B & M Investments Limited

St Catharines Care Home

Inspection report

24 St Catharines Road
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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

St Catharine's is a residential care home that provides accommodation and personal care for up to 24 older people, some of whom live with dementia. At the time of our inspection there were 20 people living at the home.

The inspection took place on 22 September 2016 and was unannounced.

There was a manager in post who had registered with the Care Quality Commission (CQC). A registered manager is a person who has registered with the CQC 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.

There were sufficient numbers of suitably trained and skilled staff employed at the service to meet people`s needs at all times. Staff had received training in how to safeguard people against the risks of abuse and they were able to tell us how they would report any concerns internally and externally to local safeguarding authorities. Safe and effective recruitment practices were followed to check that staff were of good character, physically and mentally fit for the role they performed and able to meet people's needs. People received their medicines from staff who were trained to do so safely.

People were complimentary about the skills, experience and abilities of the staff who supported them. We found that staff had received training relevant to their roles and had regular supervisions to discuss and review their performance and professional development. Peoples consent was sought prior to care or support being given and where people had lacked capacity to make certain decisions staff ensured consent was sought in line with the principles of the Mental Capacity Act 2005. People told us that they enjoyed the food provided to them and were given ample food and fluid when requested. Where people were at risk of weight loss, staff were quick to refer them to appropriate health professionals.

People told us they were looked after in a kind, respectful and caring manner by staff who knew their individual needs well. Staff were knowledgeable about people`s likes and dislikes regarding their care and promoted people`s dignity and privacy when delivering care and support.

People told us they were involved in the planning, delivery and review of the care they received. People were able to pursue their individual interests as well as engage in meaningful activities within the home. Complaints had been recorded and investigated and where appropriate these were shared with staff to ensure lessons were learnt and improvements made where required.

People knew the registered manager and felt the leadership arrangements in the home promoted an open culture and delivered high quality care. There were regular audits done by the registered manager and the provider and where actions were needed to improve the service these were identified and completed. The provider sent regular surveys to people, relatives and staff to receive feedback to help them better

understand how they could improve the care provided.

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 living St Catharine's and staff were aware of how to identify and report any suspicion of abuse.

People's needs were responded to when they required assistance by sufficient numbers of staff.

People were supported by staff that had undergone a robust recruitment process.

People's medicines were given to people as the prescriber intended, and incidents relating to medicines management were addressed.

Is the service effective?

Good

The service was effective.

People were cared for by a staff team who felt supported and were adequately trained to provide care to people.

People's consent was sought prior to care being delivered, and the requirements of the Mental Capacity Act 2005 had been followed.

People were supported to eat and drink sufficient amounts and people's weights were monitored and responded to when required.

People were supported by and had regular access to a range of healthcare professionals for a range of various health needs.

Is the service caring?

Good

The service was caring.

People told us they were always listened to and could shape and influence their own care.

People's personal preferences, interests and wishes were

documented, and staff were aware of how to meet these varying needs.

People received care from staff they obviously knew well and felt comfortable with that was delivered in a sensitive manner.

Is the service responsive?

Good

The service was responsive.

People received care and support from staff who knew their likes, dislikes and personal preferences.

People were encouraged to pursue their hobbies and interests.

People were confident in raising concerns and told us they felt confident that these were listened to.

Is the service well-led?

Good

The service was well led.

Systems used to quality assure services, manage risks and drive improvement were effective.

People, staff and relatives were able to provide feedback to the Registered Manager about how services were provided.

The Registered Manager was accountable and managed the home in an open, honest and transparent manner.

People were aware of the management arrangements at the home and felt confident in approaching managers any time.

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People's care records were accurately maintained and notifications required to be submitted were carried out when required.

St Catharines 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 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.

The inspection was carried out on 22 September 2016 and was unannounced. The inspection team consisted of two inspectors.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that requires them to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed information we held about the service including statutory notifications. Statutory notifications include information about important events which the provider is required to send us by law.

During the inspection we spoke with six people who lived at the home, four staff members, and the registered manager. We looked at care plans relating to six people who lived at the home, and three staff files. We also carried out observations in communal lounges and dining rooms and used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us due to complex health needs.

Good

Is the service safe?

Our findings

People we spoke with told us they felt safe living at St Catharine's Care Home. One person told us, "I came here because it's safer than me being at home at the minute, I have no worries at all."

Staff we spoke with were able to describe to us what constituted abuse, and what signs they looked for when providing personal care to people, such as unexplained bruising or abrasions. Staff told us they monitored people's moods and observed them for changes in their personality, such as becoming subdued or withdrawn. They told us that they would immediately escalate any concerns to the management team. Information about safeguarding adults from abuse was made available around the home to people and visitors, and this also gave them telephone numbers people could contact to report concerns anonymously if needed. Staff had all received updated training in relation to safeguarding people from abuse and whistleblowing.

