

Grovewell Estates Limited

St Catherines Nursing Home

Inspection report

Spring Road
Letchworth Garden City
Hertfordshire
SG6 3PR

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21 December 2018

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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

We inspected the service on 20 December 2018. The inspection was unannounced.

St Catherines Nursing 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 accommodates 39 people.

On the day of our inspection 32 people were using the service.

At our last inspection on 7 and 8 September 2016 we rated the service 'good.' At this inspection we found the evidence continued to support the rating of 'good' overall. There was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns.

People were protected from avoidable harm by a staff team trained and confident to recognise and report any concerns. Potential risks to people were assessed and minimised.

Staff were only employed after the provider had carried out satisfactory pre-employment checks. There were enough staff to ensure people's needs were met safely and in a timely manner.

People were supported to receive their prescribed medicines by staff who were trained and had been assessed as competent to administer medicines. The service was clean and tidy and staff knew how to prevent the spread of infection.

Staff knew the people they cared for well and understood, and met, their needs. People received care from skilled and knowledgeable staff who were trained in a wide range of topics and were well supported.

People were well supported by staff to have enough to eat and drink. Staff assisted people to access external healthcare services to help maintain their health and well-being. The service worked in partnership with other agencies, particularly local healthcare professionals, to provide care that met people's needs.

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. People were fully involved in making decisions about their care and support. People and their relatives were involved in the setting up and review of their or their family member's individual support and care plans.

Staff were kind, caring and friendly. They respected and promoted people's privacy, dignity, and independence. Staff supported people to maintain existing relationships by welcoming visitors into the service.

People's individual needs were assessed and staff used this information to deliver personalised care that

met people's needs effectively. People had opportunities and were supported to engage in meaningful activity. The service had strong links with the local community. People's religious and cultural beliefs were respected and supported.

Staff supported people to have the most comfortable, dignified, and pain-free a death as possible. Staff worked in partnership with other professionals to ensure that people received care that met their needs.

People's suggestions and complaints were listened to, investigated, and acted upon to reduce the risk of recurrence.

Staff liked working for the service. They were clear about their role to provide people with a high-quality service and uphold the service's values.

The registered manager and provider sought feedback about the quality of the service from people, visitors and other stakeholders. Audits and quality monitoring checks were carried out to help drive forward improvements. The provider invested in resources to improve the service people received.

Further information is in the detailed findings below.

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 remains good.	Good ●
Is the service effective? The service remains good.	Good ●
Is the service caring? The service remains good.	Good ●
Is the service responsive? The service remains good.	Good ●
Is the service well-led? The service remains good.	Good ●

St Catherines Nursing 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 comprehensive inspection visit took place on 20 December 2018 and was unannounced.

The inspection team consisted of one 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.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We used this information to assist with planning the inspection but took into account that this information was over a year old.

We also reviewed information that we held about the service such as notifications. These are events that happen in the service the provider is required to tell us about. We considered the last inspection report and information that had been sent to us by other agencies. We also contacted commissioners who had a contract with the service and looked at feedback posted on an online reviews website.

During the inspection visit, we spoke with four people who used the service, and three people's relatives. We spoke with the provider's representative, the registered manager, two nurses, a senior care worker, two care workers (one of whom worked for an employment agency), the cook, the ancillary staff supervisor and the maintenance person. Throughout the inspection we observed how the staff interacted with people who lived in the service.

We looked at records relating to eight people's care, staff training records and other records relating to the management of the service. These included audits, rotas and meeting minutes.

We received feedback from two healthcare professionals on 28 December 2018.

Is the service safe?

Our findings

The service continued to safeguard people because there were processes in place to minimise the risk of avoidable harm. We asked people if they felt safe. One person told us, "Yes [I do feel safe]. I never thought about it. I rely on a lot of people, so I get a bit anxious." A relative told us, "Safe? Yes, they're very good, very caring. The whole atmosphere. Whoever you talk to is helpful." Staff had received training in protecting people from harm and knew who to contact if they had any concerns. All staff were confident that more senior staff would act on any concerns they raised.

