St Katherines (Leeds) Limited

St Katherine's Residential Home

Inspection report

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Roundhay
Leeds
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Ratings

Overall rating for this service	**Requires improvement**
Is the service safe?	**Requires improvement**
Is the service effective?	**Requires improvement**
Is the service caring?	**Good**
Is the service responsive?	**Requires improvement**
Is the service well-led?	**Good**

Overall summary

St Katherine's Residential Home is located close to the Roundhay Park area of Leeds. Shops, pubs, churches, coffee shops and restaurants are all close by and the home is within easy reach of bus routes. The home has accommodation for eighteen older people of both sexes.

We inspected St Katherine's Residential Home on 7 October 2015 and the visit was unannounced. Our last inspection took place in September 2013 and at that time we found the service was meeting the regulations we looked at.

The home has a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

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 they found the staff caring, and said they liked living at the home. Relatives gave us positive feedback about the care and support their family members received. Throughout the inspection we saw staff were kind, caring and patient in their approach and had a good rapport with people.

We found people's care plans did not contain sufficient and relevant information to provide consistent, person centred care and support. We found people had access to healthcare services and these were accessed in a timely way to make sure people's health care needs were met.

The service was not meeting the legal requirements relating to Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). Recording of people's mental capacity assessments was neither consistent nor clear.

On the day of the inspection there were 16 people living at the home. We saw people looked well cared for. Staff demonstrated that they knew people's individual characters, likes and dislikes.

People told us they enjoyed the food and we observed people were offered choice and supported in accessing food and drink independently.

We looked at staff personnel files and saw the recruitment processes in place were robust enough to ensure staff were suitable to work with vulnerable adults.

There was an on-going training programme in place for staff to ensure they were kept up to date and aware of current good practice.

We saw the complaints policy had been available to everyone who used the service. The policy detailed the arrangements for raising complaints, responding to complaints and the expected timescales within which a response would be received.

Staff told us communication within the home was good and staff were confident senior management would deal with any concerns relating to poor practice or safeguarding issues appropriately.

You can see what action we told the provider to take at the back of the full version of the report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires improvement

The service was not always safe.

We found people's care plans did not contain sufficient and relevant information to provide consistent safe care and support.

We looked at staff personnel files and saw the recruitment processes in place were robust enough to ensure staff were suitable to work with vulnerable adults

The people we spoke with told us they felt safe in the home, did not have any concerns and staff were kind.

Is the service effective?

Requires improvement

The service was not always effective.

The service was not meeting the legal requirements relating to Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

People told us they enjoyed the food and we observed people were offered choice and supported in accessing food and drink independently.

The staff we spoke with told us they were happy with the level of training provided at the home and confirmed they had one to one supervision meetings with the registered manager.

Is the service caring?

Good

The service was caring.

People told us they found the staff caring, and said they liked living at the home.

Relatives gave us positive feedback about the care and support their family members received.

We saw that staff knew the people they were caring for and how they wanted to receive support.

Is the service responsive?

Requires improvement

The service was not always responsive to people's needs.

We saw that people's care plans were regularly reviewed. There was evidence that this was completed in a timely fashion, however people's involvement in this process was not captured.

We saw the complaint policy was displayed in the home. The policy detailed how a complaint would be investigated and responded to and who they could contact if they felt their complaint had not been dealt with appropriately.

Summary of findings

People told us they enjoyed the activities that were available in the home.

Is the service well-led?
The service was well-led

Good

People expressed that they valued the leadership and support provided by the registered manager.

We found that meetings took place for people living in the home and staff on a regular basis.

There were effective systems in place to monitor and improve the quality of the service provided.

St Katherine's Residential 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.

This inspection took place on 7 October 2015 and the inspection was unannounced. There were 16 people living at the home when we visited. The inspection team consisted of three adult social care inspectors.

We usually send the provider a Provider Information Return (PIR) before the inspection. 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. We did not send a PIR to the provider before this inspection.

Before our inspection we reviewed all the information we held about the home including previous inspection reports. The local authority and Healthwatch provided no additional information about the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We used a number of different methods to help us understand the experiences of people who used the service. We spent time observing care and support being delivered. We looked at seven people's care plans, medicines administration records (MAR) and other records which related to the management of the service such as training records, staff recruitment records and policies and procedures.

We spoke with eight people living at the home, two visiting relatives, four care staff, the cook, deputy manager and the registered manager of the service.

Requires improvement

Is the service safe?

Our findings

The people we spoke with told us they felt safe in the home and staff were kind. One person said "I feel far safer living here than I did living at home. There is always someone to talk to and it's nice to know the staff are always around." Another person said "I don't have any concerns about my safety. The staff are good and will do anything to help you." Another person said "Safe? I do, I've been more relaxed here than ever." Another person said that at night, "I know someone comes in and has a look to see if I'm alright."

