

The Cote Charity

Katherine House Rest Home

Inspection report

Cote House Lane
Bristol
Avon
BS9 3UW

Tel: 01179873540
Website: www.cotecharity.co.uk

Date of inspection visit:
20 June 2019

Date of publication:
22 August 2019

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?

Outstanding ☆

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Katherine House is a residential care home providing personal care to older people. The service can support up to 41 people. At the time of our inspection there were 40 people living at the home.

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

People received care of very good quality that was person centred and valued people as individuals. Equality and diversity was celebrated and activities and events were planned with this in mind. Feedback from people and their relatives, was without exception positive. It was very evident throughout the day that strong relationships had been built between staff and people in the home. Staff were kind, respectful and fun and this created a positive atmosphere.

People were able to live busy and fulfilling lives. There was a wellbeing team in place who ensured that activities reflected people's choices and preferences. Links were made with other homes and organisations to reduce the risk of social isolation for people. This included partnerships with projects such as the 'Bristol ageing better project'.

The home was exceptionally well led. There was a person centred approach evident from the management through to staff. Staff were motivated and happy in their roles. The management team listened to people's views and these influenced how the service was run.

People were safe. There were sufficient numbers of staff to ensure people's needs were met. Risk assessments were in place to guide staff in providing safe care. The home was clean and well maintained.

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. Staff received good training and support to enable them to carry out their roles effectively.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was Good (report published 22 December 2016)

Why we inspected

This was a planned inspection based on the previous rating.

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Outstanding ☆

The service was exceptionally responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Katherine House Rest 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.

Inspection team

The inspection was carried out by one adult social care inspector and an Expert by Experience. 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

Katherine House is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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 had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the 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 reviewed notifications

the provider had sent us; these are information about specific incidents or events that they provider is required to send us.

We used all of this information to plan our inspection.

During the inspection-

We spoke with 10 people who use the service and four relatives. The registered manager was not available on the day of our inspection so the inspection was supported by the deputy manager. We spoke with six members of staff. We made observations of people's care throughout the day. We checked the care records for three people and also looked at records relating to the running of the home such as audits, medicine records and recruitment records.

After the inspection

After the inspection, the deputy manager shared further evidence with us of their work in relation to equality and diversity.

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 good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. Comments included "Mum is much safer living here, she was unsafe at home and I feel so grateful that she has a great place to live now, I can go home without worrying," and, "Very safe, I have nothing to worry about and the staff are all the right type of people to work here, I am content and would like this to be my home for the rest of my life".
- Staff were trained in safeguarding vulnerable adults and felt confident about reporting any issues or concerns. One member of staff commented, "without a doubt" they'd report anything that concerned them. Staff also knew they could go to other organisations with their concerns if they needed to.

Assessing risk, safety monitoring and management

- There were risk assessments in place to guide staff in providing safe support for people. These contained clear measures to manage the risk. For example, for a person who was at risk of falls there was guidance in place about what walking aids they required.
- Any activities that took place outside the home were risk assessed so they could be carried out safely.
- People had person evacuation plans in place so that there were clear instructions on how to support them if there was a fire or other emergency in the home.

Staffing and recruitment

- There were sufficient numbers of staff to meet people's needs and this was reflected in people's feedback. Comments included "I feel very safe, the staff always seem to be around and will pop up from nowhere. They have introduced me to a standing aid so that really helps me, there is always plenty of staff around to help if needed. I know that I am very lucky."
- The deputy manager told us they occasionally used agency staff. This was mainly on night shifts but there would always be regular staff working alongside the agency staff.
- The home was in the process of recruiting to vacant night shift posts.
- Staff told us that staffing levels worked well and there were sufficient numbers of staff to meet people's needs.
- The deputy manager told us that staffing levels were flexible according the needs of people at any particular time.
- There were procedures in place to ensure recruitment procedures were as safe as possible. This included gathering references and a Disclosure and Barring Service check (DBS).

