

HC-One Limited

# Catherine House General Nursing Home

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Catherine House General Nursing Home is a residential care home providing personal and nursing care to 26 people aged 65 and over at the time of the inspection. The service can support up to 67 people however, the top floor is not in use.

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

People received care and support that was safe, however some relatives felt they could not comment due to not being able to visit during lockdown. One relative was concerned about people going into their loved one's room. The provider had a robust recruitment programme and staff had received training in recognising abuse and safeguarding people. The management, administration and storage of medicines was safe.

People were protected by robust infection control policies and procedures. Staff had received training in infection control and the correct use of personal protective equipment [PPE].

There were enough staff to look after people safely and take time to sit and chat or join in an activity. A recent recruitment programme meant the service used less agency staff. This meant people experienced an improved level of consistency. Risk assessments were in place with guidance for staff about how to keep people safe.

People received responsive care and support which was personalised to their individual needs and wishes. There was clear guidance for staff on how to support people in line with their wishes. People's end of life wishes were recorded, and the home worked with other healthcare professionals to ensure people were comfortable and pain free at the end of their life.

There was an improved activities programme in place which included meaningful activities for people living with dementia. Some relatives said the activities were good, and they had received photographs of things people had done. However, other relatives thought the meaningful activities for people living with dementia still needed some improvement.

Improvements had been made throughout the home, however relatives felt they had not been kept informed about the changes in managers and personnel, with one relative stating the arrival of a new manager was only "hearsay."

Improvements in the service included effective systems to monitor the quality of the service, ensure staff kept up to date with good practice and to seek people's views, however we need to see this can be sustained over time. Records showed the service responded to concerns and learnt from issues raised.

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 19 November 2019) and there were two breaches of regulation. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This was a focused inspection to follow up breaches.

We carried out an unannounced comprehensive inspection of this service on 8 and 9 October 2019. Two breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve the Safe Care and Treatment of people and Good Governance.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Responsive and Well-led which contained those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from Requires improvement to Good. This is based on the findings at this inspection.

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 coronavirus and other infection outbreaks effectively.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Catherine House General Nursing Home 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 until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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 responsive?**

The service was responsive.

Details are in our responsive findings below.

**Good** ●

### **Is the service well-led?**

The service was not always well-led.

Details are in our well-led findings below.

**Good** ●

# Catherine House General Nursing 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 Care Act 2014.

This was a focused inspection to check whether the provider had met the requirements in relation to Safe care and treatment, and Good governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

The inspection was carried out by one inspector and an expert by experience who telephoned relatives. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

Catherine House General Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service did not have a manager registered with the Care Quality Commission. However, the manager was in the process of applying for registration.

### Notice of inspection

We gave the service 24 hours' notice of the inspection to be sure we could manage the risks related to Covid 19.

### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

### During the inspection

Due to Covid 19 guidelines around inspecting we requested the documentation we required be provided for us at a safe location chosen within the service. We reviewed the care plans and risk assessments for three people, staff training and supervision records, Infection control and quality monitoring. During the visit we spoke with the manager, area director and deputy manager. We later spoke with three staff members over the telephone.

We spoke with three people who used the service and eight relatives about their experience of the care provided. 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 fire system checks and quality assurance records.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

### Using medicines safely

At our last inspection the provider had failed to ensure the safe management of medicines. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Systems were in place to ensure people received their medicines safely. All staff administering medicines had received relevant training and were assessed as competent.
- Some people had medicines prescribed 'as required'. There were clear protocols in place for staff on how much and how often the medicine should be administered.
- Records specific to the use of topical creams and barrier creams were in place. This included a body map so staff knew where creams should be applied.
- Thickening agents required in drinks to safeguard people from choking were stored safely, out of reach of people and visitors.

### Systems and processes to safeguard people from the risk of abuse

- The manager and staff understood their responsibilities to safeguard people from harm. Concerns and allegations were reported, and action taken in a timely manner.
- All staff received training in safeguarding vulnerable people and could discuss how to recognise potential signs of abuse.
- One person told us they felt safe living in the home. One relative said, "I am not worried about [the person's] welfare or care. From all that I have seen the staff are all nice people." Another relative said, "The care seems very good and he has not complained about anything." However, one relative was concerned about a number of unwitnessed falls they had been informed of, and people going into their loved one's room.

