

St Cuthbert's Care

# St Catherine's Care Home

## Inspection report

St Cuthberts House  
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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?	Outstanding ☆
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

### About the service

St Catherine's Care Home provides nursing and personal care for a maximum of 47 older people on one floor in one purpose built building. At the time of our inspection visit there were 44 people using the service, the majority of whom were living with a dementia.

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

People felt safe, well looked after and loved. They felt the service was a place they could call 'home' and in which they were comfortable. Staff responded to people's individualities with a passionate and creative approach to enabling their independence. People were supported to play a full role in the running of the service, if they wanted, and an enjoyment of the things that made them unique. People's religious beliefs were respected and celebrated.

Staff ensured there was a relaxed, affectionate and highly respectful atmosphere in which people's individualities were respected and celebrated.

All staff demonstrated an understanding of the provider's ethos of providing person-centred care and meeting the individual needs, wants and wishes of each person.

Systems and processes supported the open and accountable culture.

Staff were well trained, skilled and knowledgeable. They received the right support to do their jobs and ongoing encouragement to ensure they found time to chat with people on a one to one basis.

Activities and community involvement were varied and vibrant.

Medicines, the premises, utilities and safety equipment were all managed safely. The recent move to electronic medicines and care documentation had been managed well. There was a proactive culture of analysing incidents and learning from them.

Feedback about the manager and staff was consistently positive from people, relatives and external professionals. Oversight of all aspects of the service was strong. There were clear plans and opportunities for continual service improvement through external engagement work and specialist-led dementia friendly reviews of the premises and end of life care.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice.

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 10 June 2017).

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our reinspection programme. If we receive any concerning information 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?

The service was safe

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was exceptionally caring

Details are in our caring findings below.

Outstanding ☆

### Is the service responsive?

The service was responsive

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well-led

Details are in our well-led findings below.

Good ●

# St Catherine's 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 was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team

One inspector and one Expert by Experience completed the inspection. 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 Catherine'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. The Care Quality Commission (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. The registered manager was off work at the time of inspection. Another manager supported the inspection. The provider intended for them to take over the running of the service and they were in the process of applying to be registered with CQC at the time of inspection.

#### Notice of inspection

The inspection was unannounced.

#### What we did before the inspection

We reviewed all the information we held about the service, including notifications of changes, events or incidents that the provider is legally obliged to send us within the required timescales. We contacted professionals in local authority commissioning teams and safeguarding teams. We reviewed the service's previous inspection reports.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

#### During the inspection

We spoke with 12 people who used the service and six relatives. We observed interactions between staff and people who used the service. We spoke with nine members of staff: the manager, nominated individual, area manager, relationships manager and a range of care staff including the senior carer.

We looked at three people's care plans, risk assessments and medicines records. We reviewed staff training information, quality assurance systems, a selection of the home's policies and procedures, meeting minutes and maintenance records.

#### Following the inspection

We contacted two further health and social care professionals.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained good. This meant people were safe and protected from avoidable harm.

### Using medicines safely

- Staff managed medicines safely and were well trained. They understood the electronic system in place. This had been rolled out gradually and with appropriate testing and learning in place. There were various effective automated safeguards in place. Stock checks, ordering, reports and audits were all more efficient as a result.
- Oversight was comprehensive. Managerial staff undertook audits of medicines practices and were aware of best practice guidance. The provider's pharmacy provided positive feedback about their record keeping and medicines storage and disposal.

### Systems and processes to safeguard people from the risk of abuse;

- People told us they felt safe. One said, "I feel very safe in here yes, I have people here to help me if I need anything." One relative said, "It is very safe and it is a huge relief knowing that they are safe and my family member has not had any falls since."
- Staff kept people safe through the proactive and well informed approach to safeguarding procedures. Staff were appropriately trained. Safeguarding information was made available to people and their relatives.

### Learning lessons when things go wrong

- There was a culture of learning lessons from incidents or near misses. All such incidents were regularly analysed to identify patterns and improve safety.

### Staffing and recruitment

- There were sufficient staff to support people. We observed staff, even in busy periods, taking the time to ensure people were looked after patiently and attentively. Staffing levels were reviewed regularly and were appropriate to people's needs. The service did at times use agency staff but the provider ensured this did not negatively impact on people.
- Processes were in place to ensure prospective staff underwent safety and identity checks.

### Assessing risk, safety monitoring and management; Preventing and controlling infection

- Risk assessments were person-centred and regularly reviewed. These were informed by external clinicians and specialists when needed. Staff were aware of the risks people faced and how to minimise them.
- We observed staff calmly and confidently supporting people who were beginning to feel anxious; staff used sensitive and subtle distraction techniques, along with affection and reassurance.
- Emergency, utilities and other equipment were regularly serviced. There were ample domestic and

maintenance staff who ensured the premises were clean and a good state of repair.

- The service was clean throughout. There was an infection control champion in place, effective cleaning rotas and appropriate cleaning equipment and supplies.
- CCTV was used in external and communal areas; people had been appropriately consulted about this.



