

St Catherine Care Home Ltd

St Catherine Rest 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?

Good



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Requires improvement



Overall summary

St Catherine Rest Home is a care home that provides residential care for older people and people living with dementia. It is registered for 19 people and at the time of this inspection there were 18 people using the service.

There was a registered manager at the service. 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.

We found the systems in place to ensure the safe management and administration of medicines were not always effective. Criminal record update checks had not been completed for all staff to ensure they remained safe to work with people. We found the system of supervision for staff that was in place was irregular which meant staff were not always supported to consistently deliver good care. People who could not stand on the scales were not able to have their weight monitored if there was a concern about their weight because there was no alternative option of weighing them. The building design

Summary of findings

did not encourage people living with dementia to find their way to and from their room independently. There were policies and procedures in the home which required updating as some information was out-of-date.

Staff knew how to report concerns or abuse. Risk assessments were carried out and management plans put in place to enable people to receive safe care. There were effective and up-to-date systems in place to check and maintain the safety of the premises.

We found safe recruitment checks were in place for new staff. Staff had opportunities for training and skill development. The registered manager was knowledgeable about the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards. Mental capacity assessments and best interest's assessments were being completed in partnership with the local authority. People had access to healthcare professionals as required to meet their day-to-day health needs.

People were offered a choice of nutritious food and drink. Staff knew the people they were supporting including their preferences to ensure a personalised service was

provided. People and their families thought staff and the registered manager were caring. Staff respected people's privacy and dignity and enabled people to maintain their independence.

The service was in the process of putting together end of life care plans with people and their family members so that their preferences could be documented and followed by staff. There was a variety of activities offered to ensure people had their social and emotional needs met. People and their family members knew how to make a complaint and we found complaints were dealt with in an appropriate and timely manner.

The provider held regular meetings for staff and for people and their families. People and their representatives were able to give feedback through satisfaction surveys. Staff, people and their family members told us the registered manager was supportive. The provider had quality assurance systems in place to identify areas for improvement and these showed when actions had been completed.

We found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider at the back of the full version of the report.

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?

The service was not always safe. The provider did not have effective arrangements in place for the management of medicines which meant they could not be sure if people were receiving their medicines as prescribed.

Staff were knowledgeable about how to report concerns or abuse. Relevant recruitment checks were carried out for new staff. However, we found that criminal record checks had not recently been updated for some staff. People had risk assessments and plans to manage risks. The premises were safe and there was an effective system in place to ensure safety checks were done.

Requires improvement



Is the service effective?

The service was effective because people received care from staff who were skilled to deliver care and new staff completed an induction programme.

The registered manager was knowledgeable about the mental capacity act (2005) and deprivation of liberty safeguards (DoLS). Staff sought people's consent before delivering care. People were given choices of suitable and nutritious food and drink to protect them from the risks of inadequate nutrition and dehydration. The service worked with health professionals as needed.

We found the layout of the home made it difficult for one person living with dementia to identify their room independently.

Good



Is the service caring?

The service was caring and there was a calm and relaxed atmosphere in the service. Staff had developed positive relationships with people and had a good understanding of their needs.

Staff were observed to spend time interacting with people, checking they were okay and speaking to them in a caring manner. People were seen chatting and joking with staff.

Staff treated people with respect and promoted their dignity and privacy. People were encouraged to maintain their levels of independence when they were able to do things for themselves.

Good



Is the service responsive?

The service was responsive and people's care plans were written in a person-centred way. The registered manager was working on producing end of life care plans with people and their family members. There were a variety of activities on offer which people were observed to be enjoying. Family members told us there were activities on offer which were suitable for their relatives.

Good



Summary of findings

People and their representatives knew how to make a complaint and these were responded to in line with the service policy. There was a copy of the complaints policy in each care file.

Is the service well-led?

The service was not always well led. Policies and procedures needed to be reviewed and updated to show changes in addresses and contact details for outside organisations. The provider did not have an effective system of supervision for staff to ensure good quality care was consistently provided.