### Assessing risk, safety monitoring and management

- People's care plans contained risk assessments linked to their needs. These included the actions staff should take to promote people's safety and ensure their needs were met. Care plans included risk assessments related to moving and handling, nutrition and hydration and preventing pressure ulcers.
- People at risk of choking had been assessed by the Speech and Language Therapy Team (SALT) to decide the safest way to support them to eat safely whilst managing a healthy diet. The SALT guidance was available in the specific care plan looked at.

- Best practice guidelines are that a SALT assessment should not be transcribed. The risk assessments and care plans were clear about directing staff to the original SALT assessment and guidance.
- To ensure the environment for people was kept safe, specialist contractors were commissioned to carry out fire, gas, water and electrical safety checks. There were risk assessments in place relating to health and safety and fire safety. Records showed the appropriate safety checks had been carried out following current good practice guidance.

#### Staffing and recruitment

- The manager completed a dependency score for people living in the home which determined staffing levels. The manager confirmed they did use agency staff but ensured they had the same staff each time to enable continuity and reduce the risk of cross infection. One staff member told us the use of agency staff had been reduced due to the recruitment of new staff.
- One person told us they thought there were enough staff in the home.
- During the inspection there appeared to be enough staff to meet the needs of people comfortably, with time to sit and talk or do an activity with people.
- However, one relative who had carried out a garden visit, said they thought the home was short of staff the day they visited.

#### Preventing and controlling infection

- Staff were aware of the importance of minimising people's risk of infection when providing care and support.
- Staff received regular training in the correct use of Personal Protective Equipment (PPE). Additional training had been put in place to ensure staff were aware of Government guidelines on protecting people from the risk of contracting Covid 19.
- We observed staff using PPE during the inspection. Staff told us they were supplied with sufficient PPE such as aprons, gloves and masks.
- The service had a robust procedure in place for visitors to the home, which included the use of PPE a responsible visitor questionnaire and temperature checks.
- One relative who had been to the service for a garden visit told us, "The staff all wear gloves, aprons and masks and seem to be handling the virus situation well."

#### Learning lessons when things go wrong

- Accidents and incidents were reviewed to identify any trends which may help to prevent a reoccurrence. The time, place and any contributing factor related to any accident or incident was considered to establish patterns and monitor if changes to practice needed to be made.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved 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

At the last inspection we found improvements were needed in the way care was personalised, individual and took people's preferences into consideration. We also found care plans did not reflect the guidance from SALT assessments. At this inspection we found this area had improved.

- Daily records showed that people were no longer being raised early and returned to bed fully clothed. People's preferred rising and going to bedtimes were recorded.
- Care plans clearly reflected the guidance from SALT assessments. They directed staff to the original document rather than transcribing the guidance into the care plan.
- Staff had a good knowledge of the needs of people and had time during the day to review care plans. One staff member said, "We don't have time to look at everything in the care plan, but handovers and communication are excellent. We are informed immediately if there are any changes we should know about."
- Relatives had mixed opinions of care plan reviews. One relative said, "I am kept informed each week of how things are, and the care plan is up to date." Another relative told us, "We have been kept well informed by telephone during the pandemic. We were involved minimally in the care planning." However, one relative said, "I am meant to receive a weekly progress call, but I don't get one."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

At the last inspection we found staff were not using alternative formats such as picture cards to help people make a choice. At this inspection we found this area had improved.

- Information was shared with people and where relevant the information was made available in formats which met their communication needs in line with the AIS.
- We observed staff were more involved with people and supported them to make choices with information they could understand.

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

At the last inspection we found people living with dementia were not involved in meaningful activities. Staff did not engage with people and involve them in daily activities on the first floor. At this inspection we found this area had improved.

- The manager and area director explained how they had supported the activities organiser in gaining experience of how to engage meaningfully with people living with dementia. They explained they had also encouraged care workers to be involved with organising activities and engaging more with people on both a group or one to one basis.
- We observed care workers supporting people on the first floor to be actively engaged and during the afternoon people enjoyed a karaoke.
- A stop at three o'clock initiative had been introduced, when staff were encouraged to stop what they were doing and engage with people living in the home. One staff member told us this initiative made them feel it was, "Ok to sit down and chat with people."
- One person told us how they continued to enjoy their hobby of knitting and crocheting.
- Relatives had mixed opinions about the level of stimulation in the home. One relative said, "[The person] loves music so the entertainment and karaoke are great for him and he apparently gets up and dances while they hold him with his walking frame." Another relative told us, "They [staff] send me photographs of [the person] making cakes and other activities which is so nice to see." However, two relatives mentioned there was still a lack of stimulation for people living with dementia or confined to their beds.
- Relatives told us how they had been supported to maintain contact during the lockdown. One relative said, "I am kept well informed by telephone... My only problem is not being able to see [the person]. Only outdoor visits are allowed though I think they are working on a feasibility study for alternative arrangements." Another relative told us, "I have been unable to visit but have had regular updates by telephone." Another relative said, "I am very fond of the team and seeing them interact with [the person] during our facetime calls is actually very heart warming."
- The manager showed us an area they had cleared in the garden to provide safe garden visits for people.