We looked at the care plans of seven people and saw that a variety of risk assessments had been carried out, however the process was inconsistent and information was fragmented. For example we looked at assessments for people who were at risk of falls. Staff provided a number of responses to prompts on the provider's computerised system, which then rated that person's risk as either high, medium or low. There was generic advice indicating the types of support that people with each rating may need. This did not always result in a personalised risk assessment. Some people had a person-specific falls risk assessment in their care plan, whereas others did not. In one care plan we saw that the generic risk assessment had rated the person as a high risk, yet their care plan rated the risk as low.

Not all care plans contained risk assessments. We saw that one person had been assessed prior to admission as using aids to assist them to walk, however observations were made that the person did not always use these aids in a way that would keep them safe and there was no assessment of this risk in their care plan. These inconsistencies meant that staff may not always access up to date information about a person's level of risk or specific guidance as to how to support that person to remain safe.

We saw that people's needs were assessed prior to moving into the home, however the information captured on this form had not always been entered onto the care record system. For example one person had been assessed in August 2015 but there was no information relating to their health needs on the provider's computerised system. There was limited evidence that care plans were person centred. Each summary had a photograph of the person to aid identification, and a notes section which contained health information and some limited detail about their past lives. This was written in the third person and did not show how the person had contributed to this.

We found the above were a breach of Regulation 9(3) (In person centred care) of Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We saw the provider had a policy in place for safeguarding people from abuse. This policy provided guidance for staff on how to detect different types of abuse and how to report abuse.

There was also a whistle blowing policy in place for staff to report matters of concern. In addition, the registered manager told us they operated an open door policy and people who used the service, their relatives and staff were aware that they could contact them at any time if they had concerns.

The staff we spoke with told us they were aware of how to detect signs of abuse and were aware of external agencies they could contact. They told us they knew how to contact the local authority safeguarding unit and the Care Quality Commission (CQC) if they had any concerns. They also told us they were aware of the whistle blowing policy and felt able to raise any concerns with the manager knowing that they would be taken seriously. These safety measures meant the likelihood of abuse occurring or going unnoticed was reduced.

We saw there was a recruitment and selection policy in place. The registered manager told us as part of the process they obtained two references and carried out Disclosure and Barring Service (DBS) checks for all staff before they commenced work. These checks identified whether staff had any convictions or cautions which may have prevented them from working with vulnerable people. We saw there was a staff disciplinary procedure in place to ensure where poor practice was identified it was dealt with appropriately. The registered manager told us if they found a member of staff was no longer suitable to work in a health or social care setting they would make a referral to the appropriate agency, for example, the Disclosure and Barring Service. We looked at four employment files and found all the appropriate checks had been made prior to employment. The staff we spoke with told us the

Requires improvement

Is the service safe?

recruitment process was thorough and done fairly. They said they were not allowed to work until all relevant checks on their suitability to work with vulnerable adults had been made.

We found staffing levels were sufficient to meet the needs of people who used the service. On the day of our visit the home's occupancy was 16. The registered manager told us the staffing levels agreed within the home were being complied with, and this included the appropriate skill mix of staff.

Staff told us there were enough staff on each shift. One staff member told us, "Generally there are enough staff." Another staff member told us, "Yes there is enough of us." One staff member told us where there was a shortfall, for example, when staff were off sick or on leave, existing staff worked additional hours. They said this ensured there was continuity in service and maintained the care, support and welfare needs of the people living in the home.

People received their medicines safely and when they needed them. A standard monitored dose blister pack system was in place in the home. This was supplied directly from a pharmacy. We checked the stock levels for three people against their medicine administration record (MAR) and found they were correct. We looked at three MAR charts and saw there were gaps where staff were required to sign to say they had given people their medicines and these had been missed on 12 occasions. We checked the stock of the three people and these were correct, this showed medication had being taken but not recorded on the MAR sheet. These were brought to the registered manager's attention who told us she would address these concerns.

We inspected medication storage and saw that the medication and controlled drugs cupboard provided storage for the amount and type of items in use. The home did not have any side effects sheets for the prescribed medication in the home. The home had a medication policy in place in the medication file dated October 2015. This did not have a sign sheet to state if the staff had read or signed to say they understood the policy. The registered manager confirmed this would be addressed.

We saw people had personal emergency evacuation plans so staff were aware of the level of support people living at the home required should the building need to be evacuated in an emergency. We saw there were several health and safety checks carried out, for example, laundry and kitchen safety. We saw windows were limited as to how far they could open to ensure safety. The registered manager told us there were systems in place to ensure the home was maintained in good order. However we noted areas in the home was showing signs of wear and tear. The registered manager told us the home would be changing owners soon and this would be addressed.

We saw the home's fire risk assessment and records, which showed fire safety equipment was tested and fire evacuation procedures were practiced. We saw fire extinguishers were present and there were clear directions for fire exits.

Requires improvement

Is the service effective?

Our findings

We asked people who lived at the home if they thought staff had the skills and experience to provide their care and support and they told us they felt staff were competent and well trained. The relative of one person who used the service said "I have always found the staff to be professional in their approach in providing care and they always keep me informed of any significant changes in my relative's needs."

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). 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 were being met.