Systems were in place to identify and reduce the risks to people who used the service. Staff had assessed hazards to people's health and wellbeing and measures were in place to minimise the risk of harm occurring. People had individual risk assessments and care plans which staff had reviewed and updated. Staff were aware of the measures used to support people with identified risks such as assisting people to move, choking, falls, and poor skin integrity. People and their relatives told us they felt the service was safe because there were always staff nearby. One person said, "[Safety] is not an issue. There's always [staff] moving around. It doesn't feel isolated."

The provider employed enough staff to make sure they could meet people's assessed needs. This included enough staff to offer flexible support to people to meet their preferences. One person told us, "[The staff] come quickly. They're very good." A staff member said that staffing levels changed all the time, depending on people's changing needs. They told us, "Staffing levels are reviewed all the time. It's really important we are not rushing [people]." The registered manager used a recognised tool to work out how many staff were needed to meet people's needs. They told us they often reviewed this, but only used it as a guide. They said they worked alongside staff so they could see whether there were enough staff at various times of the day and night.

The registered manager followed robust procedures to ensure new staff were suitable to work at the service. Staff confirmed they had to wait for the provider to receive all the required satisfactory checks before starting work at the service.

People received their prescribed medicines safely. People confirmed they received their prescribed medicines on time and that staff offered them pain relief when they needed it. Staff had received training about managing medicines safely and had their competency assessed. Audits were regularly carried out to check medicines were being managed in accordance with good practice.

The environment was clean and tidy and staff knew how to prevent the spread of infection. Staff undertook training and promoted infection prevention and control procedures. An agency staff member told us, "The cleaning is very thorough. [Staff] are always washing their hands." The registered manager ensured there was enough Personal Protective Equipment (PPE) available and that staff used this when they supported people with personal care. Information was available throughout the home advising staff and visitors on good practice to reduce the spread of infections.

Staff knew how to record accidents and incidents. The registered manager responded appropriately to these and took any necessary actions.

Is the service effective?

Our findings

People received effective care based on best practice from staff who had the knowledge and skills to enable them to carry out their roles. People had an assessment before they began using the service to check that their needs could be met. One relative told us they met with a nurse "and talked about [my family member's] needs" before they moved to the service. People and relatives praised staff for the care they received and said staff understood and met their needs. A relative told us, "The care is excellent," and said that the staff treated their family member, "Very well."

Everyone told us that the staff were well trained and knowledgeable. One person said, "Oh, yes [they are well trained], I've never thought anything else. They're all very nice." An external care professional told us the registered manager and staff had enthusiastically committed to, and continued with, "A complicated and hard project with intense training." They said this was because the registered manager and staff, "Truly wanted to work on every way they could [to] make the lives of their residents better and staff feel more confident."

Staff received training in a wide range of topics, such as areas as dementia and end of life care, which ensured they had the skills and knowledge to meet each person's individual, and sometimes complex, needs. Discussion with the registered manager and provider's representative showed they believed in the positive effects of a well-trained and well-educated staff team on the well-being of people who received the service. The registered manager explained that staff received training in a range of ways to ensure it was most effective. For example, from external specialists, such as the local hospice, and from 'champions' who were staff members trained in key areas, such as dementia, respiratory care, and continence care, to deliver training to other staff.

Staff received effective, comprehensive induction when they started working at the service. One staff member told us, "I had a five-day induction and then had a meeting" with their line manager. They said they felt "comfortable" and that their line manager had assessed them as competent before leading a shift. Newly employed care staff, who did not have a qualification, all worked towards the Care Certificate as part of their induction and probation periods. The Care Certificate is a nationally recognised qualification.

Staff told us they felt well supported and were very happy working at the service. Senior staff continually assessed and evaluated staff member's knowledge and competency. They did this both formally, through supervision, meetings and competency assessments and informally by working alongside staff when they were delivering people's care. This helped to ensure staff continuously delivered care that met people's individual needs.

