

B & M Investments Limited

St Catharines Care Home

Inspection report

24 St Catharines Road
Broxbourne
Hertfordshire
EN10 7LE

Tel: 01992462224
Website: www.bmcare.co.uk

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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

About the service: St Catharine's Care Home provides accommodation and personal care for up to 21 people. At this inspection 20 people were living at the service.

People's experience of using this service:

People confirmed they were happy living in St Catharine's Care Home. People felt that staff were kind, caring and their needs were met daily.

People's independence was promoted. There were areas in the home where people could meet, socialise and form friendships with each other and staff working in the home.

Staff promoted people's privacy and dignity and their choices were respected. Care and support were delivered in a personalised way by staff who knew people's likes, dislikes and preferences.

Risks to people's well-being and health were reviewed to ensure they were safe and protected from the risk of harm. Staff received training and had their competencies assessed to ensure they were skilled and knowledgeable to meet people's needs effectively.

The home had champions in dementia, safeguarding, falls and end of life care. This was to ensure best practice was promoted to staff.

The environment had a homely feel and was clean and welcoming. Staff used effective infection control measures to protect people from the risk of infections. Appropriate equipment was in place where needed for people to receive support in a safe way.

People had opportunities to take part in organised group activities or pursue hobbies and interests. Staff had a genuine interest in keeping people involved in activities and tasks which they chose to do.

People and relatives told us there were enough staff in the home to meet people's needs. People felt listened to and they told us they were happy living in St Catharine's Care Home.

People, relatives and staff felt the registered manager was approachable, supportive and placed people in the centre of the care and support they delivered.

Complaints and feedback from people and relatives were used in a constructive way and lessons were learned to ensure improvements were made. The registered manager discussed any lessons learned at staff meetings and in supervisions.

The registered manager used a range of effective audits and governance systems to check the quality and safety of the care people received. Audits were also completed by the operations manager and action plans

implemented where required

Rating at last inspection: Good (report published 10 November 2016)

Why we inspected: This was a planned inspection based on the rating at the last inspection. At this inspection the service remained rated Good overall.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, we may inspect sooner.

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 effective?

Good ●

The service was effective

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led

Details are in our Well-Led findings below.

St Catharines Care Home

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. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Act, looked at the quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team: Consisted of an inspector 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.

Service and service type: St Catharine's Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection: This inspection was unannounced.

In advance of our inspection we reviewed all the information we held relating to the service. This included the Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and the improvements they plan to make. We took this into account when we planned and inspected the service.

During the inspection we spoke with seven people who used the service and two relatives to gain their views and experiences. We spoke with four members of care staff, the chef, the deputy manager, the registered manager and the operations manager.

We looked at care plans, records and risk assessments relating to two people. We reviewed other documents including minutes of meetings; accident and incident reports; complaints and compliments; and records relating to the overall monitoring of the service.

Is the service safe?

Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Using medicines safely

- People's medicines were managed safely. We noted medicine administration was completed in accordance with good practice.
- Staff received appropriate training and there were protocols in place for medicines prescribed on an as needed basis
- However, medicines records were not always completed accurately and some sample of medicines we counted were incorrect for medicines given when required (PRN).
- We spoke with the registered manager about our findings. They have since completed a thorough medicines audit. They agreed with our findings and have implemented new checks going forward and changed documents to support staff with better documentation of medicine amounts. The registered manager will be reviewing this regularly to ensure safer practice.

Systems and processes to safeguard people from the risk of abuse.

- There were effective safeguarding systems in place to make sure people were protected from the risk of harm or abuse. Staff told us they received training and were confident to report their concerns internally and externally to local safeguarding authorities.
- People told us they felt safe. Relatives also told us they felt the care and support people received was safe. One person said, "Yes, I feel very safe. There is always staff around. No one can get in. It is all locked up at night. The call button system works OK. There are enough staff."
- A relative said, "Yes, I am one hundred percent sure [person] is safe. [Person] is always very happy. [Person] always talks about how nice the carers are."

Assessing risk, safety monitoring and management

- Risks to people's well-being and health were assessed, and measures were put in place to mitigate risks. Risk assessments allowed for positive risk taking and enabled people to stay independent. For example, there were risk assessments for people's mobility to ensure equipment such as walking frames were in place where required.
- Procedures were in place to ensure staff could deal with emergencies like fire. People had personal emergency evacuation plans (PEEP's) in place so that staff were familiar with how to assist people in an evacuation. These were discussed with staff at team meetings.

Staffing and recruitment

- Staff confirmed there were enough staff and if they needed help the managers were always available to help. One staff member said, "I feel there is enough staff." One person said, "There are enough staff." People and their relatives felt there were enough staff to meet people's needs in a timely way. On the day of the inspection we saw staff responding to people's needs and call bells were answered promptly.