The provider had regular staff meetings. People and family members were asked for their views through feedback surveys and at meetings. The provider carried out monthly quality checks and quarterly health and safety checks to identify areas for improvement. Actions were identified and completed from the quality assurance systems.

Requires improvement



St Catherine Rest 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.

At the last inspection on 03/06/2013, the service was meeting the legal requirements. St Catherine Rest Home was taken over by the current provider during December 2013 and this was the first inspection since the change of ownership. The inspection was unannounced and was carried out over two days on 15/12/2015 and 16/12/2015. Two inspectors carried out the inspection on both days.

Before the inspection visit we reviewed the information we held about the service. This included previous inspection

reports, registration details and notifications the provider had sent us since the last inspection. We asked the provider to complete a Provider Information Return (PIR) which they returned to us on 29/09/2015. 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 also contacted the local authority contract management team for information from their most recent monitoring visit.

During the inspection we spoke with four people who lived in the home, four family members, four care staff, the chef, the registered manager and the provider. We observed care and support in communal areas, spoke with people in private and looked at care and management records. We reviewed four staff files and four people's care records during the inspection. We also reviewed training records, policies, medicines records, quality assurance and maintenance records.

Is the service safe?

Our findings

The service was not always safe as medicines were not always managed safely. We checked the medicines administration records for nine people and looked at the arrangements in place for storage and management of medicines. We found the medicines record for three people did not show a running total of boxed tablets remaining in stock. This meant the provider could not be sure if these people were receiving their medicine as and when they needed it. We raised this with the manager who explained that they carried out random count checks and recorded these on the medicine administration record sheets. We saw this was the case for one person who had a running total recorded on their medicine records. Since the inspection, the registered manager has notified us they have introduced a counting system for all loose tablets. We also found a bottle of eye drops prescribed for one person did not have an opening date on it. This meant staff could not tell if the medicine would still be effective and fit for use.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because the provider did not have effective arrangements in place for the safe management of medicines.

The provider had a clear medicines policy which covered the process of obtaining and administration of medicines. We saw that any reasons for not giving people their medicines were recorded on the medicines administration records. Medicines requiring cool storage were stored appropriately and records showed they were kept at the correct temperature and so would be fit for use. We also saw staff used a “Do not Disturb” sign when administering medicines in order to reduce the risk of errors occurring.

Where medicines were prescribed to be given ‘only when needed’ or where they were to be used only under specific circumstances, individual when required protocols were in place. The protocols gave administration guidance to inform staff about when these medicines should and should not be given.

We saw there was a process in place for recruiting staff that ensured relevant checks were carried out before someone was employed. For example, we found staff had produced proof of identification, completed a health questionnaire and had produced confirmation of their legal entitlement

to work in the UK where appropriate. Although criminal record checks were carried out to confirm that newly recruited staff were suitable to work with people, we found that one staff member had not had these checks updated since 2003 and another staff member’s checks were not updated since 2010. We raised this with the provider and the registered manager who agreed to check and update all staff criminal record checks as appropriate.

People and family members told us they thought there were enough staff on duty and they felt safe. We reviewed the rota and saw there were three staff on duty during the day and two staff on duty at night. The manager told us after everyone is assisted to bed, that one staff member stayed downstairs and one staff member stayed upstairs during the night. Additionally, we saw the provider employed a chef and cleaning staff.

However, staff we spoke with told us people would benefit from more staff on duty. For example, one member of staff said, “There are three staff during the day, more people need help with feeding and administration of medication.” We saw evidence of this during our lunchtime observations with one staff member dividing their attention between two people who needed assistance with feeding. During the rest of the inspection we did observe that people did not have to wait too long for assistance. Staff also told us they were expected to clean as well as cater for people’s night needs and this was not always realistic. We raised this with the provider who was unaware of this issue and said they would review the duties of the cleaning staff and the duties of the night staff.

People told us they felt safe. Staff we spoke with were knowledgeable about the different types of abuse and the procedure to follow if they witnessed abuse. The provider had a whistleblowing and safeguarding policy which gave guidance to staff about recording and reporting an incident of abuse. Staff told us they had completed training in safeguarding and whistleblowing. We saw evidence of this from certificates in staff files and from the training matrix.