Using medicines safely

- There were suitable arrangements in place for the storage of medicines. These were stored securely and

only accessible to staff authorised to do so. There was additional security for those medicines requiring it.

- Regular checks took place to ensure stock levels were as they should be. Arrangements were in place to return unused medicines to the pharmacy.
- There were instructions in place in relation to topical creams. These are creams applied to the skin.
- Medicine administration was recorded on electronic records.
- The deputy manager was aware of best practice guidance in relation to medicines being administered from their original packaging. At the time of our inspection, medicines were being supplied in a monitored dosage system, but this was under review.

Preventing and controlling infection

- The home was clean and well maintained.
- Check lists were completed each day as a means of showing that cleaning had been completed.
- People told us they were happy with how clean their rooms were kept.

Learning lessons when things go wrong

- Accidents and incidents were recorded so that there was opportunity to identify any themes or trends in the kinds of incidents occurring.
- Learning from incidents was discussed at team meetings so that any necessary steps to prevent reoccurrence could be taken.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed prior to coming to the home. This assessment covered all aspects of people's needs, preferences and wishes for their care. One person told us "Mum came here from hospital so they come into meet her, we also had a meeting for a couple of hours about mums needs and her likes and dislikes"
- Assessment covered a range of needs, including mobility, communication and spiritual needs.

Staff support: induction, training, skills and experience

- Staff told us they received good training and support to be able to carry out their roles effectively. Supervision took place every few weeks. This was an opportunity to discuss a member of staff's performance and development needs. An annual appraisal was also in place to review staff performance over the year and identify areas for development.
- We did receive some feedback that training was very much 'paper based' and that some variety in how training was delivered would be beneficial. We fed this back to the deputy manager who told us this was already being addressed with a new trainer at the service.
- One person told us, "The staff do regular training and they often tell us in conversation what they had been doing when we catch up, it is very comforting to know they are knowledgeable. It seems they employ the right people because they are all very good".

Supporting people to eat and drink enough to maintain a balanced diet

- People were positive about the food and drink on offer in the home. They told us, "The variety of food is very good and they always remember I don't eat onions", "Food is very good here and there is always snacks like biscuits available" and "We can eat with mum if we let them know, we have never done it but it always looks lovely and appetising which is important as mum lost lots of weight before she lived here, but has improved since living here, she has flourished".
- There were risk assessments in place to identify people who might be at risk of malnutrition. People's weight was monitored so that action could be taken if any concerns were identified.
- We spoke with the chef who was knowledgeable about people's dietary needs and preferences. They were aware of various ways to fortify a person's diet if there were concerns about their weight.

Adapting service, design, decoration to meet people's needs

- The design of the home met the needs of people living there. There was plenty of space for people to socialise and take part in activities. There was a pleasant outside area for people to access also. During our inspection we saw people being supported to walk outside in the garden.

- The decoration of the home was tastefully decorated and in good repair.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People were able to see health professionals when they needed to. A GP visited the service on a monthly basis so that any health concerns could be discussed.
- People were encouraged to be active and healthy with the wide range of activities on offer.
- One person told us "A member of staff will get a Dr if I was feeling unwell and they would always inform my family"

Ensuring consent to care and treatment in line with law and guidance

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.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- There was evidence of clear understanding of the principles of the MCA. For one person there were records of decisions made on their behalf in relation to issues such as bedrails and the CCTV that was used in the home. The decisions had involved relevant professionals and family members to ensure the decision made was in the person's best interests.
- When one person's capacity had changed, it was clear that staff understood that this may potentially mean they would need to apply for DoLS. This was because they were no longer able to give their consent to living in the home. The deputy manager was proactive in contacting the DoLS team in the local authority regarding this person's care and followed their advice.
- Nobody at the home at the time of our inspection had an authorised DoLS with conditions attached.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

Ensuring people are well treated and supported; respecting equality and diversity