- Safe and effective recruitment practices were in place. All staff had been through recruitment procedures which involved obtaining satisfactory references and background checks with the Disclosure and Barring Service (DBS) before they were employed by the service.

Preventing and controlling infection

- There were infection control procedures in place and regular cleaning in the home. The home was clean and there were no lingering malodours. Staff used personal protective equipment appropriately when delivering personal care to people.

Learning lessons when things go wrong

- Where an issue had arisen, or an event had taken place, this was shared with staff.
- The registered manager told us, "We share lessons learned with staff during staff meetings, staff supervisions, appraisals and staff handover. We also have one to one conversation with staff and use the staff communication book. We have Governance Meetings to discuss lessons learned." Action plans were put in place following things going wrong to ensure that they did not happen again.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

Good: People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Assessments were completed to establish people's needs could be fully met before moving into the service
- Care plans were developed for identified needs and staff had guidance on how to meet those needs. One person said, "[Staff] understand my needs." A relative said, "[Staff] understand [person] well. I am confident that they know how to look after [person]."
- Care plans were electronically stored. Staff had access to people's care plans through hand held devices and received prompts to ensure people's support needs were met.
- Care and support plans were regularly reviewed. This ensured people's changing needs were reflected in care records

Staff skills, knowledge and experience

- Staff received appropriate training and support to carry out their roles effectively. One person said, "There are enough staff, and I think that they are well trained." Staff were observed being attentive to the needs of individual people.
- Staff received regular supervisions where they received feedback about their performance. Staff were encouraged to develop their skills and take on further training.
- Newly employed staff received induction training at the end of which they achieved the nationally recognised 'Care certificate'.

Supporting people to eat and drink enough with choice in a balanced diet

- People told us they liked the food served to them. One person said, "The food is fine." People told us they had enjoyed their lunch. After finishing their lunch one person said out loud to staff, "That was really good, I enjoyed that."
- People were given choice of food and drinks provided. Specialist diets were catered for. Where people were identified at risk of malnutrition or dehydration their foods were fortified and the person was referred to their GP or dietician and placed on the home's nutrition watch. This meant their nutritional and fluid intake would be monitored and documented by staff.

Staff working with other agencies to provide consistent, effective, timely care

- Staff demonstrated they knew people well. Staff were able to promptly identify when people's needs changed and seek professional advice.
- Staff worked in partnership with health and social care organisations and shared information about people to ensure that the care and support provided was effective and in people's best interest.

Adapting service, design, decoration to meet people's needs

- The home comprised accommodation set out on three floors.
- Equipment was readily available to enable people to be independent where possible.
- There were large comfortable lounges with ample seating for everyone. Designated dining areas meant people could enjoy a meal together if they preferred. People's individual bedrooms included personal items to help create a homely feel.
- People were involved in choosing the décor for the home. One person said, "We chose the wallpaper for this lounge and we are always asked for our opinions."

Supporting people to live healthier lives, access healthcare services and support

- People had access to health professionals to help them live a healthier life. One person said, "Staff do understand me as well as possible. The GP visits once a week. [Staff] help me into my chair."
- People had regular GP visits. We saw evidence of dietician and district nurse involvement in people's care as well as physiotherapists, speech and language therapists and opticians. Information was shared with other agencies if people needed to access other services such as hospitals.

Ensuring consent to care and treatment in line with law and guidance

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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Staff asked for people's consent before they delivered any aspects of care. People were offered choices and encouraged to express their wishes. For example, staff offered people choices in all aspects of their daily lives and promoted people's independence. One person said, "[Staff] do respect my choices." A staff member said, "[People] have every right to make choices, no matter what their age or their capacity."
- Assessments were carried out where needed to establish if people making decisions affecting their lives had the capacity to do so. Decisions for people who were found lacking capacity to make certain decisions were taken following a best interest process.
- Care plans evidenced whether people had capacity to decide about their care or treatment and what was done in case people lacked capacity to make certain decisions. The registered manager submitted DoLS applications to the local authority to ensure that any restrictions to people's freedom to keep them safe was done lawfully.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- We saw caring interactions between staff and people. Staff offered support and reassurance to people where necessary.
- Staff ensured people had enough food and drink and engaged with people in a positive way.
- People told us staff were kind and caring and nothing was too much trouble for them. One person said, "[Staff] are kind and caring to me." Another person said, "[Staff] are considerate, we have one on one banter. They are very kind. Staff are patient with me."
- Relatives told us they appreciated staff's kindness and the attention they showed to people. One relative said, "They absolutely treat [person] with respect at all times. [Person] loves singing, and they always make sure [Person] is included."
- Staff knew how to communicate with people effectively. If people were not able to express their wishes verbally, staff looked for other signs like facial expression or body language to establish what people wanted.