# 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.

At the last inspection this key question was rated as good. At this inspection this key question remained good. This meant 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

- People's needs were reviewed on a regular basis with early input from the relationships manager to ensure people's spiritual needs were discussed. Relatives and external health and social care professionals agreed the assessment process was thorough.
- Staff conducted handovers three times a day and shared information effectively.
- The manager was aware of recent developments in best practice, such as 'Smiling Matters: Oral Health Care in Care Homes'. People had an oral health care plan and staff received oral healthcare training. The manager was receptive to feedback about how to improve care plans, specifically relating to diabetes.
- The provider had successfully implemented electronic record keeping. An external healthcare professional told us, "They thought it through well and give us read-only access, so we can see everything we need to without running around after staff. I'm impressed with it." In time the provider hoped the system would enable families and professionals to remotely access information.
- People and relatives had confidence in staff knowledge. One external professional told us, "Their Emergency Health Care Planning is really good. They make sure they do everything they can to avoid hospital admissions if possible."

Supporting people to eat and drink enough to maintain a balanced diet

- Staff supported people to maintain a balanced diet. People enjoyed meals at their own pace. There was ample dining space for people and the lunchtime atmosphere was relaxed. People confirmed they could choose a range of 'bite size' options or a main meal.
- Feedback about meals was positive. People said, "The food is ok yes, I sometimes just want something different and if I ask, they will make it for me," and, "I like my food – no complaints on that front." People were encouraged to try new things on a one to one basis, such as the 'takeaway' night the provider had introduced.
- The registered manager championed the links between good nutrition/hydration and other health factors. For instance they had rolled out Thirsty Thursdays, nutrition and hydration awareness week, and a popular breakfast club. Staff regularly offered people snacks and drinks outside of mealtimes.

Staff support: induction, training, skills and experience

- Staff received extensive training and were well supported in their role. The manager sourced training in addition to the mandatory topics covered at induction. For instance, additional dementia awareness training and relationship/intimacy awareness training. Dementia champions were in place.
- Staff told us they were well supported.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The manager and staff worked well with local health and social care professionals. They had mutually respectful relationships and worked together to ensure good outcomes for people.
- The service had a history of working well with student nurses and a range of GP surgeries.

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

- The premises were spacious, with a number of downstairs communal spaces. The garden area was well maintained and secure.
- There were elements of dementia-friendly environment planning in place, such as clear signage and lighting. The provider had employed a specialist with dementia and psychology background to help them redesign areas of the service and ensure they were as engaging as possible for people living with dementia. This included converting one bedroom into a café area.
- People had clocks with larger time/date displays in their rooms and one person used an internet-enabled device to turn lights on and off.

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.

- The manager demonstrated a sound understanding of MCA and DoLS considerations. Where people could not make decisions about their care and support, best interests decision making was clearly evidenced.

## 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.

At the last inspection this key question was rated as good. At this inspection this key question has improved to outstanding. This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

Respecting and promoting people's privacy, dignity and independence

- People were always treated with the upmost dignity and respect, by a staff team and service that was consistently described in exceptional and distinctive terms. People and their relatives said, "Honestly, they are all just wonderful. I get hugs and kisses they always make time for me." One relative said, "The staff are really kind and caring also smiling and have a really nice way with my family member and a laugh which is brilliant."
- Staff enabled and encouraged people to maintain relationships important to them and to reconnect with the things that made them individual. For instance, one person was helped to regain their confidence and now played an integral role in the choir and recruitment events. Other people, previously isolated, were proactively 'matched' by staff and their friendship developed. The provider's administration staff from the office above the service volunteered to go out for walks with people. People and relatives confirmed this approach had a major impact on people's wellbeing.
- Relatives confirmed the service felt 'homely' and that this had a positive effect on people's wellbeing. One relative told us, "The change in them is amazing. They are a different person. They are allowed to come out of themselves at their pace. They feel so safe, secure and at home. They are at peace. We have peace of mind knowing they're here. I put the improvement, 90%, down to the professionalism and support of staff." The manager ensured the service successfully balanced the need for clinical facilities and equipment with the need for people to feel at home.
- Staff were extremely respectful of people's independence. There was a 'wish list' scheme in place which enabled people to request the one thing that would fulfil them. There were numerous examples of staff supporting people to fulfil these wishes. Relatives felt this brought greater enjoyment and joy into people's lives. People were encouraged to maintain existing relationships and build new ones. One person said, "I love being here as I really like having the company all of the time and I have made some new friends."

Ensuring people are well treated and supported; respecting equality and diversity

- Staff demonstrated a comprehensive knowledge of people's religious and spiritual needs and preferences. The service had a range of Christian ministers who visited and an onsite chapel, which was the hub of religious celebrations. People of all faiths, and no faith, were welcome and the provider's policies reflected this. One person told us, "I'm not religious at all but it's nice to be asked along and join in if I want."
- Staff demonstrated a sound knowledge of people's preferences and interests. Staff at all levels were encouraged to take the time to get to know people and interact with them on a one-to-one basis. Where people had individualities that needed a sensitive approach, staff were extremely attentive and understanding.

