Care Quality Commission

Community Integrated Care

St Catherines Care Home

Inspection report

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Ratings

Overall rating for this service	Requires improvement
Is the service safe?	Requires improvement
Is the service effective?	Requires improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires improvement

Overall summary

This inspection took place on 19 and 26 August 2015 and was unannounced.

St. Catherines is a purpose built building and supports up to 40 people diagnosed with dementia and nursing care. St Catherines is run by Community Integrated Care (CIC). The service is provided within two separate units, Weaver and Meadow. Each unit has its own lounge, dining room and utility kitchen. All bedrooms are single. There is an accessible car park provided for visitors.

The home has a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At our last inspection 28, 29 October and 6 November 2014 the service was not meeting the regulations, in that we did not see they had suitable arrangements in place for obtaining and acting in accordance with, the consent

Summary of findings

of service users in relation to the care and treatment provided for them. We have received updated action plans from the provider stating what actions have been taken to improve these issues.

Relatives and people living at the home were happy with the behaviours and standards of care provided by staff. We observed how staff spoke and interacted with people and found that they were supported with dignity, respect and good humour.

We found that all staff had an understanding of supporting people when they lacked capacity, with making choices with everyday living. Care staff took appropriate actions to fully support people who lacked capacity to make their own decisions with regard to activities, dressing and choosing food.

The was little evidence to show that current research and guidance was being used which helps care homes develop the environment to meet the needs of the people they support who have varying needs due to living with dementia. **We recommend that the environment be developed to meet the specialised needs of people living with dementia.**

We found that senior staff had received training including the requirements of the Deprivation of Liberty Safeguards and appropriate referrals had been made to the relevant regulator in respect of depriving people of their liberty.

Care plans contained guidance to enable staff to know how to support each person's needs. We found work was underway to develop each person's care plan to incorporating their social support and aspirations; this would help to give better evidence for individualised care that met people's social needs and requests.

We noted the service had a complaints procedure. Relatives and people living at the home were confident that they could raise their opinions and discuss any issues with staff.

The service operated safe staff recruitment and ensured that staff employed were suitable to work with vulnerable people. Appropriate pre-employment checks were being carried out and application forms were robust to enable the management of the home to have adequate information before employing staff.

At our second visit staff had started to receive formal supervision to assist them in their job roles and in their personal development. Refresher training had been planned but staff training records were incomplete and did not reflect all aspects of the training undertaken or needed for their role.

Various audits at St Catherine's were carried out on a monthly basis by the registered manager and subsequently reviewed by the area manager. These were in place to ensure that appropriate standards were in place. We found audits had been ineffective at addressing shortfalls in the service in a timely fashion.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires improvement

The service was not consistently safe.

Staff were clear about the process to follow if they had any concerns in relation to managing safeguarding and keeping people safe.

A thorough recruitment procedure was in place which ensured that appropriate staff were employed and available to keep people safe.

Improvements were identified in the registered providers and Cheshire Fire Brigades fire risk assessment to ensure safety of the people living and visiting the home.

Medicines were managed safely.

Is the service effective?

Requires improvement

The service was not consistently effective.

Staff training had not been delivered in a timely fashion to ensure that they were working in line with best practice.

There was limited evidence regarding the development of the environment for people with specific needs of people living with dementia.

Care plans identified people who were at risk of malnutrition. We saw that people's weight was monitored; people living in the home told us the food was "lovely".

Care records contained accurate information to support people living there appropriately.

Is the service caring?

Good

The service was caring.

People living at the home were happy with the staff supporting them and we could see how they reacted positively to staff providing their support. Family members felt their relatives were supported well by staff.

We saw that people were treated with respect and dignity by the staff at the service.

Staff were knowledgeable about people's needs and how they liked to be cared for.

Is the service responsive?

Good

The service was responsive.

Staff were knowledgeable about people's changing needs and responded well in contacting the necessary clinical support when needed.

Summary of findings

Complaints policies were displayed and people were confident in raising their concerns.

Is the service well-led?

Requires improvement

The service was not consistently well led.

The service had procedures in place to monitor and improve the quality of the service, the manager had not been trained to use the systems effectively.

The home had a registered manager who had been in post at St Catherines for many years.

The staff were confident they could raise any concerns about poor practice and these would be addressed to ensure people were protected from harm.

People living in the home were able to comment on the service in order to influence service delivery.

People living at the home, relatives and staff said that they felt the senior staff and registered manager were approachable and would listen to them.

St Catherines Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on the 19 and 26 August 2015 and was unannounced. One adult social care inspector undertook the inspection.