Supporting people to express their views and be involved in making decisions about their care

- We found people were involved with their care and support.
- Where people were not able to express their views and could not be involved in decisions about their care their relatives, next of kin and health and social care professionals were involved. This was to ensure the care and support the person received was appropriate.
- Care plans were person centred and supported staff with understanding about people's past, likes, dislikes and preferences. Care and support were tailored around each individual.

Respecting and promoting people's privacy, dignity and independence

- People told us staff respected their dignity and privacy. One person said, "[Staff] treat me with dignity. I could not complain. They are very good indeed. They chat to me about politics which I enjoy."
- People looked smart and were dressed appropriately based on their choices. We saw staff supporting people with their needs discreetly to protect their privacy. Doors were closed when staff were giving personal care. One person said, "[Staff] understand my needs. They help me get up in the morning, but what is really good is that they encourage me to maintain my independence, that is really important to me." A relative said, "[Staff] give [person] one on one attention, and I always find [person] relaxed, not agitated."
- Relationships were encouraged. People told us their visitors were made to feel welcome and had no restrictions on visiting times.
- Information about local advocacy services was available and people were supported to access independent advice and guidance where necessary. People's confidential information was kept securely.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that services met people's needs

Good: People's needs were met through good organisation and delivery.

Personalised care

- People told us they received care and support as they liked it. One person said, "[Staff] do understand. I do get all the support I need."
- Staff knew what people liked and offered choice to people throughout the day.
- People told us they were happy with the activities on offer and they had opportunities for social interaction. One person said, "The activities are good. Singers come in." Another person said, "There are enough activities. They are lovely."
- There were a range of activities provided to people, on the day of the inspection: These included a quiz and armchair exercises. The activities co-ordinator confirmed they visited people in their rooms to chat. There were outside entertainers booked once per month.
- We observed staff supported people with communication challenges by showing people different options and taking the time to explain options.

Improving care quality in response to complaints or concerns

- People told us they had no complaints about the service; however, they said they knew how to complain if they had any concerns. One person told us, "I have no concerns, but [staff] always sort out any problems. Another person said, "I have never raised a concern."
- People's relatives told us that they thought staff dealt with any problems. One relative said, "Staff are absolutely approachable." Another said, "I have never had to raise a concern, but I am sure they would be responsive if I did."
- The registered manager had a complaints policy that was accessible to people.

End of life care and support

- The service offered end of life care. People had their wishes documented in their care plans.
- When people were nearing the end of their lives, care plans were put in place. Action was taken to keep them as comfortable as possible and to remain at the service if this was their choice.

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.

Good: ☐ The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Provider plans and promotes person-centred, high-quality care and support, and understands and acts on duty of candour responsibility when things go wrong

- People told us that the registered manager was approachable and was seen around the home regularly.
- People told us they were happy at St Catharine's Care Home. One person said, "[Staff] are well organised. They are all good. The manager has just been in to see me." Another person said, "The manager is very good. You feel you can go to them if you have a problem."
- Relatives told us they were happy with the care their family member received. One relative said, "Overall, I am very happy. Manager is approachable. It feels very homely."

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements

- The registered manager used their governance systems to help them identify and resolve issues in the home.
- These systems included audits, observations and checks. They reviewed this information to ensure it was accurate and where needed, additional actions were taken.
- Audits were also completed by the operation manager with regular governance meetings to put strategies in place for improvements.
- Action plans were developed following these checks and we saw the actions were signed off when completed.
- Staff received daily handovers detailing updates or changes to people's needs.

Working in partnership with others

- The registered manager had ensured that other agencies were informed of any issues arising. The registered manager had links with various agencies which included the local authority and utilised training for champions in advance dementia care, safeguarding, falls and end of life care.
- There had been a recent monitoring visit from the local authority and the service was rated good.

Engaging and involving people using the service, the public and staff

- People had meetings regularly to discuss the service and anything they wanted to change or plan for the future.
- The service involved people and their relatives about their care. One person told us, "The manager is really helpful."
- The manager had developed good working relationships with other health care professionals ensuring

people's social and health needs were promptly met. The GP visited weekly to ensure people were well looked after.

Continuous learning and improving care

- There were system in place to gather feedback from relatives, visitors or professionals involved with the service to influence continuous improvement.
- The provider had an oversight of the service with regular governance meetings.
- There were monitoring systems in place to identify themes and trends and learning was shared with staff in meetings and one to ones.