People were supported to eat and drink enough and maintain a balanced diet. People made positive comments about the range of food available to them. One person told us, "My appetite's not very good; not because the food's not good, [that's] fine... You can request what you like." Another person said, "It's what you choose. Some stuff I don't like, I just say, 'No thank you' and they bring something else." The cook told us, "While I'm in the building I'm on call for whatever [food or drink] people want."

Staff made great efforts to tempt and support people to eat and drink. We heard a person who lived with dementia make their lunch choice. A staff member patiently and repeatedly followed the person's instruction about the content of the meal and portion size. When the person still refused and said they didn't want anything, the staff member waited a short while and then offered alternative options. Another staff member was serving up pureed food for people who had swallowing difficulties. They told they were "trying to make it pretty" and to make the meal appetising to people. Staff checked whether people needed help to eat and drink and provided the help sensitively.

People were supported to promptly access healthcare when they needed it. One person told us, "The chiropodist comes, and the hairdresser. The GP [visits] if you're not well. I do get infections quite a bit. It's dealt with straightaway." A relative told us the staff were very good at recognising the early symptoms of their family member developing an infection and how staff secured treatment for them very quickly.

Staff referred people to, and told us they worked closely with, external healthcare professionals to make sure people received care and support that met their needs. These included dentists, speech and language therapists (SALT) and dieticians. One person, and another person's relative, commented that the symptoms of their, and their family members, long term health conditions had been better managed since they came to the service. One person said, "Since I've been here I don't suffer with [health condition] so much."

The layout of the communal areas created a homely atmosphere. The premises and environment met the needs of people who used the service and were accessible. Staff had worked with people to redesign and improve the gardens.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. 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 had received training and had a good understanding of the ways in which this legislation related to their everyday work. They gave people choices in as many aspects of their lives as possible and asked for people's consent before providing care and support to the person. People's capacity to make decisions was assessed and best interest decisions were made with the involvement of appropriate people such as relatives, healthcare professionals and staff. The MCA and associated Deprivation of Liberty Safeguards were applied in the least restrictive way.

Is the service caring?

Our findings

The service remained good at caring for people and staff showed they genuinely cared about the people they were supporting. One person told us, "[Staff] that deal with me are kind and caring. I'm so happy and content here. I can't fault any of them." A relative wrote about the service, "We cannot thank you enough for the genuine care and love [our family member] received in your home... You are a rare kind and we truly know that when we weren't around [our family member] was loved by all of you." People told us they liked the staff and we saw staff display empathy to people's situations. A relative told us their family member was sometimes anxious and frightened. They said, "Staff reassure [my family member]. All the staff are good. They care for and cuddle [my family member when they are in tears. They try to reassure [my family member]."

All the staff told us they would be happy for a loved one to be cared for by the service. One staff member told us this was because, "Everyone is looked after, their wishes are respected and everything is done how they want things done." An ancillary worker said, "I know the [staff] and I trust them. I see everything. These [staff], I take my hat off to them." Another ancillary worker commented on the "hours and hours" staff sat patiently with people.

People and staff all got on well together. The relationships between them were friendly and caring. We saw staff knelt down so they were on the same level when they spoke with people, making sure they got their attention before speaking. We heard staff tell people what they were going to do before they assisted them and staff gave people clear directions about what was going to happen. A relative told us this was always the case and that staff, "Explain what they're going to do."

Staff knew people well and treated people as individuals. They recognised quickly when people were not well and provided additional support and involved other professionals if required. Staff involved people and, where appropriate, their relatives in decisions about their care. A relative said, "Staff keep us up to date." They told us a staff member had arranged a meeting to discuss their family member's changing needs. A person told us, "At night I sit up until 8.30...[staff] stay so no-one's on their own." They said in the morning, "You can have a lie in for a while if you want to."