Before the inspection visit we reviewed the information we held about the service. We also reviewed information we had received since the last inspection including notifications from the provider regarding incidents at the home. We spoke with the contract monitoring team of the

local authority and we looked at a copy of the Healthwatch enter and view visit report.

We looked at records relating to people's care and support, including care plans for five people living in the home. We looked at staff records for four staff on duty, and various monitoring records relating to health and safety.

We used the Short Observational Framework for Inspection (SOFI) at the visit. SOFI is a specific way of us observing care to help us understand the experience of people who could not talk with us.

During our inspection we spoke with the staff on duty, which included the administrator, all care staff, the activities coordinator, the chef and kitchen assistant, and a housekeeper. We also had the opportunity to talk with a student nurse on placement in the home, and a carer who was privately employed as a sessional worker supporting one person living in the home.

We introduced ourselves to everyone living in the home and had lengthier conversations with six people living there and observed how support was given throughout the day. We also had the opportunity to speak with six friends and or relatives.

Requires improvement

Is the service safe?

Our findings

We spoke with six people living in the home; they told us that they felt safe living in St Catherines.

Relatives we met during our visit told us that they were confident their relatives were safe in the home, staff were described as "fantastic, lovely staff, and so kind to me and my wife". Relatives told us that they were relieved that their loved ones were so well looked after which had made the process of moving to the care environment so much easier for them. Relatives told us that the home was always "spotless" at whatever time of day you called. Our observations were such that thorough cleaning rotas were in place and the environment was fresh, clean and tidy. We looked at the duty rotas and found that there were a mixture of care staff/domestic/ administration and activity staff on duty.

People living at the home told us they were happy with the way the service was delivered. We observed staff during our visits and saw that they were attentive to people's needs. People living in the home told us that staff always came to support them when they needed help. We found that call bells were answered promptly and relatives confirmed that this was the case. We asked the manager how she arrived at the staffing levels and we were told that staffing was set in relation to occupancy and needs of the individuals.

We spoke with staff who demonstrated sufficient knowledge of action they needed to take should they suspect abuse. Staff clearly identified how and where they would find guidance and contact telephone numbers should they need them, in relation to reporting abuse and whistle-blowing. Staff told us they would not hesitate in contacting senior staff should they have any concerns. Care Quality Commission (CQC) records demonstrated that the manager understood her responsibilities in relation to reporting suspected or allegations of abuse.

We found that risks associated with each person's care had been assessed. Risk assessments had been developed with the intention to enable people maintain independence as much as possible. Risk assessments included the action taken or to be taken to minimise the chance of harm occurring. These included, daily living and participation in activities.

The accident records demonstrated that staff knew their responsibility to record such incidents. We found that senior staff reviewed and updated risk assessments following any accident/incident in the home to ensure risks to people living there were minimised.

We looked at the recruitment files of the staff on duty during our visit. We found there were suitable recruitment processes and required checks in place to ensure that staff were suitable and safe to work in the care environment with vulnerable people.

We looked at a sample of medication records, the storage of medicines and checks on the management of medications. Medicines were stored safely and managed appropriately to ensure that people living at the service received their medications in a safe and effective manner.

Environmental health had visited the home and rated the food hygiene within the home as Five, the highest rating.

At our visit we could not locate the organisations fire risk assessment, which we were told had been completed in June. The manager told us that she was unaware of any significant issues regarding the safety of the home. We spoke with the regional manager about this who informed us that the report was at head office to enable the scheduling of the required work and a copy was unavailable in the home. On the 24 August CQC were provided with the fire risk assessment for St Catherines.

A Cheshire Fire Brigade, fire officer also provided CQC with the audit of the premises which he had conducted on 18 August. He had identified the same concerns and afforded the organisation the opportunity to complete the required work by 26 November 2015. In light of the delay commencing work and the delay of information sharing with the registered manager we contacted the area manager to discuss our concerns.

Requires improvement

Is the service effective?

Our findings

People living in the home told us that the food was "really very nice", "beautiful". We spoke with the chef and found she was knowledgeable about the likes and dislikes of the people living in the home and was aware of the dietary needs of individuals needing softer diets, fortified meals and diabetic meal plans. Menus were available in the dining room and one person told us it was like a restaurant. We saw that people could select a cooked or continental style breakfast. Lunch was the main meal of the day and consisted of three courses, with two choices at each course. While lunch was a very sociable event we found that people's individual needs were taken into consideration when planning meal times and where people would be supported to eat. Some people were supported in their rooms; others preferring quieter areas away from the dining room. One person who received nutrition using a percutaneous endoscopic gastric tube (PEG) participated in activities during lunch as they missed the activity of eating and had become very withdrawn around mealtimes. This demonstrated that staff supported individuals relevant to their individual needs and treated them with consideration and respect.