- People and relatives without exception were positive about the care and support they received. Comments included; "It amazes me how well we are looked after, I could not ask for anything more", "They are all great even the office staff are warm and always on hand for a chat, its lovely that everyone is genuine and are truly thoughtful about you. I feel very well treated and valued as an old person," and, "The staff are so helpful and will always go out of their way to make sure you are content and have everything you need."
- Staff told us they got to know people well and took time learn about new people who came to live at the home. One member of staff commented, "It's the little things that are important,"
- People received plenty of attention and interactions from staff. During the morning there were people sitting in the lounge, watching TV. During a half hour period of time three different members of staff spoke with these people, offering drinks and fruit. Conversation was fun and light hearted, which created a pleasant and cheerful atmosphere. We heard these kinds of conversations throughout the day.
- There was an understanding of the diverse needs of people living in the home including those who identified as LGBT. Staff listened to how people who identified as LGBT wanted to be supported and gave full support for them to live as they wished to.
- Thought had been given about how people could be supported in a variety of ways, particularly for those who might be developing dementia and who were no longer able to communicate their feelings verbally. The deputy manager showed us a musical box that could be used with people. The box could be personalised with items important to a person and with music that meant something important to the individual. The deputy manager told us how on one occasion they'd used it with a person to help them remember a loved one who was important to them.

Supporting people to express their views and be involved in making decisions about their care

- People and their relatives told us they were involved in creating their care plans. One person told us, as per their wishes, their care plan was discussed and agreed with their family.
- We noted that there was CCTV in use in external areas of the home. It was clear that people had been fully consulted in this decision and agreement had been reached with people about how and where it should be used. The CCTV had been put in place following a burglary and the deputy manager told us how it helped people feel safe. The deputy manager clearly understood the implications for people's privacy of having CCTV and the importance of people being involved in the decision.

Respecting and promoting people's privacy, dignity and independence

- Staff treated people with respect. Staff used terms of endearment such as 'darling' and it was clear that

people enjoyed this, by smiling and laughing in response. Staff were aware that there may be people who would prefer not to be addressed in this way.

- Staff knocked on doors before entering people's rooms.
- One person told us, "The staff know our names and they have such a natural way about them they would never embarrass you they seem to ask the right questions at the right time." Other people commented, "I have help in shower and the bath all very nice we have a good laugh" and, "The place is very safe they would never leave you unattended in the bathroom and seem to know when you need help without being over protective, I like the way they leave me to be independent but they all seem to know my boundaries"

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 Good. At this inspection this key question has improved to Outstanding. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's feedback reflected the high standard of personalised care that people received. Comments included, "People are supported in their interests mum likes crosswords so they always make sure she has one to do", "I love the singing it really makes me happy" and, "have company to do my crafts they volunteer to help me and it is lovely as you get to know them well, I also have internet access and have sky sports"
- Care plans were clear and person centred. These were created with the full input of people and their families.
- Equality and diversity was acknowledged and celebrated at the home. The deputy manager told us the home was in the process of planning their own PRIDE festival. We saw a flyer for this event, which was due to take place later in the summer. The deputy manager told us "We want to give our residents/relatives and staff the opportunity to talk with more confidence to each other and embrace the promotion of LGBT awareness." This was a positive way of ensuring everyone felt welcome and supported at the home.
- Some staff had received training in sexuality/intimacy and relationships and further work was planned around this to provide staff with the skills and knowledge to support people in this area of their lives. We saw the outline of some further group activities to be carried out, which promote discussion amongst staff on how to manage relationships in the care setting with sensitivity and understanding.

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.

- The deputy manager told us that everyone's first language was English. However, in the past they had supported a person who spoke another language and staff had been encouraged to learn simple phrases in that language when supporting the person.
- Larger print was used on occasions when required, such as during the reading group.
- There was a hearing loop in place for people who had hearing difficulties. The deputy manager also told us that in the past people with a hearing impairment received visits from the 'deaf and blind society'.
- The deaf and blind society were able to provide equipment for people such as 'talking books'. The registered manager told us this had helped people feel included and valued.
- For some people using this service in the past, a volunteer from the society had made weekly visits to support and befriend people. The volunteer had also provided support to staff and advised on how they

could best meet the needs of people with a hearing or visual impairment. We were told that this had helped people manage the transition of losing their vision or hearing.