People had risk assessments which were documented in their care plans. Risks were identified and actions needed to minimise the risks were documented. For example, one person using the service had diabetes and there was a high risk identified in relation to the management of their sugar levels. The risk management plan set out clear steps in

Is the service safe?

managing this risk such as, “daily district nurse visits, referral to diabetic clinic specialist nurse, glucose gels prescribed.” As a result it was documented that this person’s sugar levels were stable.

One person’s care plan contained a risk assessment in relation to “misunderstanding [person’s] needs”. The risk assessment identified there was a language barrier and gave guidance about how to manage communication with this person. The risk management plan contained useful information which included liaising with the person’s family and informing health professionals of the person’s language needs. We found one risk assessment did not contain enough information. We raised this with the registered manager who took immediate action and made amendments to this risk assessment.

We saw building health and safety checks were carried out. For example, testing of portable electrical appliances was

done on 07/07/2015 and the fire alarm system was checked on 21/07/2015. A fire safety audit was carried out by the London Fire and Emergency Planning Authority on 14/12/2015 with no issues identified. We saw the lift had been serviced on 15/04/2015. However during our inspection, we observed that the lift was missing a button. We raised this with the registered manager who told us this was in the process of being fixed.

The service had a plan in place to respond to foreseeable emergencies. The registered manager told us they shared the responsibility of being contactable in the evenings and weekends with the provider. Staff told us that they had undertaken first aid training and were knowledgeable about how to respond to emergency situations, for example, if someone had a fall or if they were unconscious.

Is the service effective?

Our findings

Staff confirmed they had opportunities for training and obtaining qualifications. One member of staff told us that they did not feel confident administering medication and that they had requested additional training which they had received. This member of staff told us that they felt supported by their colleagues and management with their learning and development and that there were regular online training opportunities. We saw evidence of this from certificates in staff files. The training matrix showed staff had completed all the mandatory training including health and safety, moving and handling and infection control. Although most staff were up to date with their mandatory training we noted four staff were overdue their moving and handling refresher training and one staff was overdue their safeguarding annual training. The provider told us they were currently researching different training providers to ensure staff remained up to date.

The provider confirmed that they were looking into how they could introduce training to staff in the new Care Certificate. The Care Certificate is training in an identified set of standards of care that staff must receive before they begin working with people unsupervised. We saw evidence that staff completed an induction which included reading policies and procedures, emergency procedures and introduction to the staff team and people who used the service.

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 when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are 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 were being met. At the time of inspection 17 people who used

the service had DoLS applications in process because they needed a level of supervision that may amount to deprivation of liberty. MCA and DoLS assessments were being completed in partnership with the local authority and the home was awaiting the outcome.

Staff told us that they obtained consent before carrying out any aspect of care for people. For example, one member of staff stated “I always ask, people have preferences.” Staff explained that even people with dementia could still express their preferences and they respected this.

The service had carried out nutritional risk assessments which we saw in care plans. The chef told us there was always a variety of a food available, the shopping was done by the provider and said the, “Quality of food [purchased] was excellent.” We asked the chef about people’s cultural dietary needs and the chef told us although they attempted to make culturally relevant meals, people currently in the home, “Preferred plain British food.” People told us they enjoyed the food and we observed this during the inspection. We saw the chef taking part in the distribution of food at lunchtime and explaining the food options available to people in the dining room. We saw there was an option of fish or turkey in pictorial form placed on the notice board in the dining room. People told us they were happy with the food choices on offer and that they did not wish to make any changes to the menu. One person said “There’s nothing else I’d like to eat.”

We saw staff assisted people to eat at their own pace and were respectful to people who needed encouragement to start eating. Staff were aware of people’s dietary health requirements. For example, one person was advised to follow a soft food diet due to their risk of choking. Another person who had unstable sugar levels had their blood sugar levels tested before each meal. The chef explained they documented the reading and then discussed with staff the most appropriate food options to offer this person in line with the blood sugar reading. We also saw evidence of soya milk stocked in the fridge and cupboards and the chef explained this was for a person who had a dairy food allergy.

