

Tameng Care Limited

# St Catherine's Care Home

## Inspection report

5 Queen Street  
Horwich  
Bolton  
Lancashire  
BL6 5QU

Tel: 01204668740  
Website: [www.fshc.co.uk](http://www.fshc.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 Catherine's is a care home providing personal and nursing care, treatment for disease, disorder or injuries and diagnostic and screening procedures to up to 60 people. The service provides support across three units to older people who need residential and nursing care and to people living with dementia. At the time of our inspection there were 53 people using the service.

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

People and their relatives felt care was provided safely within the home. Medicines were managed safely, and competency checks were carried out. Analysis of accident and incidents had been carried out to identify any areas of improvement. Staffing levels were sufficient to meet the assessed needs of people. Staff had a good understanding of how to raise safeguarding concerns and had received safeguarding training.

People's dietary requirements were being met and people's preferences around meals were respected. People were supported to access medical treatment when needed. Staff received a robust induction and compliance with mandatory training courses was high. Some staff felt additional training to dementia training already carried out would be beneficial when they were supporting people with heightened anxieties. We have made a recommendation the provider provides further training in this area.

People and relatives felt care was provided in a warm, patient and friendly manner. Staff were praised for the care they provided to people and relatives valued staff support and communication throughout the COVID-19 pandemic.

Activities had been and continued to be developed within the home. Activities were carried out with individuals' specific needs in mind. Funding was being sought to develop activities further, including the outside garden area which was not yet being utilised to its full potential. Relatives felt included in people's care and support planning.

The provider's auditing systems were robust and the registered manager and area manager both had good oversight of the standard of care within the home. Audits were used to inform improvements and create action plans of how improvements would be made. There was a person-centred culture throughout the home and this was evidenced in people's records and from feedback from people, relatives and staff. Care records were generally good; however, some care plans needed organising to better reflect the person-centred care at the home. We have made a recommendation the provider reviews and organises care plans.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; 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 and update

The last rating for this service was requires improvement (published 13 February 2020). The service was inspected more recently and was found to no longer be in breach of regulations. This inspection report was published on the 15 September 2020. At this inspection we found further improvements had been made.

### Why we inspected

This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

The overall rating for the service has changed from requires improvement to good based on the findings of this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for St Catherine's on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

### Follow up

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

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

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 caring.

Details are in our caring findings below.

Good ●

### 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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

This inspection was carried out by two inspectors.

#### Service and service type

St Catherine's is a 'care home'. People in care homes receive accommodation and nursing and personal care as a single package under one contractual agreement dependent on their registration with us. St Catherine is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be available to support the inspection.

Inspection activity started on 31 March 2022 and ended on 27 April 2022. We visited the service on the 31

March 2022.

#### What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used information gathered as part of monitoring activity that took place on 17 March 2022 to help plan the inspection and inform our judgements. We used all this information to plan our inspection.

#### During the inspection

We spoke with five people who used the service and four relatives about their experience of the care provided. We spoke with eight staff including the area manager, the registered manager, nurses, care workers, kitchen and domestic staff. We reviewed a range of records. This included six people's care records and multiple medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including audits and policies and procedures were reviewed. We made observations of care being provided to help us understand the experience of people who could not talk to us.

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

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at safety information and certificates, staff rotas and staffing tools, surveys, audit and governance information. We also obtained feedback from local authority colleagues to understand their experience of working with the provider.

# Is the service safe?

## Our findings

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

At our inspection carried out on 12 November 2019 (published 14 February 2020), this key question was rated as requires improvement due to a breach of regulation 12: safe care and treatment.

We carried out a targeted inspection on the 29-30 July 2020 (published 16 September 2020) and the provider was found to be no longer in breach of regulation 12: safe care and treatment. As we did not inspect the whole key question the rating in this domain did not change.