People told us they thought there were sufficient numbers of staff deployed to support them and that staff responded quickly when people requested assistance. One person said, "I have a watch which I can use to call help because I have no strength to push the buzzer. Sometimes I push it unintentionally but staff don't mind they always come." A second person said, "They never rush me and take their time before going off to help someone else and whenever I need something I just call and someone will come."

We reviewed recruitment records for three staff members and found that safe and effective recruitment practices were followed which ensured that staff did not start work until satisfactory employment checks had been completed. Staff we spoke with confirmed that they had to wait until the manager had received a copy of their criminal record check before they were able to start work at the home. This ensured that staff members employed to support people were fit to do so.

When we arrived at the home we found it to be calm, and settled. Call bells were not heard to be ringing, and staff carried out their duties in an unhurried way which created a calm and relaxed atmosphere. The registered manager regularly reviewed the needs of people within the home to ensure the number of staff on duty at any one time were able to meet peoples fluctuating needs.

Risks associated with people`s daily living were recognised and risk assessments were in place with clear instructions and guidance for staff how to mitigate these risks. Risks were discussed with people and although they were advised and encouraged to use equipment and other measures to mitigate the risks their choice was respected, followed and documented by staff. For example one person was at risk of developing pressure ulcers. Staff had discussed with them the equipment they required to reduce this risk, and the person had chosen to have a pressure mattress on their bed. However they did not want to sit on a pressure relieving cushion and had declined this as they felt more comfortable sitting in a chair without this. This meant that staff had identified and responded to areas of risk to people's well-being but had also provided people with the information to make their own informed decisions about how they managed the risk to them.

People we spoke with told us they received their medicines when they needed them. One person told us, "I have these ones every morning with my breakfast without fail, the staff are very prompt about that." Where people were able to manage their own medicines, staff ensured they were able to do so safely and all people were given the options of managing their medicine when they were first assessed. People who were prescribed 'As required' medicines for symptoms such as pain were asked whether they felt they needed a tablet, and staff acknowledged their decision. Only trained staff administered medicines and when medicines were handed to people, staff ensured they were taken in their presence, and only signed the medication administration record (MAR) once they were satisfied they had been consumed. We checked the MAR records for six people and found no errors or omissions in the record to suggest people had missed a dosage. People's medicines were regularly reviewed by the doctor and where people were prescribed varying dose medicines, such as those to thin people's blood, the change had been updated and the new prescribed dose given as prescribed.

Good

Is the service effective?

Our findings

People told us that staff were sufficiently trained to meet their care needs. One person said, "Staff knows what they are doing here. I know they have a lot of training and they have to pass a test [induction period] before they get the job properly." A second person said, "They never flap or panic, they are professional and just get on with the job that needs doing."

Staff we spoke with told us they felt supported and received training relevant to their role. One staff member said, "The training has been really good, and I only ever need to talk to my manager to look at extra training if I want it." We saw that additional training was made available to staff to further develop their knowledge and skills. Staff told us that they were able to speak to the Registered Manager and they would support them to access any training that was appropriate. One staff member said, "There's always something to do, I have just done an accredited dementia course and am working towards a national qualification through the university. We also did the dementia tour, which was experiencing what it would be like to be a person with dementia by removing a lot of our senses, it really helped me appreciate how it must be to live in that world."

Staff were regularly supported by their manager, and told us their competency was regularly reviewed and areas for improvement discussed through face to face supervision meetings. One staff member told us, "I feel really supported; I can go to the manager when I need to who will give me advise or guidance, but I can also go to my mentor." A second staff member said, "We are regularly observed and get feedback in our supervision. I think it's really good, like a while ago, the manager saw I had my foot on the hoist so we were able to talk about it, and I learnt how to hoist people better, we all learnt from that."

People told us that they felt staff sought their consent prior to support being given, and that staff explained clearly why they wanted to assist them. One person told us, "Staff always ask before they do something and if I am not in the mood they come when I ask them to." A second person said, "They [Staff] do nothing without my say so, I can assure you of that." We spoke with one person who had been living with deteriorating mental health. Over a sustained period of time, this person had refused to undertake any support, medication or specialist intervention to help them manage their mood. The person had capacity, and although staff explained regularly the risks and benefits of accepting support they also acknowledged the persons wish to not have treatment. However, regular reviews of this persons condition demonstrated that staff continually revisited this with them, but continually respected their wish to not give consent.

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).