- The provider understood the impact on people of moving into a home and took steps to minimise this. For instance, sending postcards to people to ensure they received post.

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

- People were encouraged to be as involved in decision-making about their care as they could be. People were relaxed and interacted personally with staff. People confirmed they attended resident's meetings and were given ample one-to-one time by staff to share their opinions on the service.
- The provider was keen to ensure people continued to play a full role in the running of the service. Recently one person had helped in a recruitment campaign, setting some questions, and another had attended a pre-recruitment event to encourage people to work in social care. This had given them increased self-confidence and purpose.
- The majority of senior staff had worked at the service for several years. People and their relatives told us the continuity of care was good, although some agency staff were used. One said, "The staff are great here, they really all smashing. Staff changes quite a lot in here sometimes with the agency staff but they are all nice." The manager and area manager had plans in place to further reduce the use of agency staff, with a view to further improving the continuity of care people received.

## Is the service responsive?

### Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained good. This meant people's needs were met through good organisation and delivery.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Staff supported people to enjoy an array of meaningful and interesting activities, both group-based and one-to-one. One member of staff split their role between providing care and planning activities. This was working well. The provider was also in the process of employing an additional activities co-ordinator. They hoped this would give people even more choice and help them fulfil goals and aspirations.
- The provider's training of more drivers for the minibus meant people had enjoyed more outings this year, for instance to garden centres and the seaside.
- The manager had developed strong local connections and used these to improve the range of activities available to people. There was a focus on intergenerational work, with visits from schools and a nursery, as well as a 'young ambassador', who read to people and gave talks back at their school about life in a care home. The manager planned to build on all these areas in the future, as all had the potential for having an exceptional impact on people's wellbeing and community involvement.
- Staff had started a choir recently, which had gained a lot of interest in the run up to Christmas. Staff hoped they could encourage people to continue participating in the choir into the new year.
- Volunteers helped ensure people had more access to activities and social engagement.
- The home's links with the provider's wider charitable work was strong and there was a joined up, inclusive culture. All staff shared the person-centred aims of the service.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care plans were detailed and contained good levels of information. The relationships manager met with people and their relatives shortly after they moved to the service to ensure any preferences or interests were properly recorded and acted on. Staff knew people extremely well.

End of life care and support

- The provider had enlisted the help of a specialist to review their end of life care support to ensure it was to a high standard. They had also completed their own research and had a holistic approach to end of life care. This ensured people's physical, spiritual and emotional needs were met.

Improving care quality in response to complaints or concerns

- Complaints were addressed in line with the provider's policy. Senior managers reviewed all complaints. People understood how to make a complaint but all confirmed they were happy with all aspects of the service.

### Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The manager acted in line with the AIS. Care plans clearly set out how best to communicate with people who may have a particular need. Policies and relevant information were available in a range of formats.

## 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 the last inspection this key question was rated as good. At this inspection the key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- There was a clear and consistent approach to the oversight of quality. When new systems were introduced they were comprehensively tested and appropriate support was in place for staff. Corporate oversight of all aspects of care was strong and effective, with onsite support. Staff said, for example, "It's one big team and the bosses always get involved in all the events."
- The manager was in the process of applying to be registered manager. The service already had a registered manager but they were currently responsible for two homes. The nominated individual felt having a registered manager at each service would lead to more opportunities for ongoing improvement.
- Staff understood their roles well. Champions were in place who knew their areas of expertise well and had work delegated to them. This enabled the manager and nominated individual to focus on longer term strategies, such as further improvements regarding dementia friendly environments and work with younger people visiting the service.
- The manager had sent in appropriate notifications to CQC. They were aware of related guidance and requirements, as well as a range of areas of best practice.

Working in partnership with others

- The provider and senior managers ensured strong local partnership working benefitted people. All health and social care professionals we spoke with gave positive feedback about the management and leadership of the service. One said, "It's one of the best we work with – they are really proactive." The service was well respected.
- The service was well placed to extensive GP-led work regarding improving practitioners' knowledge of care homes. The manager also attended external provider forums.
- People were helped to feel an important part of their community through strong and varied community links and ongoing vibrant partnership work.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people and 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 culture was inclusive, respectful, affectionate and loving. Staff worked hard to maintain the principles of person-centred care and respect.
- Staff morale was high and turnover relatively low. The majority of staff had worked at the service for several years. They were committed to ensuring people felt well cared for and at home.

- Relatives consistently praised how the service was managed and felt confident they could raise any issues.

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

- People were enabled to play a role in how the service was run. Staff had regard to people's protected characteristics and treated people equally.
- Where people had particular religious beliefs, these were sensitively explored and support was in place to help people follow and celebrate their beliefs. Staff had received equality and diversity training.