

Speciality Care (REIT Homes) Limited

Catchpole Court Care Home

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?	Requires Improvement ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

Catchpole Court Care Home is a care home for up to 66 older people some of whom live with dementia. The home is purpose built and comprises of two separate units, each on two floors of the home. There were 54 people living at the home at the time of our visit.

At the last inspection in January 2015, the service was rated Good. At this inspection we found the service remained Good.

Why the service is rated Good ...

Staff knew how to respond to possible abuse and how to reduce risks to people individually and from environmental risks, such as from equipment or through fire safety awareness. There were usually staff who had been recruited properly to make sure they were safe to work with people. Medicines were stored and administered safely.

People were cared for by staff who had received the appropriate training and had the skills and support to carry out their roles. Staff members understood and complied with the principles of the Mental Capacity Act 2005. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People received a choice of meals and staff supported them to eat and drink enough. They were referred to health care professionals as needed and staff followed the advice professionals gave them.

Staff were caring and kind and treated people with respect. People's right to privacy was maintained by the actions and care given by staff members.

People's personal and health care needs were met and care records guided staff in how to do this. There were not enough activities or things for people to do during the day and people did not always have enough social stimulation. Complaints were investigated and responded to and people knew who to go to, to do this.

Staff worked well together and felt supported by the management team. The monitoring process looked at systems throughout the home, identified issues and took the appropriate action to resolve these.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

<p>Is the service safe?</p> <p>The service remains Good.</p>	<p>Good ●</p>
<p>Is the service effective?</p> <p>The service remains Good.</p>	<p>Good ●</p>
<p>Is the service caring?</p> <p>The service remains Good.</p>	<p>Good ●</p>
<p>Is the service responsive?</p> <p>The service was not always responsive</p> <p>People received the physical and health care they needed and care records supported staff to deliver this care.</p> <p>People did not have enough to do and there was a lack of social stimulation.</p> <p>People knew who to go to and how to make a complaint.</p>	<p>Requires Improvement ●</p>
<p>Is the service well-led?</p> <p>The service remains Good.</p>	<p>Good ●</p>

Catchpole Court Care Home

Detailed findings

Background to this inspection

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

This inspection took place on 2 and 9 March 2017 and was unannounced.

The inspection team consisted of two inspectors.

As part of the inspection, we reviewed the information available to us about the home, such as the notifications that they had sent us. A notification is information about important events which the provider is required to send us by law. Before this inspection, the provider completed a Provider Information Return (PIR). 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.

During our inspection, we observed how staff interacted with people and their relatives. We used the Short Observational Framework for Inspection (SOFI) in the communal areas of the service. SOFI is a way of observing care to help us understand the experiences of people who could not talk with us.

During our visit, we spoke with four people living at the home, as well as a one person's visitor. We also spoke with eight members of staff including two clinical leads, a registered nurse, three care staff, a member of the kitchen staff and the deputy manager. We also spoke with the registered manager and the organisation's regional manager. We checked seven people's care records and medicines administration records (MARs). We checked records relating to how the service is run and monitored, such as audits, staff recruitment, training and health and safety records.

Is the service safe?

Our findings

The service remained good at safeguarding people. We received information of concern before our visit about how staff managed behaviour that challenged or upset others. We spent time in the Gainsborough unit and observed how staff interacted with people. Staff members had a good understanding of how to respond to people if they became upset or distressed. They were able to describe to us how people became upset, the possible reasons for this and the actions they needed to take to reduce the person's distress. We observed that staff approached people quickly if they needed to and this reduced situations where people became upset. Care records for three people showed that there was clear information for staff regarding how they should approach the person if they were upset or distressed, and actions they should take if this occurred. We saw that staff put this guidance into practice. We concluded that staff managed behaviour that challenged or upset others well.

People told us that they felt safe living at the home and they knew who to speak with if they were concerned. One person told us that they felt safe because the home was, "A nice community and the carers are very good." There were processes in place to protect people from abuse or harm, and these contributed to people's safety. Staff knew how to protect people from harm, they had received training and they understood what to look for. The registered provider was aware of their responsibility to report issues relating to safeguarding to the local authority and the Care Quality Commission.

The service remained good at assessing risks to people. We received information of concern before our visit about equipment that was not always working and fire doors blocked by equipment storage. We found that fire and emergency exits were kept clear, although there was equipment stored close to one door. However, this did not impede access to the door. We also found that equipment available was able to be used and that repairs were carried out when required. Staff assessed individual risks to people and kept updated records to show how the risk had been reduced. Our conversations with staff members showed that they followed the guidance in place and took the appropriate actions.