When people were considered to lack capacity they were assessed and a best interest decision was made. Decisions were made through consultation with the registered manager, relatives and a relevant professional. Where people then required a DoLS authorisation to maintain their safety, for example, using bedrails to prevent them failing from bed, the appropriate applications had taken place. Staff and the management team demonstrated to us their understanding of when it was necessary to apply for an authority to deprive somebody of their liberty in order to keep them safe. One staff member told us, "With mental capacity and DoLS, everybody regardless of this still has choices they can make and should be included in regardless of whether they have capacity." The registered manager had completed the relevant applications to the local authority and were awaiting approval. Where DoLS had been authorised, this was not a barrier to people leaving or enjoying activities outside of the home environment. For example, one person who had a DoLS in place to keep them within the home, was able to freely access the grounds, go out for meals and day trips with their family, and regularly attend a sensory singing group in the local community that they enjoyed very much. The Registered Manager clearly had an ethos that DoLS were there to just keep people safe, and not limit their opportunities to live their lives as they wished.

People told us they enjoyed the food at St Catharine's. One person said, "We always have fresh fruits around and a nice choice of drinks. They [staff] ask each morning what we would like to drink as an option for the whole day and they give us individual jugs and glass. We also have tea and coffee rounds all the time. We do have plenty to eat and drink." A second person said, "The food is very good, always cooked fresh and plenty of it."

People's nutritional needs were monitored and responded to where they were at risk of weight loss. We saw that staff monitored regularly people's weight and where people continued to be at risk staff referred them to the appropriate professional for specialist assessment. People who required specialised diets such as a soft, diabetic or gluten free diet were catered for, and a record of people's allergies was made available to the kitchen staff.

We saw that appropriate referrals were made to health and social care specialists when needed and there was regular contact with and visits from the local mental health team, GP, dieticians, chiropodists and opticians. One person told us, "They always get the GP in when I need it. They are so good; they know what they are doing."

Good

Is the service caring?

Our findings

People told us that staff were kind, caring and had a respectful approach towards them. One person said, "I came in for an afternoon first before I moved in and everybody was smiling, people and staff. It was so nice I decided to move in. I am here since and I am at HOME." A second person said, "I am here because being caring is exactly what they all do best."

People told us that their views were listened to and people when assessing people's health needs staff took the time to fully understand how people wished to receive their care. People told us they felt involved in discussing their care needs and that they were active in making important decisions. For example one person`s care plan detailed, "[Name of the person] chooses to stay in her nightwear all day. [Person] likes to wear their jewellery and will put a brooch or a necklace on with their nightie." We saw this was followed by staff as required. One person said, "I recommended this place to a friend before I had to come in myself. I told them just look when we go in everybody smiles. It was true. When I moved in the staff came over and gave me a big hug. It meant a lot to me to feel so much kindness." A second person said, "They talked to me, not a clinical assessment, like a person and got to know me so well over time that they just seem to know exactly how I like the little things done."

Staff we spoke with told us about people's lives, their previous employment, interests and things that mattered to them which enabled them to offer bespoke care. One staff member told us they had taken a total career change to work at St Catharine's; they were still relatively new in post but were infectious with their passion when describing how they help people every day. They told us, "There's no other job where I would get to help so many people in so many ways, it's just like being part of a big family." When staff spoke with people they did so by a persons preferred name, and where a new person had recently moved into the home, we saw at breakfast that all the staff periodically introduced themselves to the person, and spoke to them about how they could help them settle in.

Staff were seen to interact and respond to people in a positive manner and spent time with them. When speaking with people staff did so in a calm and relaxed manner and got close to people when talking to them. One person was seen to be upset and said to staff, "I'm sorry my darling, I know I'm in the way, I never know what time to come down, or where to go when I'm here, I just want to go home." Staff stopped the task they were doing and immediately cuddled the person saying, "There isn't a right time or a wrong time, you just come down when you're happy to and leave everything up to us." They sat patiently with this person, distracting them with conversation, providing reassurance and affection until the person sat smiling, contentedly eating their breakfast and much more settled than they had been.

When staff spoke to people about sensitive issues such as assisting them with their personal care needs then did so very discreetly and with minimal fuss. People's dignity and privacy was promoted by all staff. We saw that staff knocked on bedroom doors and asked whether they could enter. They closed doors behind them when giving people personal care. Staff spoke to people appropriately and respected their choice of what they wanted to do each time and how they wanted it done. One person said, "They always knock and wait for an answer. Staff are so nice. One night I went to use the toilet and staff came to check on me and they

couldn't` find me because I was in the bathroom. When I came back staff were crying and trying to find me, this is how much they care, they were scared for me."

Staff reacted quickly when people required support maintaining their appearance and quickly intervened when one person was showing signs of anxiety and becoming restless and agitated. They ensured they calmed the person by talking to them, holding their hands and use diversion techniques to prevent the person getting distressed and agitated.

People and staff were aware of advocacy services that people could use should they wish to do so to, however nobody at the time of the inspection had used an advocate.