At this inspection the rating for this key question has changed to good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives felt that care was provided safely. Staff had received safeguarding training and had a good understanding of what a safeguarding was and who it should be reported to.
- One relative said, "I won't hear a word said against them, they've made a real difference. I feel she's more than safe."
- One staff said, "I'd go to my management. If I couldn't I'd contact Care Quality Commission (CQC) or find out the best people to ring."

Staffing and recruitment

- Staff had been recruited safely with appropriate checks and a formal induction process completed consistently.
- Staffing levels were sufficient to meet people's needs. The provider used a dependency tool to assess how long it would take staff to meet people's needs and this was used to inform the deployment of staff.
- There had been occasions where the provider had been unable to cover short notice staff absences during the night. Some staff reported this and other situations including people feeling unwell, distressed or anxious increased the demand on staff during the night.
- We discussed this with the area manager who said, "We review dependency levels using the tool and try wherever possible to cover staff absences even when they're at very short notice. That isn't always possible so we ask staff from the other units to support where they can. We normally work above our dependency for nights so if one staff member is off, we're still working to our dependency level."

Assessing risk, safety monitoring and management

- The home had effective systems in place to ensure the premises and equipment were fit for purpose. Safety certificates were in place and up to date for gas, electricity, hoists and the lift.
- Fire equipment had been checked and was in working order. The service had effective systems in place to test the fire alarm and check equipment was in working order. People had evacuation plans that clearly identified the support they would need in the event of a fire.

- Risks associated with the provision of people's care were completed and provided clear guidance for staff to support people safely. People's risk assessments were reviewed regularly.
- People who required a modified diet, such as pureed food or thickened fluid, received these in accordance with information recorded in their care records.

#### Using medicines safely

- Medication was administered safely. Staff had a good understanding around the timely administration of medication and there were no gaps in medication records. Staff had received training and competencies were checked.
- Fridge's used for medicines that needed to be stored at specific temperatures were checked regularly.
- Stock checks were carried out for controlled drugs and refused medicines were disposed of and recorded appropriately.
- People received their medication in accordance with information recorded in care records. As required medicine (PRN) care plans provided guidance to staff on when, how and why they should be administered to a person.

#### Preventing and controlling infection

- We were assured the provider was preventing visitors from catching and spreading infections.
- We were assured the provider was meeting shielding and social distancing rules.
- We were assured the provider was admitting people safely to the service.
- We were assured the provider was using PPE effectively and safely.
- We were assured the provider was accessing testing for people using the service and staff.
- We were assured the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured the provider's infection prevention and control policy was up to date.

#### Visiting in care homes

- The provider had identified specific areas of the home for relatives to visit people safely. Checks were in place and visitors to the home had to evidence a negative lateral flow test result and their COVID-19 vaccination status. Risks associated with visitors coming into the home were assessed and the service had implemented measures to mitigate those risks.

#### Learning lessons when things go wrong

- The provider had robust systems in place to analyse complaints, accidents, incidents and safeguarding issues. The provider used an electronic recording system so up to date information could be recorded and analysed in a timely manner. When incidents had occurred, the provider was able to review relevant records and carry out reflective practice.



# 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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Staff had received an induction and training records highlighted a high percentage of staff had completed the majority of mandatory courses. Where there were gaps a robust plan was in place for staff to complete newer training courses in a timely manner.
- Some staff felt additional training relating to dementia care and challenging behaviours would further develop their skills in working with people at times of heightened anxiety and distress. One staff said, "The only worry I've got is how many people we've got that require support when they're distressed. I think there's one too many people who are challenging and not enough staff who have experience of managing that. I feel like we could do with some more training because it can be quite difficult to manage sometimes."

We recommend the provider supports staff to develop their skills further where needed.

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

- People's needs were assessed in line with their protected characteristics, such as age, disability and religion. People's support and health needs were assessed prior to them moving into the home.
- The provider carried out initial assessments in partnership with colleagues across health and social care. People and relatives were also included when initial assessments were completed.

