Miss Alison Thorne

Catherine House

Inspection report

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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

Catherine House is registered to provide care and support to up to 5 people. The home specialises in the care of people with learning disabilities, autism and physical disabilities. The service is located in a traditional family style home on a residential road in Taunton. At the time of the inspection there were three people living at the home permanently and one person living there on a part-time basis.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen." Registering the Right Support CQC policy

Following our last inspection in March 2017 we rated the service as Requires Improvement.
We asked the provider to complete an action plan to show what they would do and by when to improve the key questions to at least good.

We found the provider had taken action and improvements had been made to all issues raised in the report. People's independence was being promoted more effectively within the home and their local community. Specifically people were now able to access the kitchen freely.

There was no evidence or information from our inspection and on going monitoring that demonstrated serious risks or concerns.

At this inspection we found the service was Good.

People received care and support that was safe and personalised to their specific needs and wishes. People took part in a variety of activities according to their interests and abilities.

There was a warm and friendly relationship between people and staff who lived and worked at the home. Staff encouraged people to make choices and understood how to support people to make decisions for themselves

The provider had systems and processes in place to keep people safe and minimise the risk of abuse. People were supported by sufficient numbers of staff to meet their needs in a relaxed manner. Staff levels were flexible according to the people living in the home and the activities and social outings taking place.

People received effective care and support from staff who had the skills and knowledge to meet their needs. Staff were offered opportunities to review and up-date good practice in line with current guide-lines.

People had access to health care professionals to make sure their health care needs were assessed and met.

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

People's privacy was respected and everyone had access to their private rooms if they wished to spend time alone.

People lived in a home which was well managed by a competent registered manager and staff team that had a commitment to continuous improvement. Staff felt well supported and their morale was good which created a happy place for people to live.

Further information is in the detailed findings below

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The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People told us they felt safe at the home and comfortable with the staff who supported them.

People were supported by adequate numbers of staff to keep them safe.

Risks of abuse to people were minimised by the provider's systems and processes.

Is the service effective?

Good

The service was effective.

Staff worked in partnership with other professionals to ensure people's individual needs were met.

People received food and drink in accordance with their needs and preferences.

People were supported to access all areas of the home and the community as far as their care needs and staffing allowed.

Staff knew how to support people who lacked the mental capacity to make decisions for themselves.

Is the service caring?

Good

The service was caring.

People's privacy and dignity was respected.

People were supported by staff who were kind and caring.

Is the service responsive?

Good

The service was responsive.

People's care and support was personalised to them and adapted to meet their changing needs.

People had opportunities to take part in activities and social events they were interested in.

Is the service well-led?

Good

The service was well led.

People benefitted from a registered manager and provider who audited the service and had a commitment to on-going improvements.

The provider actively sought people's views and responded to suggestions made.

People lived in a home where staff felt well supported and were able to create a relaxed atmosphere.

Catherine House

Detailed findings

Background to this inspection

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

This comprehensive inspection took place on 20 July 2018 and was unannounced. The inspection was concluded on 24 July when we returned to the home to meet with the provider and one more person who lived in the home. The service was completed by one adult social care inspector.

Before the inspection took place the provider completed a Provider Information Return (PIR). This asks the provider to give key information about the service, what the service does well and improvements they plan to make. We reviewed this and other information we held about the service. This included previous inspection reports, statutory notifications (issues providers are legally required to notify us about), other enquiries from and about the provider and other key information we hold about the service.

At our last inspection of the service the service was rated as Requires Improvement. Since that inspection no concerns have been identified and the service is now rated Good.

At the time of this inspection there were three people living in the home permanently and one person received respite care at the home on a part-time basis. During the inspection we met with three people in the communal rooms. We spoke with the provider /registered manager and the newly appointed manager who will be running the home on a day to day basis with the registered manager/provider. We also spoke to three members of staff. We spoke with two relatives and contacted social care professionals.