The chef checked and recorded all fridge temperatures and we saw these were documented daily and were correct. We observed the food cupboards and fridge were well stocked with nutritious food. However we observed there were cold meats that were three days out of date. The chef disposed of the out of date items immediately.

Is the service effective?

People we spoke with confirmed they were supported to access healthcare services and one person told us, “The staff do anything. Last week I went to the doctor. One [staff] came with me.” During both inspection days the district nurses visited to administer injectable medicines to people who needed this. We saw from care records that people were supported to maintain good health and have access to health care services. For example, it was documented in people’s care records when they were supported to attend the GP or when the visiting podiatrist saw them. However, a family member told us that the home did not have weighing scales suitable for people who could not weight-bear. This meant it was difficult for staff to monitor concerns about weight loss for people who were unable to

stand on the scales. We discussed this with the manager who told us they had raised this as a concern with the provider and were now waiting for the provider to agree to the funding request.

We observed the layout of the home was not designed to help promote the independence of people with dementia. This was demonstrated when a person who used the service took us on a tour of the building and wanted to show us their room on the first floor. However, the bedroom doors were the same colour and had stickers stating “fire door, keep closed”. This meant the person was unable to identify where their room was. We discussed this with the registered manager and the provider who said they would be considering ways to help people identify their rooms.

Is the service caring?

Our findings

People who used the service told us that they felt cared for. One person explained that they felt cared for and told us, “When I had a cold I stayed in bed and they kept checking on me.” Another person told us, “Staff are caring, I can’t say anything bad about them.” Family members spoke positively about the care people received and said, “Nice atmosphere and so far we are very grateful,” “Very caring. There’s been no problem,” and “We are happy, staff are good and caring.”

Staff were able to detail how they developed caring relationships with people. For example, one staff member told us when they first started working with a person they read their care plans, and asked the person and their family questions to get to know their likes and dislikes.

We found people received care in line with their cultural and spiritual needs. For example, one person who used the service didn’t speak English and their care plan contained language prompts for phrases such as “would you like to go to the toilet?” This person’s likes and dislikes were also clearly documented in their care plan. Additionally this person’s bedroom wall displayed an easy read guide on how to communicate with them.

During the inspection we saw that people were treated with respect and in a kind and caring way. There was a

calm and relaxed atmosphere in the home. We saw that staff took the time to speak with people as they supported them. For example, we saw one staff member and a person engaged in conversation laughed together and the staff member had placed themselves at the same level as the person. This staff member was observed to maintain eye contact and remained attentive as they provided assistance to the person to drink from a cup. We noted the registered manager also supported people with their personal care working alongside staff and made time to converse with each person, visitor and staff member.

One person told us that their privacy was respected and said, “They knock on the door before they come in.” We observed this was the case during the time of our inspection. Staff were knowledgeable about respecting people’s privacy and dignity. For example, one member of staff told us that when carrying out personal care they made sure, “The curtains were drawn”.

People told us how staff enabled them to maintain their independence. For example, one person who used the service told us that staff listened to them and “I feel part of the family. I clean the mats and tables. I take part. I am happy doing it.” Another person using told us that they were unrestricted in their day to day life and that they would go out every day to buy cigarettes. We witnessed this person going out on the first inspection day and saw them waiting at the bus stop to get a bus to the shops.

Is the service responsive?

Our findings

People's care plans were written in a person centred way and we saw evidence they were reviewed every month by the registered manager. The manager told us if a person's needs changed the care plan would be reviewed as required. Care plans included an assessment of health and care needs, personal history information and people's preferences. The registered manager told us currently staff photocopied relevant sections of the care files as required when a person was admitted to hospital so that hospital staff would be aware of the person's needs. Following the inspection, the registered manager notified us that each person who used the service now had a removable hospital passport on file which contained relevant information that the hospital would need to know.

We noted that care plans contained generic information regarding end of life care which was not personalised. The registered manager explained they were in the process of carrying out end of life care plans with people and their families and would be updating care plans accordingly.