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

- People told us they received enough to eat and drink and were offered sufficient choice at each mealtime. Menu's were reviewed regularly and seasonal options were introduced at different times of the year.
- One person said, "The food is nice and the staff are really nice, so caring. They're very good. They'll get you what you want."
- Where people required a modified diet, meals and drinks had been provided in line with guidance. Food and fluid charts had been used to record people's intake and kitchen staff carried out regular checks on the information in people's care plans to ensure all dietary requirements were up to date.
- We observed the lunchtime experience on each unit and found this to be on the whole a positive experience. We observed some instances of people waiting for support with their meal. When support was provided it was done so in a patient and caring manner.
- We discussed this with the registered manager who implemented a check into their mealtime audits on how long people were waiting without support.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live

healthier lives, access healthcare services and support

- People received support to stay well and access medical services as required.
- People had access to a variety of medical and health related services, such as general practitioners, speech and language therapists, podiatrists and dieticians. Information from appointments or assessments had been documented in people's care records.
- Oral care was provided in line with people's needs and wishes. Care plans detailed the level of support people required and the equipment they preferred to use.

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

- The layout of the home catered for people's needs. Since the last comprehensive inspection, an environmental improvement plan had been developed and started. The home had been redecorated and had new carpets in several areas.
- Some adaptations had been made to the environment to help people living with dementia orientate around the building, however further work was scheduled, including tactile decoration.
- The garden area of the home needed further work so people could access it safely without the level of staff support currently needed. We discussed how the garden area was currently utilised with staff and how this could be improved. One staff said, "(Activities co-ordinator) is really wanting the outside area to be all done so everyone can access it, things like the flags being levelled. They're discussing with the registered manager about how they can do this."
- Corridors were free from clutter and well-lit so people who liked to walk around the home could do so.

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 MCA 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 when this is in their best interests and legally authorised under the MCA. 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 and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff had received training in MCA and DoLS and understood how these applied to their day to day role.
- The registered manager kept oversight of DoLS application's and their outcome and applications had only been submitted where required.
- Care plans contained information about people's capacity to make decisions, with reference to the MCA. Where necessary best interest meetings and decisions had taken place. Best interest decisions and what the decision related to were clearly recorded in people's care plans.

# 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 our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People and relatives spoke positively about care provided by staff. One relative said, "None of the staff come across like they're just there to do a job, it's as important to them as it is to me how good the care is."
- People looked clean, well presented and their interactions with staff were friendly, warm and natural. We observed a number of positive interactions throughout the inspection. For example, staff took the time to stop and chat with people and while providing care they offered reassurance throughout. It was apparent staff knew people well and how best to care for them.
- There was a positive culture at the home and people's care was provided in a non-discriminatory way which respected their needs and beliefs.

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

- People's care was provided in line with their likes, dislikes and wishes. Relatives told us they were involved in people's care planning and staff respected how people chose to be supported. One relative said, "We've been included all the way along. They've really got to know (person) and what makes them tick. They make (person) happy."
- Surveys were sent out to people and their relatives for feedback on their experience of care provided within the home and their interactions with staff. We reviewed evidence and found information from these was used to inform improvements in areas such as activities.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect. Staff understood how to promote people's independence wherever possible. One staff said, "It's really really important to ask and never fall into the habit of assuming that person wants that, or this person needs you to do this, because each day might vary from the next, so you've got to make sure they're in control."
- People had their own personal bedroom and personal care was delivered behind closed doors. Staff knocked on people's bedroom doors and where possible would wait for a response before entering and providing support.
- We observed staff encouraging people to do things for themselves and providing reassurance to people while offering support, engaging people in activities and during mealtimes.

# Is the service responsive?

## Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's needs were met through good organisation and delivery.