The food was nicely presented and looked appetising. Staff were available to take orders, serve lunch and offer appropriate support when needed.

Care plans demonstrated that people's weight was monitored regularly. We found that increase and decreases in weight were referred to dietetic services. Food and fluid balance charts were maintained to identify if any further intervention was required. This meant that people's well-being was monitored.

Additional drinks were offered throughout the day. We observed people who required assistance were provided with discreet and sensitive support from the staff team.

At our inspection of St Catherines in October and November 2014 we found the home needed further development in training their staff in relation to the Mental Capacity Act 2005 (MCA). Since our visit the manager and senior staff had attended this training.

We looked at policies that were in place for staff to follow in relation to the Mental Capacity Act 2005, the Deprivation of Liberty Safeguards (DoLS) and consent to care and treatment. These records provided information to support staff about the procedures they should follow when a person was unable to make certain their own decisions. We reviewed the records for three people who had DoLS authorisations in place; we noted that seven applications had not yet been processed by the governing body. We found there was an organised process in place to record any restrictions in the best interests of people living at St Catherines. Senior staff were knowledgeable in regard to these procedures and were able to recognise when the Deprivation of Liberty Safeguards were necessary to safeguard people's rights. We found staff had acted in accordance with the requirements of the Mental Capacity Act 2005 in order to ensure each person's rights were protected and that they received appropriate care and support to meet their needs. Although the manager and most of the senior staff had a good understanding of MCA and DoLS, it is essential that all care staff receive training and have a good working knowledge of these important Acts.

We looked at a sample of 'do not attempt resuscitation orders' (DNAR) stored in care files for people living at the home. They were well managed with supporting paperwork, with regard to 'best interest meetings' and next of kin (NoK,) family involvement. DNACPR's (do not attempt resuscitation orders) were signed by the GP, and indicated who had been involved in the decision.

Staff told us that they felt well supported by senior staff and management of the home. Staff told us they had started to receive supervision and we saw that a supervision plan had been put in place to ensure staff regularly had the opportunity to meet senior staff. Supervisions are regular meetings between an employee and their line manager to support staff development and to discuss any issues that may affect the staff member; this may include discussion of on-going training needs. All staff should expect to be provided with supervision to help with their development within the service to ensure they provide a consistent level of good quality support to service users. Guidance and supervision was also available to staff through their regular staff meetings.

Staff told us that they received regular training; training records showed us that staff had received training initially but regular updates had not been completed. We spoke with the manager regarding this matter and discovered

Requires improvement

Is the service effective?

that many of the staff had found it impossible to attend training events due to the location of the training. We saw evidence that this had been addressed and agreed that training would be delivered either at the home or at a more convenient location. The area manager confirmed that the training had been booked and all staff will have received updated training by 13 October 2015.

St Catherines supports people living with dementia however there was limited evidence in the development of the environment for people with specific needs affected by dementia. For example, we noted that while the bedroom and bathroom doors were different in colour the signage was small and possibly not large enough for those people with specific visual needs. We found that there were limited signs on bedroom doors for individuals to be able to determine and find their own rooms. Research and guidance is available to help care homes to develop the environment to meet the needs of the people they support who have varying needs due to dementia.

We recommend that the environment be developed to meet the specialised needs of people living with dementia.

Good

Is the service caring?

Our findings

Comments from both the people living at the home and relatives regarding staff were positive and included: “It’s a pleasure coming to visit, the home is always clean, her bedroom is always spotless and it’s nice to see the attention to detail she is always well dressed and groomed, a little makeup and nails are always done”.

One relative we spoke with told us, “they are great my husband is well looked after, I am happy with his care, they always make sure he is shaved and his clothes clean and tidy”.

Annual surveys to people living in the home had been returned and included comments as follows: “Absolutely satisfied with each one that looks after me”. “In some respects we are becoming more like friends than carers”.

We observed staff interacting with people and they were comfortable and relaxed with staff and were chatting. On the first day of our visit there was an entertainer in the afternoon, this was well attended by people living in the home and their relatives, one relative told us that they felt part of their loved ones life even though they live in a care home as they were encouraged to be involved with everything in the home.

We saw that St Catherines had been accredited with the Gold Standard framework for Care Homes. This framework ensured that people living in the home received gold standards of care as they near the end of life. We inspected records and saw that the doctor reviewed and monitored their care regularly.

Staff told us that they enjoyed working in the home; we observed care and support being offered to people in a friendly and discreet manner, which also enabled people remain as independent as possible. Staff were heard and observed knocking on doors before entering. We felt that the attention to detail in dressing and the treatment and respect given to each person living in the home and their relatives demonstrated that people were valued and treated with dignity.