We saw how staff interacted with the people and observed people moving about the home. We looked at a sample of records relating to the running of the home and to the care of individuals. These included three people's care records. We also looked at records relating to the management and administration of people's medicines, health and safety and quality assurance

Good

Is the service safe?

Our findings

At this inspection we found people continued to receive care that was safe. We spoke with two people on one occasion who agreed the home felt safe. They sat with a staff member and seemed very relaxed and happy with them. They talked to us about their interests and the activities they did with staff. We met another person on our next visit to the home who told us "Yes, it is safe. I feel safe. You can please yourself."

The provider had systems and processes in place to keep people safe and minimise the risk of abuse. Staff were recruited using thorough recruitment and selection processes. This included carrying out checks to make sure new staff were safe to work with vulnerable adults. Staff were not allowed to start work until satisfactory checks and references had been obtained. Some staff had worked at the home for a long time providing stability for people living there and ensuring staff knew people well.

People were safe because staff had received training in how to recognise and report abuse. We met staff who knew people well and understood their needs. Staff spoken with had an understanding of incidents and issues that may be termed abuse and the action to be taken. They understood the importance of reporting any concerns to the local authority safeguarding team. They were confident that they would be listened to within the home.

Each person's support plans contained individual risk assessments relating to people's needs. People went out and about in the community and there were risk assessments and procedures related to leaving the home. Any accidents in the home were recorded and audited. The records included details of any action taken to minimise future risks.

Staff knew people very well and understood events that might distress them. People had been living together for some time and strategies had evolved so that they might live in harmony. Incidents of discord were recorded and staff took action to keep people safe. People had their own personal space in their bedrooms and there was a choice of communal areas. This meant people could spend time alone when they wanted to.

People's records were accurate and up-to-date. Staff accessed this information in order to provide knowledgeable, safe care. The new manager understood the importance of also communicating with staff verbally so they were fully informed about people.

People were supported by sufficient numbers of staff to meet their needs in a relaxed manner. Staff were led by the provider/ registered manager who was closely involved with the running of the service. A manager had been appointed to take day to day charge of the home in the month prior to the inspection. Support staff undertook all housekeeping duties in the home and said this was "manageable."

When the person who lived at the home part-time was present additional staff were on duty. This enabled them to have one to one or two to one support as required. The staff rotas showed staffing was arranged to

enable people to follow their weekly routines. At night there were flexible staffing arrangements to ensure everyone in the home was safe. Staff could contact the registered manager or on-call senior member of staff at any time if they had any worries.

The home and the equipment used in the home was safe and records showed it had been maintained and serviced regularly. There were systems in place to ensure all electrical equipment, fire alarms and emergency lighting was safe and monitored by the provider.

People's medicines were administered by staff who had received appropriate and recently up-dated training. Staff knew why people were taking their medicines. Staff we met knew what action needed to be taken in emergencies when the prompt administration of some medications was required. Medicine records and stocks were checked regularly by the provider. The pharmacist supplying medicines to the home completed a quality assurance visit in July 2018 and confirmed systems of storage and administration were satisfactory.

The home was very clean and free from all odours. This helped to protect people by preventing the spread of infection. Care staff received training in infection control and had adequate supplies of personal protection equipment such as disposable aprons and gloves. Staff had received recently up-dated training in food hygiene.

The registered manager told us the service reviewed all incidents and accidents in the home and learned from any aspects of people's care that had not worked particularly well. They gave us examples of when practice in the home had changed following an incident.

Good

Is the service effective?

Our findings

The service is Good.

At the last inspection this key question was rated as Requires Improvement. Although people had been able to move freely around most of the home, there were areas where people's movements were restricted by a key pad system. For example, all people living at the home were unable to access the kitchen without the presence of staff support. We also found people were unable to leave the home without the assistance of staff to open the front door by way of a key fob.