Staff supported people to keep their independence for as long as possible. One relative wrote praising the service and said that the, "Care and patience of the staff" had enabled their family member to walk with the aid of a frame. They said the care their family member received had been, "Exceptional."

Staff supported people to maintain existing relationships by welcoming visitors into the service. A relative wrote, "The welcome reception and friendliness when we came on our visit... It was more like home from home, like large happy family." When necessary, people had access to advocacy services if they required support making decisions. This meant that people were supported to make decisions that were in their best interest and upheld their rights.

Staff promoted people's independence and respected their privacy and dignity. One person told us, "It's a

pleasure living here. Everyone's so polite. It's lovely." Another person said, "[Staff] always knock. They won't come in unannounced." People told us that staff were respectful towards their belongings. One person said, "In hospital they move things around. They don't do that here." We heard staff address people in a kind and caring way. Staff had received training about privacy and dignity and they knew how to protect people's privacy when providing personal care. We saw staff throughout our inspection were sensitive and discreet when supporting people, they respected people's choices and acted on their requests and decisions.

Is the service responsive?

Our findings

The service continued to provide care and support that was responsive to people's needs. None of the people we spoke with were aware of their care plans, but all said the staff consulted them about their care and that the care provided, met their needs. A healthcare professional said that people, "Always appeared happy and looked after" at the service. People's support plans broke down each aspect of the care and support the person needed. This meant that staff had detailed, personalised guidance on how to meet each person's needs.

People told us that they were encouraged to maintain their hobbies and interests. Dedicated staff helped meet the social needs of people who lived at the service. People were supported to follow their interests and take part in meaningful activities that were socially and culturally relevant. A staff member was responsible for events in the service and had organised access to the community resources. They researched what events and activities were available in the community and discussed these opportunities with the people, who then picked what they wanted to join in with. A person said, "Staff talk about things and you go if you want to." Another person said, "We've been out to lunch with the school children, the Salvation Army and children's carols. The activities [staff member] is wonderful."

People told us there were a variety of things to do each day. For example, chair exercises in the morning and bingo in the afternoon. People had been involved in the redesign and improvement of the garden area. This included a sensory garden, designing and painting murals that hung along the fences in the garden, and planting winter-flowering plants in pots. All of the staff at the home, including ancillary staff, spent time talking with people and involving them. The maintenance staff member told us how they discussed sport with those who were interested and how they and some people had created a sensory board together.

People's spiritual needs were met in a wide range of ways. This included staff supporting people to attend family celebrations, such as weddings; being supported to celebrate the lives of people who had died with a 'goodbye shelf'; and supporting people to attend religious services or meet with a religious leader to continue to practice their faith.

The service protected people from the risks of social isolation and loneliness and recognised the importance of social contact and friendships. Staff supported people to develop and sustain personal relationships. We saw relatives of all ages visiting people. A relative told us that although staff generally didn't encourage visitors, staff had understood that this was one of the few things the relative and their family member could do together and encouraged this to continue. In addition to encouraging visitors, signs around the home advertised how people and visitors could use the service's wi-fi to stay in touch.

People knew how to raise concerns about the service. One person told us that if they had a complaint, they would talk to "any of the nurses. There's no problem, they're very nice. It would be dealt with." The provider had a complaints procedure staff followed. Records showed the registered manager had thoroughly investigated concerns and complaints, kept the complainant informed, and, where appropriate, had taken actions to address any shortfalls in the service.

People's preferences and choices for their end of life care were recorded in their care plan. Staff had asked people about their preferences or wishes and were knowledgeable about these. Staff worked closely with people, their relatives, and external healthcare professionals to ensure people's needs and wishes were supported and met. Staff had received specialist training from staff at a local hospice so that people were provided with appropriate end of life care. We saw numerous thank you letters from grateful relatives regarding the care their family members had received at the service. Comments included how staff had treated people with kindness and compassion.

Is the service well-led?