We spoke with staff and asked them to tell us about some of the people they supported. Staff were knowledgeable about the care people needed and what things were important to them. We found that the staff understanding of people’s needs were in line with care plan records and any identified risks.

We found information and advice in the entrance of the home for other regulators and organisations that monitor health and social care services, such as environmental health and contact details for various advocacy groups. This ensured that people living there and their visitors had access to independent advisors should they wish to contact them.

Good

Is the service responsive?

Our findings

People we spoke with who use the service told us they had no complaints, one said " It's not like home but what would I have to complain about, it's a nice place, and staff are nice, caring and fun". None of the relatives or friends we spoke with said they had reason to complain, they said that if they needed to they would feel confident the matter would be dealt with appropriately.

A copy of the complaints procedure was on display in the home. Staff knew what to do if anyone

raised an issue or wanted to complain. The complaints policy included all the relevant information required to make a complaint, we looked at the log of complaints; no complaints had been made since October 2014. Complaint records prior to that date showed that complaints had been dealt with in line with the provider's complaints procedure.

We found initial assessments completed before the person came to live in the home were very detailed. They provided staff with a wealth of information to ensure the person was supported appropriately and their needs were met.

Care records showed us that people were registered with the GP and they accessed other care professionals, occupational health, dietetic services, and services from speech and language therapists to support people with language and swallowing following a stroke.

We found that care plans and the risk assessments identified within each care plan were reviewed as a minimum monthly and evaluated and amended as a result of a change in circumstances or following an incident, such as illness or a fall. We looked at five care plans and found that they contained accurate up to date information regarding the person's support. Staff meeting records showed that incidents and accidents were discussed and identified any learning necessary for staff, in asking the question, "what could have gone better?"

We spoke with the activities coordinator who explained how she arranged activities in accordance with people's interests and requests. We saw photographs and spoke with people living in the home and their relatives and found there was a varied activities programme which was well supported by everyone. Those joining in clearly enjoyed the activities for example on day one of our visit there was a person playing saxophone in the afternoon which was well advertised and attended. Those who did not want to participate were able to say so, which showed us that people still had control of their lives.

Requires improvement

Is the service well-led?

Our findings

We spoke with staff, relatives and those living in the home all knew the registered manager by name and said that she was extremely pleasant, supportive and approachable.

We found that new systems had been introduced to monitor the quality of the service provided in the home. Community Integrated Care, the registered provider, had comprehensive monitoring documents and audit tools which were completed by the registered manager on a monthly basis in line with the organisations Care and Quality Audit Programme.

This programme sets out the areas for auditing in an ordered way to help ensure that the whole service is monitored. The audit sampled a variety of records in the home such as the plans of care, risks assessments associated with providing care, accident/ incident records, falls records, medication administration records, any compliments and complaints. Audits also encompassed a review of the environment and environmental checks for e.g. water temperatures, safety certificates, service contracts and information relevant to those working in the home. This system was in place to enable the registered manager review and analyse the care provided, the staff performance, training, health and safety and the environment and to put in place actions to address any shortfalls.

We spoke with the registered manager about the information given to us regarding monitoring of the quality of the service in the home. The information given to us did not provide an overview of the service and it did not identify any required actions needed. The registered manager told us she had not received any training to enable her produce any meaningful summary report from the data put into the computer system. As a result we found that staff training had not been addressed promptly, staff supervision had been allowed to lapse and issues regarding the safety of the premises and fire training had not been followed up.

We were also aware that there have been changes to senior personnel within the organisation and consequently gaps in the line management of the registered home manager. Therefore the process in place to effectively monitor the performance of the service had not been effective. We confirmed this was accurate with the area manager who told us training and support would be addressed.

We saw that the registered manager regularly had staff meetings and we looked at the minutes of those meetings. Staff told us that they saw senior staff and the registered manager regularly and felt supported by them. Staff told us they had regular supervision but records seen on our first day did not confirm this. Staff supervision and appraisal had not been effectively implemented and planned for the year. On day two of the inspection we saw that a schedule of staff supervision had been planned and staff had started their meetings with their line managers. We spoke with staff who told us they valued this type of supervision it also afforded them the opportunity to raise concerns, suggest improvements, request training needs and participate in the running of the home.

Surveys were conducted annually we saw the results for the September 2014 survey which were positive and included responses both from the people receiving care and support and their family and friends.

We looked at a sample of records called 'notifications'. A notification is information about important events which the service is required to send to the Care Quality Commission (CQC) by law in a timely way. These records showed that the registered manager was knowledgeable of these requirements and was transparent in ensuring the Care Quality Commission was kept up to date with any significant events.