A review of practice had resulted in people being able to access the kitchen. Some people were now able to make hot drinks for themselves and others with minimal supervision. People also came into the kitchen to talk to staff and seemed relaxed and happy in this space. One person told us they had their own key fob to access the front door.

Each person had their needs assessed before they moved into the home and had been continuously re-assessed as their needs had changed. When people came to live in the home the provider considered their needs and those of the people already there.

People received care from staff who were well trained and competent. Some staff were experienced and had gained appropriate qualifications. We met staff who were confident and relaxed in their knowledge of people and the skills needed to care for them. They knew people well and understood the best ways to support them and how to avoid some potential problems. Staff completed mandatory E-learning in for example safeguarding, equality and diversity, the Mental Capacity Act and infection control. They had face to face training in basic first aid and manual handling.

People's health was monitored and it was clear from their comments and care records action was taken when people were unwell. People had regular health checks. Care staff said they took action when there were any concerns about people's health. One person had recently been in hospital and staff had been visiting them daily to give them support and encouragement. Staff were well informed about people's health needs and their role in supporting them.

People's care plans gave information about their health needs and how they were to be addressed. The home arranged for people to see health care professionals according to their individual needs. Records showed short term health needs such as infections were addressed promptly. Long term health conditions were monitored and appropriate referrals and visits were made to specialist staff. People had contact with for example epilepsy services and the SALT (Speech and Language Team). Records showed people were supported to visit opticians and dentists when they needed to.

People were able to make choices about what they ate and drink. Some meals were eaten together in the home. People also enjoyed going out to eat in local establishments. When there were any concerns about a person's appetite or weight loss the registered manager told us they would be referred to the GP. One

person was seen regularly by the nurse at their GP surgery where their weight and health needs were monitored. One care plan gave clear guidance regarding the support they needed during eating to minimise their risk of choking.

People only received care and support with their consent. Throughout the inspection we heard staff consulting with people and asking them if they were happy with the support they were offered or had received. Staff understood the ways in which people were able to express their wishes and gave them time to respond.

People were not always able to make decisions for themselves and this was respected by staff and correct procedures were followed. Where people lacked the mental capacity to make decisions about their care staff acted in accordance with the principles of the Mental capacity Act 2005 (MCA). The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving the people who know the person well and other professionals when relevant. People's legal rights were protected because the registered manager and staff had received training and knew how to support people who may lack the capacity to make some decisions for themselves.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The home size and design was appropriate for the service provided. The provider wanted to create a service that was "an ordinary home for people." They were pleased that the service blended in with other homes in the street.

Good

Is the service caring?

Our findings

The home continued to be caring.

People said they were supported by kind and caring staff. There was a relaxed and happy atmosphere in the home on the days of the inspection. Throughout the inspection the communications carried on between people who lived in the home and with staff were cheerful and positive. People appeared to be very much "at home." We spoke with one relative who commented on the good relationships between their family member and the staff in the home. They said they found staff to be very caring.

People's privacy and dignity were promoted in the home. Each person had their own bedroom and access to a choice of bathrooms. There were adapted showering facilities to promote people's dignity. People were free to return to their rooms whenever they wished to be on their own. When personal care was provided, staff told us they ensured the door to the person's room was closed and curtains or blinds were drawn. Staff were available to support people with personal care, as needed, but encouraged people to be as independent as possible.

People were involved in choosing their clothes and belongings whenever possible. People were supported to express their views informally on a daily basis. Their care and support was formally reviewed with the registered manager and service commissioners.

People were supported to maintain on-going relationships with friends and relatives. There were friendships within the home and those made in the community were encouraged and facilitated. Relatives were made to feel welcome in the home. One relative told us they were kept informed of any issues relating to their family member's support. They said they had been kept informed during a period of illness experienced by the family member. They said staff had been "very good" and had visited the hospital regularly. We discussed some issues relating to communication between families and the home raised during the inspection. The provider/manager took action to ensure that in future where appropriate family were closely involved with people's support and care.

Good

Is the service responsive?