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

- Care plans explained how people wished to be cared for and identified likes, dislikes and preferences. Where possible, people and relatives had been involved in the initial assessment and care planning process.
- Care files were person centred and demonstrated staff working in accordance with how people stated they wanted to be cared for.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The provider was working in accordance with the requirements of the AIS. People had communication plans, which provided staff with guidance on how they could communicate with people effectively.
- The provider had supported people throughout the COVID-19 pandemic to communicate with family members in the most effective way available at any given time. For example, window visits, video calls and telephone calls were all utilised at various points.
- One relative said, "It's been difficult times with this COVID, but staff helped us keep in touch where we could and the manager always kept us up to date with anything going on."

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

- People were supported and encouraged by care staff to undertake activities and maintain social relationships to promote their wellbeing. Relatives we spoke with reported activities were tailored to engage people and observations we made of activities being carried out confirmed this.
- The home provided activities every day; these took place on specific units, so activities could be tailored to people's needs. The schedule was displayed on each unit and was constantly being developed. A new activity team had been recruited and we saw evidence activities were used as a tool to promote people's physical and emotional wellbeing.
- One relative said, "They keep people so occupied with the variety of activities they do, events they celebrate all of them and then they share photographs with me."
- One staff said, "Activities are amazing now, we've got a new activities team and it's been great. There's lots on and residents are benefitting from it, it's really nice to see. There's so much value to it and there's not just a focus on the more able residents."

#### Improving care quality in response to complaints or concerns

- People and relatives told us they knew how to complain but had not needed to. Comments included, "I've never had any complaints. I'd just go straight to the manager if I needed to, they're always really approachable."
- The home had a complaints policy in place, with a log used to detail any complaints received, action taken and outcomes. We found any complaints received had been acknowledged, investigated and responded to in writing in a timely manner.

#### End of life care and support

- At the time of inspection, the home was not providing end of life care to anyone. However, systems were in place should the need arise. The service had a robust policy in place and the management team had a good understanding of working in partnership with other professionals and how to support family members when providing end of life care.

# Is the service well-led?

## Our findings

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

At our inspection carried out on 12 November 2019 (published 14 February 2020), this key question was rated as requires improvement due to a breach of regulation 17: good governance.

We carried out a targeted inspection on the 29-30 July 2020 (published 16 September 2020) and the provider was found to be no longer in breach of regulation 17: good governance. As we did not inspect the whole key question the rating in this domain did not change.

At this inspection we have found improvements had been maintained and the provider is now rated as good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Evidence gathered from observations of care, review of records and feedback from people, relatives and staff evidenced a person centred culture throughout the home. We found the home to be an inclusive environment and people's views were sought and documented.
- Staff told us they enjoyed working at the home and felt supported. One staff member said, "The management team are really supportive they help you settle into the role."
- People and relatives felt person centred care was the core principle within the home. One relative said, "I can't say anything more than I wouldn't want them to be anywhere else, what (person) wants is the carer's priority."

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

- The provider and registered manager used a range of audits, monitoring systems and spot checks to assess the quality of the care provided. These had been used to identify shortfalls, generate actions and inform improvements.
- The provider reported accidents, incidents and concerns to the appropriate professionals and had submitted statutory notifications to CQC as necessary

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 home was meeting the requirements of the duty of candour.
- Relatives felt they were informed when things had gone wrong. One relative said, "The slightest thing with (person) and they contact me. There's been two or three little falls and they always contact me and tell me what happened and what they've done."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The home worked in partnership with other professionals or organisations to benefit people living at the home.
- Community links within the home had been impacted by COVID-19; however, there were pictures of community events and open days the registered manager had organised before the pandemic. The registered manager said these would be started again when appropriate.
- One staff said, "We've always tried to be part of the community and we've always tried to push to connect with the community, most of the staff are brilliant they'll come in and give their time without being paid when we've had events or open day."
- Staff felt the registered manager was approachable and confident in giving feedback and raising concerns. One staff said, "(The registered manager's) amazing and I've never had any problems, they're lovely, very understanding and always willing to help wherever they can."

Continuous learning and improving care

- A home improvement plan had been developed. This was informed by feedback from people, relatives and audits carried out by the registered manager and provider. Actions identified included improvements to the environment and record keeping.