The service remained good at ensuring there were enough staff with the required recruitment checks to care for people. People told us that they did not think there were always enough staff and sometimes they had to wait. Staff members told us that usually there were enough staff but that if there was a sudden shortage of staff due to sick leave, for example, this would occasionally mean that people had to wait longer for assistance. Staff said that if there was a sudden shortage, the registered manager contacted other staff members to see if they could work at short notice. They also acknowledged in one part of the home that it was not always possible for staff to be present in the lounge at all times or for staff to be available in this area for activities.

During our visit we saw that there were usually staff members available in all areas of the home, except one lounge. However, we also saw that staff members visited the lounge area frequently and they were visible in other parts of the home throughout the day. Staff attended to people quickly and we noted that call bells did not ring for long periods of the time. The registered manager assessed staffing levels based on people's care needs and entered this information into a computerised staffing tool to determine the numbers of staff

needed. We saw from staff rotas that staffing numbers exceeded the number of staff required by the staffing tool. We were satisfied that there were enough staff available but that consideration of the deployment of staff in one lounge was needed.

We saw that staff members who had been recruited had undergone an interview process and checks to ensure that they were safe to work at the home.

The service remained good at managing people's medicines. We received information of concern before our visit about medicines being left in people's rooms. People told us that they received their medicines as prescribed and that these were not missed. One person said that this had occurred in the past but that staff were no longer able to leave medicines. We saw that medicines were not left in people's rooms for them to take at another time. We concluded that although this concern had occurred in the past, this practice was no longer in place. People who needed support with their medicines received this from staff who were competent to provide this. We observed that people received their medicines in a safe way and that medicines were kept securely. Staff completed daily audits of stock and daily checks of records. We saw that staff ensured people had a drink to take their medicines with if required.

Is the service effective?

Our findings

The service remained good at providing staff with training and support. We received information of concern before this inspection that staff members did not follow correct moving and handling procedures. At this visit people told us that staff had enough training to care for them properly. They said that staff always used the correct equipment when moving them. One person explained how staff helped them in and out of bed and commented with a laugh, "They don't leave you swinging in the air." Staff training records show that staff members had received moving and handling training. Our observations showed that staff assisted people appropriately and where required, used equipment in the correct way. We were therefore satisfied that staff members did follow moving and handling procedures.

Staff told us that they had undertaken training in areas that were required and in additional areas, if this was needed for them to be able to meet people's needs. One staff member told us that their dementia care training had made them think about what the care provided on a day to day basis for all people, not just people with dementia. Training records showed that staff received training in areas such as fire safety, safeguarding pressure ulcer awareness. One member of staff said that care staff were encouraged to complete national qualifications, such as diplomas, while nursing staff were able to complete health related courses at the local hospital. Staff confirmed that they received supervision, which provided them with the guidance and support to carry out their roles.

The service remained good at ensuring people were able to make their own decisions for as long as possible. 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). Staff we spoke with demonstrated they had an understanding of the MCA and worked within its principles when providing people with care. Staff completed mental capacity assessments and guidance was available to show the help people needed to make sure they were able to continue making decisions.

The service remained good at providing people with enough to eat and drink. We looked at how staff supported people with eating and drinking. People told us they were given a choice of meals and drinks. One person action to reduce this, including referring people to health care professionals such as dieticians or speech and language therapists.

The service remained good at ensuring people had advice and treatment said, "I can have an alternative if I don't like what's on the menu." We observed that refreshments were offered throughout the day.

Weekly menus were planned and displayed in the dining areas. Staff helped people appropriately, which ensured that people ate as much as they could. They monitored people at risk of not eating or drinking enough and took from health care professionals. People told us that staff contacted their GP or the district nurses if this was required. We saw that one person had a significant change in their health during our visit. Staff contacted the person's GP quickly and worked closely with them in order to meet the person's need. People's care records showed that they had access to the advice and treatment of a range of health care

professionals.

Is the service caring?

Our findings

The service remained good. People told us that staff were caring and kind. One person said that staff were, "Very pleasant and helpful." Another person told us that some staff really went out of their way to help them and, "Nothing's too much trouble." A visitor told us that, "Carers are so friendly. They treat everyone as a person." This visitor also said that nothing was too much trouble for staff.

We saw that staff were kind and thoughtful in the way they spoke with and approached people. This was designed to put people at ease and we saw that staff achieved this by considering their actions first. They faced people, spoke directly with them and when people were sitting at a different level, staff lowered themselves so they were not standing above the person. In turn, we saw that people responded to this attention in a positive way.

We found that staff knew people well and that they were able to anticipate people's needs because of this. They knew what people would do, although they continued to make sure people were able to make their own decisions. People told us that staff knew them and would listen to what they wanted and change things if they could. One person said that they found the deputy manager to be particularly good at this and that they always got a response from the staff member. We saw that staff members told people what they were going to do before doing it, which meant that people were not suddenly surprised and they were able to indicate if they were not happy for staff to continue.