Good

Is the service responsive?

Our findings

People told us they felt involved in discussing and planning their care. One person said, "Everything here happens as I want it. It is my decision what I wear, when I get up and so on. " A second person said, "They asked me what I need help with and they make sure I have my trolley at hand and everything I need. I am very grateful I was offered a room here."

People told us that they were able to contribute to the assessment and review of their needs. They said that staff completed a thorough assessment and that both themselves and their family were consulted. Care records we looked at were detailed, up to date and provided key information for staff about how to meet people's needs that included areas such as maintaining safety, providing personal care and eating and drinking. Each area assessed documented clearly people's preferences, dislikes and preferred routines to enable staff to offer care and support for people in a personalised way. Staff we spoke with were aware of people's particular individual needs, and were able to clearly describe to us how they met these needs.

Staff demonstrated this awareness when they supported one person who had recently moved into the home. They became agitated and restless, becoming confused and slightly distressed. Staff intervened swiftly and sat with them, providing reassurance and talking softly about what was concerning the person, whilst also gently distracting them by talking about their family visiting, leading them to take part in an activity they enjoyed, and showing a clear understanding of the person and how to support them. The person was soon smiling and happily walking around the home.

Where family was important to people, these formed a central part of their care plan to encourage family to not only visit but also for people to visit families when possible and go out on various day trips and meals. People told us there was no restriction on families visiting, and we saw throughout the inspection that people's relatives arrived to take them out and about, or to support them to a hospital of doctor appointment.

In addition to promoting peoples social and family needs people told us there was a range of varied activities provided that they could join in with. One person said, "We have plenty to do here. We had exercises today but we have our nails done, music, garden, reading, trips all sorts." A second person said, ""We always have things to do. We are all friends and we have something to talk about all day. We can choose what we want to do. I am not bored here at all. I have things to do and I will." This offered a range of choice to people who enjoyed group activities, but for people who preferred their own company or who were at times unable to leave their room due to changing health needs, staff still ensured they supported and engaged with them. We observed throughout the inspection that for people who were alone, staff continually popped in and out of their room for a chat, or to help them with an activity. One staff member for example was seen to assist someone with knitting, and activity the person told us they enjoyed, but became more difficult as they got older.

On the day of the inspection people were free to sit where they wished, with a number of sociable people sat happily in the lounge, others in the dining area, and another person content in the garden. Staff had given

this person a bell that they could ring to summon them if they needed anything. Even though this person was falling asleep, staff continually checked they were warm enough, had enough tea, and left them to enjoy the sunny morning. Peoples social care needs were met they had opportunities to pursue their hobbies and interests and occupy their time, and were also not left to feel isolated or alone.

Good

Is the service well-led?

Our findings

People we spoke with told us the Registered Manager was visible, approachable and listened to their views and concerns. One person said, "They are hands on, they lead the girls very well by example and will gladly sit down to talk to us all about anything we want to in a very open way." A second person said, "They manager is on the ball, the high standards of care we all get is simply because they are good at what they do." Each person we spoke with knew who the Registered Manager was and told us equally positive things about their management approach. Staff we spoke with also told us they felt the Registered Manager was approachable and open to discussions about improving the service.

The Registered Manager chaired several meetings within the home, for senior staff, care staff, relatives and residents, and included staff from areas such as housekeeping and catering within these forums. Actions were agreed and reviewed at subsequent meetings to ensure they were completed. For those staff who worked the night shift, the Registered Manager would visit the home during that shift so those staff who did not work days could also be included. One staff member said, "Meetings are good, the manager listens to us and puts things in place. We said that the mornings were getting hectic as lots of people want help at the same time, so we said the night staff could help with the breakfast trays, and since they have things have been a lot calmer."

There were regular audits carried out to check the quality of the service provided and the registered manager worked from a continually developing quality improvement plan that aligned itself to the standards that CQC review as part of their inspections. Senior managers visited regularly to audit key areas of service delivery, such as the environment, care planning and infection control, but also senior managers with specific skills undertook observations of care. For example, one senior manager with a background in dementia care, had observed staff whilst providing care to people and while assisting them to eat their meals. Through their observations they were able to support the Registered Manager to make improvements where needed to improve not only the safety of care provided but also the quality.

Surveys of people, relatives and staff had been carried out to seek their views on the quality of care provided. The results of these surveys was at the time of the inspection still being collated, however the results of previous surveys were shared with people living at, visiting or working in St Catharine's, and any actions arising from this survey were displayed.

Records relating to people's care and treatment were accurately maintained. Daily records of care provided to people were updated when required, and people's care plan and risk assessments accurately depicted their current care needs. Records relating to the management of the service were regularly reviewed and updated.
Notifications of significant events that occurred within the home were made to the Care Quality Commission as required without delay.