One relative told us, "My relative is definitely safe with the care they receive."
- A safeguarding policy was in place which was understood and followed by staff and the provider.
- Staff knew the types of abuse and how to report a safeguarding concern. One staff member told us, "I've done safeguarding training. I would report physical, mental, financial and sexual abuse. I would report it to my line manager if this was going on."
- Safeguarding referrals had been made to the local authority when needed.

Assessing risk, safety monitoring and management

- Risk assessments were in place to guide staff how to manage risk to people. For example, risk assessments guided staff how to manage risk related to nutrition, mobility and complex clinical needs.
- Staff had received training to ensure they understood how to manage specific risks to people. Staff knew people well and understood how to manage their specific risks. One relative told us, "Staff always mash my relative's food up or cut it in very small pieces, it's always done."
- Positive behaviour support plans were in place to guide staff how to manage risk to people when they were distressed.
- Accidents and incidents were recorded by staff. These were reviewed by managers and action was taken to reduce the risk of any further reoccurrence.

Staffing and recruitment

- People were supported by a sufficient number of staff to keep them safe. One staff member told us, "We have got enough staff. People always get 1:1 when they need it."
- Contingency arrangements were in place to ensure people were supported by a sufficient number of staff. For example, if unexpected staff absence occurred, managers and directors who were appropriately trained were able to support with providing care.
- People were supported by staff who had been safely recruited. Staff were not able to start work until satisfactory references and Disclosure and Barring Service (DBS) checks had been received. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- Medicines were stored safely in a locked cabinet in people's bedrooms. Creams had open and expiry dates written on them, so staff knew when they needed to be discarded. We identified one cream which did not

have an open and expiry date, but this was immediately discarded and replaced by the provider.

- Medicines were administered safely to people. Staff recorded people's medicines administration on Medicine Administration Records (MAR). One person told us, "Staff help me with my medicines. I always get my medicines when I need them."
- People were supported by staff who promoted alternatives to medication and only administered psychotropic medicines as a last resort in line with the STOMP principles. STOMP stands for stopping overmedicating people with a learning disability, autism or both with psychotropic medicines.
- Where people were prescribed rescue medicines to stop seizures, systems were in place to ensure people could be administered medicines safely when they were out in the community.

#### Preventing and controlling infection

- People were supported by staff who understood how to prevent and control infection.
- Risk assessments were in place to manage risk to people associated with Covid-19.
- Where there was an infection outbreak, the provider took action to mitigate this risk. For example, one person told us staff told them to stay in their room when they had tested positive for Covid-19.

#### Learning lessons when things go wrong

- The provider was proactive in using learning to improve the service when things went wrong.
- The provider completed reflective reports to determine why things went wrong and took action to reduce the risk of reoccurrence going forward.
- Where needed the provider employed specialists to support them to ensure they were able to maximise their learning and take appropriate action. For example, where the provider had concerns regarding staffing which may have impacted on people's safety, they recruited a human resources specialist to enable them to manage the circumstances appropriately.



# Is the service well-led?

## Our findings

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

At our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Systems in place to check the quality of the service were not always effective. For example, while accidents and incidents were reviewed by the provider, there was limited analysis in place to identify patterns.
- Medicines audits were not always effective in identifying recording errors. For example, audits did not identify where MAR charts listed 'as required' medicines that were no longer prescribed. Audits had also failed to identify where one cream did not have an open and expiry date recorded on it. This did not have an impact on people's safety.
- Quality checks were undertaken but there was not always a set frequency for these to be completed which meant they could be inconsistent and errors may not be identified.
- The new manager was clear about their role and the systems they wished to implement going forward. They showed us the new quality tools they would be implementing and confirmed they would be completed on a set frequency.
- The new manager and the directors were clear about when safeguarding concerns should be raised and when to submit statutory notifications to the CQC.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people.

- People provided positive feedback regarding the new manager. One person told us, "I feel listened to. [The new manager] is new but doing really well."
- Staff told us there had been recent changes to staffing at the service which had improved the culture and the care provided to people.
- Staff told us the new manager had had a positive impact in the short time they had been employed at the service and had already started to implement positive changes.
- The provider promoted a person-centred ethos that focused on achieving good outcomes for people and this was disseminated to staff. One relative told us, "The management team don't take anything personally and they always have my relative's wellbeing at heart."
- The provider welcomed feedback and was able to demonstrate what action had been taken in response to that feedback.
- The directors and managers at the service were approachable and staff trusted they would act appropriately and do what they said they would do.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider understood the duty of candour and acted on this duty. The provider was open, honest and proactive in contacting relatives if something went wrong. For example, a relative told us the provider had contacted them to make them aware they were raising a safeguarding referral and explain the reasons why.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People were involved in planning their own care and felt comfortable providing feedback regarding the care they received. One person told us they had made suggestions to improve the service and they had been listened to.
- Relatives told us they were asked for feedback regarding people's care and the provider took action when needed. One relative told us, "They send out forms every now and again to ask for feedback. I have raised things on the forms and they have acted on it."
- Staff told us they were encouraged to provide feedback to drive improvement.
- Staff were able to feedback regarding the service in team meetings and supervisions. One staff member told us, "I find team meetings and supervisions useful. We discuss any concerns we have with the clients or with staff and how we can improve."

Continuous learning and improving care

- The provider was proactive and passionate about continuous learning and improving care provided to people.
- The provider had arranged training days and online workshops with external specialists to promote continuous learning for senior staff.

Working in partnership with others

- The provider worked closely in partnership with local commissioners. For example, the provider was part of a working group with the local authority created to address social care issues in the local area.
- The provider engaged closely and received training from other professionals including physiotherapists, occupational therapists and learning disability teams.