Our findings

The service continued to be responsive.

People received support that was responsive to their needs and personalised to their wishes and preferences. People were able to make choices about all aspects of their day to day lives as far as their care needs and staffing allowed.

People had a weekly plan of activities that included leisure activities and time at home. Each person had a very individual routine. One person enjoyed attending day services, another liked to go shopping or go out for lunch with a member of staff. The service provided flexible support so that people could take advantage of opportunities that arose. During the inspection one person received a phone call and was asked if they wanted to visit a relative. They said they did and transport was promptly arranged by the staff.

Staff knew people well and offered them opportunities to follow their interests. At a home meeting people had expressed a wish to go to see a particular entertainment in Bristol. This had been organised and enjoyed.

Each person had a detailed care plan that gave staff the information they required to provide care and support that met people's physical, mental and social needs. The plans showed how people's needs were changing and what additional support had been made available. People contributed to the planning of their life and support. People were encouraged to live as they wished.

With people's agreement and where it was appropriate, people's close relatives were encouraged to participate in discussions about their care. Sometimes this had been informal and the registered provider agreed to review this system to ensure families felt fully involved. In most cases, an annual care plan review was undertaken with the involvement of people's family and social services representatives.

People told us they would be able to raise any issues of concern within the home. There was a formal complaints procedure which had been used infrequently as people were able to talk to the registered manager to have issues resolved promptly.

People had their own individualised bedrooms which were furnished and decorated to the person's individual tastes and preferences.

Many of the people in the home were still young and had not considered care at the end of their lives. People had experienced bereavements and the service had provided support and care.

Good

Is the service well-led?

Our findings

The service is well led.

There was a registered manager in place who had the skills and experience to run the home. The registered manager is a person who has registered with the Care Quality Commission to manage the service. The registered manager was also the registered provider. 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 the last inspection we found improvements were needed. The provider had a quality assurance system but this had not operated effectively in identifying and making appropriate changes to address the areas that required improvement we found during our inspection. They had not taken action to challenge some areas of poor practice.

The registered manager was in regular contact with the home and since the last inspection had reviewed and up-dated systems and processes governing the home. They had addressed the areas of practice that needed to be improved. For example, the restrictions on people's movements had been removed. There was a greater emphasis on maximising people's independence in line with individual risks.

This inspection took place shortly after the provider/registered manager had appointed a manager to take charge of the daily running of the home. The newly appointed manager was experienced and well qualified for their role. One member of staff told us they felt very positive about the changes in the home.

There was a supervision structure in place that was still developing. The registered manager/provider supervised the newly appointed manager. The newly appointed manager said they felt confident in their role and had received support and time to familiarise themselves with staff and people who lived in the home. Formal supervision forms had been sent to all staff.

The registered manager knew people who lived in the home and their families very well and were up-to-date with their changing needs and support. They were involved with the delivery of people's care and intended that in the future the new manager be fully responsible for the daily care and support of people.

The registered manager told us their vision was to provide "a small family type home." They wanted people to go out from the home and do things they enjoyed. They hoped that for some people it would be a "stepping stone from which they can develop new skills."

Staff said they felt supported by other staff and the registered manager. Staff records showed that as well as providing positive feedback to staff any issues or need to work on aspects of performance were addressed. Staff were given clear direction regarding the standards of support expected and the underlying values of the home.

People's views were gathered informally on a daily basis and through regular "house" meetings with the registered manager. There were regular reviews of people's care by service commissioners showing people received a good standard of care.

People were encouraged to go outside the home and into the local community. They attended local events and were supported to use local shops and services. Some people accessed day centres and one went to school.

The service was run as a family style home however it was underpinned by systems that complied with the relevant legal requirements. The registered manager accessed support for the home from organisations that supplied policies, templates and checklists to ensure the service complied with the requirements of regulations. The registered manager notified the Care Quality Commission of all significant events which have occurred in line with their legal responsibilities.