The service remained good at respecting people's right to privacy and to be treated respectfully. People told us that staff did this and they gave us examples of how this occurred, such as always making sure people were covered, and doors and curtains were closed during personal care. They told us that they were able to choose whether to have a male or female staff member. One person told us how staff helped them to stay independent and that as a result their mobility had improved since living at the home.

Is the service responsive?

Our findings

The service did not always remain responsive to meeting people's social needs. People told us that they did not always have anything to do and there were times when they were bored. A visitor also told us that they had stopped seeing people participating in activities since one staff member left the organisation. They said that this meant that a weekly exercise group no longer took place and that people had not been able to continue craft activities.

We saw that staff in one part of the home were able to spend more time with people in the lounge and that they sat and talked with people while they were there. One staff member discussed a book with one person and other staff had conversations with people. However, we also saw that many people did not receive any stimulation and spent long periods of time asleep or withdrawn. In another lounge we saw that staff spent much less time with people and for a large part of the morning there was no stimulation from the television or radio either. We saw that one person was able to continue their activity of puzzle books, but that many other people had nothing to do.

One person told us that they would like to go out more as they used to sit outside in the warmer weather. Another person told us that a coffee shop was being built in the grounds. A staff member confirmed that this would provide a venue for people to visit that was outside the home but not too far away. On the second day of our visit the person said that they had visited the coffee shop and that it was very nice.

We spoke with the registered manager about the amount of activities available and they told us that they were in the process of recruiting another staff member for this specific role.

We received concerns before our visit that staff were getting people out of bed much earlier than people wanted and that there was an expectation that staff would start giving personal care as early as 4am. Staff members confirmed that there was no expectation that night staff would get people up or complete personal care early in the morning. They did say though that people were given personal care during the night if this was required. We saw during our visit that people remained in bed during the morning and that personal care was given when people wanted, including in the afternoon if this was the person's preference. Our observations and conversations with staff indicated that people were able to stay in bed if they wanted to.

People told us that they received the care that they needed, although there were times when they had to wait. One person's visitor told us that nothing was too much trouble for staff. They thought the care their relative received was very good and that there were enough staff available to provide this. The visitor told us that their relative had stayed in their room when they first went to live at the home, but with the support of staff they now ate in the dining room with other people. This had resulted in the person eating better and becoming less at risk of weight loss.

We looked at people's care records and found that these were mostly completed in enough detail to provide staff with guidance on how to meet people's care needs. Where information was missing we found that

there was general detailed guidance about how to meet that specific health need, such as for diabetes. Information about how health conditions affected individual people was not always available. However, staff were able to tell in us clearly and in detail about people, how their health conditions affected them and the actions they needed to take to make sure these health needs were cared for. We saw this in practice when one person became unwell during our visit. Staff acted quickly and appropriately and the person's health improved within a short space of time.

The service remained good at managing complaints. People told us they would feel confident talking to a member of staff or the registered manager if they had a concern or wished to raise a complaint. Staff confirmed they knew what action to take should someone in their care want to make a complaint and were confident the registered manager would deal with any given situation in an appropriate manner. We saw that most complaints were investigated and responded to within a very short time frame.

Is the service well-led?

Our findings

The home was rated as 'Good' overall at our last inspection in January 2015.

We received information of concern before our visit that the home was run in an intimidating way and that staff members were not supported. Staff members told us that there was a fairly stable staff group and that they got on well together. One staff member said, "It's a pretty good bunch of people." They felt supported by both the deputy manager and registered manager and said that both were approachable and a good support for all staff. Our observations showed that both the registered manager and deputy manager spoke with staff in a positive and appropriate way. We concluded that staff members were supported and that the home was well run, with an open atmosphere.

The registered manager was in post and had been registered with the Commission since January 2015. 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.

People told us that they were happy living at the home. Most people said that they would recommend the home to others, one person told us, "Yes, definitely." They said that they saw the registered manager around the home and knew who they were.

The service remained good at assessing and monitoring risks to people and the quality of the service. The registered manager used various ways to monitor the quality of the service. These included audits of the different systems around the home, such as personal information, health and safety, infection control and the care records. These identified issues and the action required to address them. This information was then passed to other staff to address and to the organisation's management team to oversee and ensure issues did not carry on. The deputy manager monitored accidents and incidents and provided us with an analysis of incidents over the previous year. This identified trends and allowed staff to take interventions to reduce these reoccurring.

The views of people, their relatives, staff and visiting health care professionals were obtained on an on-going basis and collated into an annual summary. These were through questionnaires or meetings for people and their relatives. We saw from the results of the questionnaires that people, their relatives and staff were happy either living, visiting or working at the home and there were many positive comments. There was only one recurring area of concern and this was only identified since the beginning of 2017. This was in relation to the provision of activities. We saw that some action had been taken to address this, such as care staff spending time with individual people and the opening of a coffee shop on site. We were also told that the action had been taken to recruit a new staff member into the role.