- For one person, we were also told that using a white board to write down key information was successful in supporting communication with that person.

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

- People living at the home were supported to live active and fulfilling lives. There was a 'wellbeing team' in place who provided a range of engaging activities and events for people to take part in.
- The activities reflected the needs and preferences of people living at the home. A record of these was kept in a file along with some quotes from people who attended. It was clear from what people said about the activities that they had a positive impact on people's wellbeing.
- On one occasion, a visit from alpacas was organised. One person had said at the time, (recorded in the wellbeing file), "It was amazing when there was a knock on the door and in came two beautiful alpacas, it was such a special experience".
- A fortnightly dance class was held at the home and one person had commented about this, "The evening ballet session made me feel happy and nostalgic, it reminded of when I used to dance as a child".
- A group of people had been taken to see Swan Lake at the local theatre. One person had said about this experience, "Marvellous, I have always wanted to see Swan Lake, I thought I would never get the chance to see it but thanks to you all I have been able to fulfil one of my life time dreams."
- The wellbeing team had also made connections with volunteers who regularly attended the home. One came to do a reading group with people. The wellbeing team photocopied text for people to discuss at the group. We were told this group was well attended and very much enjoyed by those who attended.
- During our inspection we saw a yoga group that was taking place. People were actively engaged and taking part in this. Staff told us that one person in particular enjoyed the yoga sessions and would often be found practicing in their own time.
- We saw that chickens were kept in the grounds of the home, which people were able to enjoy. Staff told us how they would take people to go and visit them when they were walking outside. Eggs from the chickens were sold to staff and relatives and this helped pay for their upkeep.
- As a further means of reducing the risk of social isolation, the home had made links with another local care home. People went out on joint outings with the other service and also visited each other at home. On one occasion the two homes went on a joint trip to a garden centre, which was very much enjoyed. Staff told us that friendships had been formed as a result of the links between the homes.
- The home had access to a minibus and used this frequently to go on trips out. For example, at Christmas people went to a carol concert where local school children performed.
- Regular coffee mornings were held at the home, with a charity that the home had close links with. This involved family members from the charity and gave further opportunity for links and relationships to be made.
- Staff took account of people's individual experiences and wishes to personalise the activities they took part in.
- For example, one person had a relative who had been involved in engineering and worked on Concorde. Staff researched and found a museum where the person could go inside a concorde aeroplane and arranged to take the person. The deputy manager told us how the person had taken a photograph of her brother with her and took it on the plane. This had clearly been a moving experience for all involved. It was recorded that the person said on the day, "It was simply wonderful, a magical day".
- On another occasion, people had expressed an interest in music and as a result of this, a student from the university had been invited to talk to people about classical music.

Improving care quality in response to complaints or concerns

- People and their relatives were all confident about raising any concerns, though none told us they had ever had to do so. One person commented, "Complained never! Why would I?". Other people told us, "We haven't had a problem but if we did, I would speak with the manager" and "If I had a concern I would speak with the team leader".
- There had been no formal complaints in the last 12 months. However, people had access to the complaints procedure should they need to refer to it.

End of life care and support

- It was evident from people's care records that their end of life wishes had been discussed with them. The deputy manager told us that wherever possible they would support people to stay at Katherine House if it was their wish to do so.
- We saw end of life boxes that had been created to support people and their families at this time. These included things like hand creams and toiletries for relatives who were staying overnight. This was a caring and thoughtful way of supporting people at this time.
- If there was a spare room in the home, people were able to stay overnight there to be with their relative.