Family members told us there were enough activities for people who used the service. One family member told us the registered manager had taken people out for day trips. They also explained their relative did not always like to participate in the liveliness of the communal area and would choose to spend time in their room or play games on an electronic device. This family member explained that staff periodically went to their relative's room to check they were okay and to have a chat.

The registered manager told us they currently did not have a dedicated member of staff to organise activities for people but that staff carried out various activities with

people who wanted to participate. We saw that activities on offer included games, drawing, floristry and nailcare. Additionally there was an outside group who visited fortnightly to do games, quizzes and singing as well as visiting entertainers throughout the year. The registered manager told us a religious service was held in the quiet lounge once a week and a hairdresser visited every two or three weeks.

During the inspection, we observed an entertainment session in the communal area of the home. An external entertainer engaged with people and a number of them were up dancing to the Christmas music that was being played. We saw that people were alert, smiling and laughing during this session.

People and their families told us they knew how to make a complaint. One person told us they felt respected by staff and that they would speak to the manager if there was anything they were not happy about. A family member told us the service was, "Absolutely brilliant," and so far they did not have any complaints. This family member also said they were confident that should they have to make a complaint, it would be acted on, "Straight away."

The home had a complaints policy which was evident on each person's care plan. The registered manager told us the service did not receive many complaints and that they tried to deal with concerns before they became big issues. We reviewed the complaints log and saw one complaint was made within the last twelve months. The records showed the date the complaint was made, the nature of the complaint, when it was responded to and the resolution. We saw this complaint was responded to within seven days in accordance with the timescales outlined in the complaints policy.

Is the service well-led?

Our findings

Staff told us the management style of the service was supportive but morale was low since the change in ownership of the home. We reviewed the supervision and annual appraisal records and saw these included individual staff strengths, goals, work performance and training needs. The registered manager and staff told us that supervisions and annual appraisals were carried out by the provider. However, staff told us that supervisions were irregular. Records showed this was the case. Supervision agreements had been signed with staff for supervision to take place every two months. However, we found one staff member had a gap in supervision between May and September 2015 and another member of staff had not had supervision for more than twelve months.

This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because the provider did not ensure staff received regular periodic supervision to make sure competence is maintained.

We saw evidence that three staff meetings were held during 2015 with the most recent meeting taking place on 02/11/2015. Topics of discussion at these meetings included safeguarding, dignity, training and service development.

The home had policies and procedures in place which were detailed and gave guidance to staff. However, we noted that most of these documents were out of date which meant addresses or contact details for relevant organisations were no longer accurate. For example the safeguarding policy had not been reviewed since 2009 and whenever the need to refer to the regulator was mentioned

the contact details for the former regulator CSCI was given and not CQC. We raised this with the registered manager who explained they would be updating the policies and procedures.

There was a registered manager in post at the time of inspection. Family members said the registered manager was approachable. For example, one family member told us the registered manager, “Is brilliant.” People were observed to seek out the registered manager for friendly chats.

The provider had systems in place to obtain the views of people who used the service and family members. Regular meetings were held with people and their family members with the most recent meetings taking place on 18/11/2015 and 05/12/2015. We saw these meetings focussed on how satisfied people were with the home, staff and food choices. Feedback surveys were completed by people at these meetings and we saw from surveys that on the whole people and their family members were satisfied with the care and service they received. We noted that a family member had commented that the “home is not odour free” on a day they visited. It was recorded that this had been responded to and an explanation given.

We looked at the records of the monthly provider visits. We reviewed the most recent visit records which had taken place on 10/10/2015 and 02/11/2015 and saw they included comments on what was seen and found during a walkthrough the building. This document allowed for actions identified to be recorded, who was responsible, date of completion and signed when completed. We noted from both these visits no concerns were identified. We also saw quarterly health and safety checks were carried out with the most recent one completed 16/08/2015. This contained tick boxes and an action log which was signed and dated when each identified action was completed.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

The registered provider did not ensure there were effective arrangements in place for the proper and safe management of medicines. Regulation 12 (2) (g)

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

The registered provider did not ensure that persons employed received appropriate support and supervision as is necessary to enable them to carry out the duties they are employed to perform.