Our findings

The service had an experienced registered manager. People, relatives, staff and external professionals told us the service was well-led and made positive comments about the registered manager. One person said, "I've never seen [the registered manager] without a smile. She speaks to you as if she's known you all her life. It makes a big difference; how you're spoken to." A relative told us, "I've seen [the registered manager] this morning. She's always around." An external care professional told us, "[The registered manager] is a great manager who is clearly respected by her staff [and] also by health colleagues."

The registered manager was supported by the provider and a team of nurses, care, and ancillary staff. The registered manager and senior team were 'hands-on' managers who led by example. The registered manager told us they spent some time each week working alongside staff and providing direct care to people. They knew people and staff well, picked up on any issues, and dealt with them quickly. Staff felt well supported through regular staff meetings, supervision and informal contact. Staff reflected on their practice and looked for ways to improve the service. The registered manager and the staff team were committed to providing the best service possible.

The provider had a system to ensure that staff delivered a high-quality service, which met people's needs and kept them safe. People and their relatives were asked for their feedback and encouraged to participate in the development of the service in various ways. An external care professional told us, "[Staff] have a fantastic engagement culture in trying to see how they can do more to make their care more personal for the individual." Staff chatted daily with people while they were supporting them, and with relatives when they visited. Each person had a named staff member (key-worker) who met with them to discuss their care and support. People and relatives were invited to regular meetings where they could make suggestions and provide feedback. The provider sent an annual satisfaction survey to everyone involved with the service. The survey responses were mostly positive and the registered manager had taken action to address any areas where improvements were suggested, such as additional staff training in diabetes management.

Senior staff carried out audits on various aspects of the service, such as medicine management, care plans and health and safety, to check that staff were following the correct procedures. The registered manager shared reports with the provider during their weekly visits so they had an overview of the service. This ensured that the service continued improve and learn.

The service was constantly looking for ways to improve. The registered manager had introduced a quarterly, 'improvement meeting' where they asked people, relatives and staff to bring ideas on how the service could better meet people's needs. We saw ideas put forward at previous meetings had been adopted, for example, occasionally buying lunch from the local fish and chip shop, and a 'goodbye shelf' in reception to remember those who had recently died. An external care professional told us, the registered manager and staff were, "Always trying to excel their standards within the home by engaging with new projects and services." They explained the service had joined a project with the Clinical Commissioning Group to increase staff skills and meet more complex care needs, thereby preventing admissions to hospital and improving people's well-being. They told us the registered manager and staff, "Truly wanted to work on every way they could make

the lives of their residents better and staff feel more confident." They described the registered manager as, "A key player in this project."

The provider invested in resources to improve the service and people's experience. For example, they had up-graded the wi-fi access across the service and made this available to people and visitors. The service had implemented an electronic records package for all care records. Staff told us this worked well and one staff member explained, "It's a very easy system to use". An external healthcare professional told us that a benefit of the service transferring to electronic records was that it was much easier to analyse information and identify trends in risk and care needs.

The service had strong links with the local community. For example, a local museum and two pre-school groups who visit the service. A staff member told us about the "tots" who had sung carols the previous week and finished with a soft 'snowball' fight with people living at the service.

The service worked in partnership with other agencies, particularly local healthcare professionals, to provide care that met people's needs. One healthcare professional told us the staff provided, "Very clear updates" on people's health and well-being, enabling them to treat the person effectively. Another external care professional described the registered manager as, "A key voice of the private social care community within Hertfordshire to aid improvements" in people's care.

The registered manager and provider were aware of, and met, their legal responsibilities. For example, records showed that the provider had sent all the required notifications to the Care Quality Commission (CQC). The Food Standards Agency (FSA) score ratings based on how hygienic and well-managed food preparation areas are on the premises. They had rated the service '2 improvement necessary' when they last visited in September 2018. The registered manager told us they had addressed the issues and informed the FSA of the improvements they had made. The latest CQC inspection report rating was on display at the home and on their website. The display of the rating is a legal requirement, to inform those seeking information about the service and visitors of our judgements.