Improving care quality in response to complaints or concerns

- There was a concerns and complaints procedure in place. This detailed how people could make a complaint or raise a concern and how this would be responded to. Records showed concerns and complaints had been recorded and action taken.
- People and relatives had access to the policy and knew who they could talk to. One relative said, "I have complained about things in the past and seen changes. To be honest, we couldn't ask for better care." Another relative said, "With regard to [a concern raised], which would be a big thing for him, they at least apologised and responded quickly."

End of life care and support

- People could be confident that at the end of their lives they would be treated with compassion and any discomfort would be effectively managed. People were supported to make choices about the care they received at the end of their life.
- Care plans showed that people had a Treatment Escalation Plan (TEP) in place. These showed that matters such as escalation planning at end of life and resuscitation decisions had been undertaken.
- Staff worked with local healthcare professionals to ensure people's comfort and dignity at the end of their lives was maintained.

# 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 the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to a rating of 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. Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At the last inspections systems in place had failed to identify shortfalls and drive improvement. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- There was not a registered manager in post, a turn-around manager had supported staff at all levels to improve the service provided and to drive ongoing improvements in the home.
- A new manager had taken up post a few weeks before the inspection. They were being supported by the area director and turn-around manager to ensure the improvements put in place were sustained. The new manager intended to apply to be registered with CQC. One relative told us, "[New manager's name] is the manager and she seemed nice and approachable." Another relative said, "[Turn-around manager's name] the temporary manager has been very good. I very much feel listened to by the team as a whole."
- However, relatives also told us they did not feel they had been kept informed about the changes in management, with comments such as, "There have been several managers and changes, so it is difficult to comment on the improvements as there is no consistency currently." And, "There is a new manager, but this is only according to hearsay. It would be nice to have been formally informed when these significant changes occur."
- There were robust systems in place to identify shortfalls and drive improvement. Changes throughout the home could be seen during the inspection.
- Where shortfalls had been found meetings with staff either in a team or on a one to one basis were organised to look at the root cause of the failure, and additional training put in place if necessary.
- Regular senior staff meetings were held every morning to ensure all changes were communicated throughout the service.
- Staff at all levels were aware of their roles and responsibilities. Senior staff were always available or on call if advise or support was needed.

- Staff had taken up champion roles, for example there were champions for medication, diabetes infection control, safer people handling, health and safety, dignity, nutrition, dementia, falls, mental health and continence. These champions led on ensuring all staff were up to date with the latest guidance and good practices.
- A contingency plan was in place to make sure people continued to receive a service if adverse weather was experienced during the winter. This now included a pandemic contingency plan in case the service became very short of staff.
- Staff felt supported and received regular supervisions and appraisals. This provided staff with the opportunity to discuss their practice and identify any learning requirements.
- Staff morale in the home during the inspection was high and staff were positive about the changes that had been implemented.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and their families could comment on the service provided. The manager and provider carried out satisfaction surveys and met with people before the pandemic at resident and relative meetings.
- Comments from relatives about being involved varied. One relative said, "I am kept informed each week of how things are, and the care plan is up to date." However, another relative told us, "There needs to be more information sharing and updates especially during restricted visiting."

Continuous learning and improving care

- The manager and area director demonstrated an open and positive approach to learning and development.
- The management team kept their skills and knowledge up to date, through research and training.
- The new manager was also being supported by the area director and other managers within the organisation. This meant they could share what worked well and what had not worked well and how they had managed it.

Working in partnership with others

- The service had good working links with other organisations in the community to support people's preferences and meet their needs.
- Records showed the service worked with other healthcare professionals to achieve positive outcomes for people.

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 manager, area director and provider promoted the ethos of honesty, learned from mistakes and admitted when things had gone wrong.