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 Good. At this inspection the key question has remained 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

- The management team provided good leadership to a committed and motivated staff team. Managers led by example with their person-centred approach to caring for people.
- The person-centred culture of the home was evident in many ways, from how staff interacted with people respectfully and with good humour, to how activities and events were planned to suit the individual needs of people using the service.
- For example, staff understood that some people preferred not to be involved in larger group and preferred time in their room. This was respected and staff told us they would spend time with people in their room on a 1:1 basis. This may include reading the paper together or listening to music the person liked. We saw in the afternoon, how one person was supported on a one to one basis to enjoy the outside area.
- Staff morale was high. One member of staff commented, "Love it" when referring to working in the home. Another member of staff said the support they had was "Brilliant, absolutely."
- It was evident that staff attitudes positively impacted on people in the home. There was a sense of fun evident, with staff joking with people and using appropriate 'banter' to make people laugh.
- Care staff also appreciated that if needed, team leaders would take on a care role and support them 'on the floor' when necessary. This promoted positive team work.

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

- There was an open and transparent culture within the service. Staff felt able to raise any issues or concerns and felt confident they would be listened to. One staff member commented "they would act straight away" if they took any concerns to the management.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- One member of staff commented, "Its well organised, everyone knows their role."
- There were systems in place to monitor the quality and safety of the service provided. This included regular audits to check on various aspects of the service. This included a broad range of areas such as falls, weight, care plans, infection control and health and safety.
- The registered manager told us they had close links with the provider of the home. Regular meetings were

held and the provider visited the service regularly. This supported the registered manager in identifying areas for improvement.

- Feedback was sought from people and their relatives through a survey and meetings. Comments from the latest survey included, "Mum is comfortable and secure and staff deliver a high quality of care" and "The positive attitude of staff and quality of their interactions are excellent".

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

- The service had built strong links with the local community; this was a distinctive and well established part of the service. We heard for example about celebrations for the Royal Wedding which took place at the home. The Mayor had attended one of the home's events at this time to judge one of the competitions.
- We heard about other events supported by the family members of staff. One occasion there was a 'beer tasting' evening supported by the husbands and partners of staff. This all provided opportunity to socialise and build relationships outside of the home.
- Staff told us they felt able to speak up and give their opinions at staff meetings. One member of staff commented on how the registered manager would put issues out to the team for discussion, rather than make the decision without consultation.
- In the PIR, the registered manager told us that staff received bonuses and gift vouchers at the end of the year in recognition of their hard work.
- The registered manager told us they had completed 'mental health first aid training'. This had allowed them to support a member of staff who had wanted to leave the care industry due to their health. The member of staff reported 'there was nothing more the management could have done to support me to get back to work, I felt important and valued. I was respected through the issues I had, and would not have managed to come back to work again without this support'

Continuous learning and improving care

- The deputy manager told us they went to Care and Support South West meetings as a way of supporting their continued development and sharing information.
- The registered manager and deputy manager had also been supported by the provider in completing an undergraduate degree module in dementia. We heard how this learning had helped them to take a much more holistic approach to supporting people at the end of their lives.

Working in partnership with others

- The registered manager had worked with Skills for Care, to mentor and share knowledge and skills with new managers. They received the following feedback, 'you have made a significant difference to your mentees professional development and confidence'.
- The home looked for opportunities to develop partnerships and improve people's lives as a result. We saw how the home had worked with the 'Bristol ageing better project'. This is a partnership of various organisations working together to reduce social isolation for older people. This involved a 'paint pals' project where local school children came to the home to do art work with people living there.
- The registered manager told us about two new initiatives they would be undertaking at the home. The service had been chosen by an organisation promoting activity for older people, as one of five care homes to take part in a 'trishaw' project, where people would be taken out on trishaws around the city. It was hoped that this would improve people's wellbeing and promote better sleep.
- The home were also going to be delivering sessions to promote the involvement of relatives in the life of the care home.
- We also heard how the service had pooled resources during bad weather with another local home, to

share a 4x4 vehicle and bring staff in to work.