Recording of people's mental capacity assessments was neither consistent nor clear. 'Mental Capacity Act (MCA)' tab on the provider's computerised system contained prompts to identify whether there was a Lasting Power of Attorney for health and welfare and financial matters, a Court of Protection deputy or Independent Mental Capacity Advocacy for the person. However this was not completed on any care plans that we looked at.

Mental capacity assessments that were completed were included in the Daily Living and Social Activities section of the care plan. None of the assessments carried a date of completion, meaning that it was not possible to establish whether these had been reviewed. We did not see information relating to what the person could consent to or processes such as best interests decisions to make sure that appropriate decisions were made on people's behalf. This meant the home had not acted in accordance within the requirements of the Mental Capacity Act 2005.

The care plans we looked at did not contain appropriate and decision specific mental capacity assessments which would ensure the rights of people who lacked the mental capacity to make decisions were respected. This is a breach of Regulation 11(Need for consent) of Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The staff we spoke with had a general understanding of the principles of MCA and how it impacted on the care and treatment they provided on a daily basis. For example, they told us they always asked people's consent before they provided any care and continued to talk to people while they assisted them so they understood what was happening. They also told us they respected people's right to refuse care and never insisted they accepted assistance against their wishes. The people we spoke with confirmed this.

The registered manager told us that they had applied for a Deprivation of Liberty Safeguards (DoLS) for one person, however this had not yet been granted. No care plans we looked at contained DoLS information, however we noted in one person's care plan that they had been identified at assessment as being at a raised level of risk due to being prone to wandering and having a limited ability to communicate with people or understand what was being said to them. The person had lived at the home for three years, however it was not clear how staff would keep them safe if they expressed a wish to leave the home. This mean the person could be being deprived of their liberty.

We looked at the training matrix which showed that most staff were up to date in areas such as moving and handling, infection control, safeguarding, health and safety and fire safety. Although there were some gaps, the provider told us that they had not yet updated the matrix with the most recent training completed by staff.

Staff we spoke with told us they were happy with the level of training provided at the home and confirmed they had one to one supervision meetings with the registered manager. We saw documentary evidence that supervision meetings were taking place. Supervision meetings are important as they support staff to carry out their roles effectively, plan for their future professional and personal development and give them the opportunity to discuss areas of concern.

There was evidence within the care records we reviewed to show people had access to other healthcare professionals

Requires improvement

Is the service effective?

such as GPs, district nurses, dentists and chiropodists. The registered manager told us the staff team had a good working relationship with other healthcare professionals. This was confirmed in discussion with staff.

We saw nutritional risk assessments were completed on admission and people's weight was monitored. Staff we spoke with told us they monitored individual people's food and fluid intake if they had concerns and involved other healthcare professionals if appropriate. Staff told us no one was nutritionally at risk.

We observed the lunchtime meal served in the dining room. The tables were set with tablecloths, napkins, cups and we saw some people had specially adapted cutlery.

The food served was well presented, hot and looked appetising. People who needed help were assisted. People were asked what they wanted, including drinks and appeared to enjoy their food.

We saw drinks and snacks were offered to people throughout the day. People we spoke with said they enjoyed the meals and always had plenty to eat and drink. People told us they had a choice of meals they said "We get enough to eat and drink, they find out what you like. If you want to know what's on you just look by the side of the door to view the menu board." One person said "The food is nice. "I like my meals." Another person said, "Food excellent, cook very good, if I don't like it they ask me what I want and change it."

Good

Is the service caring?

Our findings

People we spoke with said they liked the staff and described them as 'really good'. One person said of the home and staff "I like it, it's friendly, the food's good and the staff are good. They have got good hearts, hearts of gold. They'll do anything for you." They said staff knew them well and were kind and caring. People also told us, "I wouldn't change a thing; it's lovely I'm happy here; I have my own things in my room." "The staff are wonderful, I couldn't fault one person." Another person said, "No, I wouldn't change anything, everything is nice."

When we asked people about being able to make choices, people said they could make decisions for themselves. One person told us they had choices about what to wear, when to get up and go to bed. We observed people being asked where they wished to sit after lunch.

People said staff supported and encouraged them to do things for themselves and we saw this happened throughout the inspection. They also described ways in which they felt the staff treated them as individuals and knew their preferences. For example, one person said, "They ask me if I want a shower or a bath and they help me to get dressed." Another person said, "They talk to me while helping me get ready."

Relatives told us that they were able to visit their family members at any reasonable time of the day. They said they were always made to feel welcome and there was always a relaxed and friendly atmosphere. One visitor told us; "We have absolutely no complaints whatsoever. We feel fully included in all discussion about my relatives care. Even when they don't know we're here, we've heard them talking to people so kind and patient. We know that my relative's happy here and has made friends. We always feel relaxed about going away, knowing they are well cared for and happy. It's a family home and has a family feel. We looked at another place which was too flashy and clinical. This feels like home." Another visitor said; "I feel confident that my relative is safe and well cared for. They have made proper friends and I'm included in discussions about their care. The staff are all very kind and good. We've got to know them well. It's a bit dated and there's often not much stimulation, but they are happy here."

Throughout the inspection we saw staff treated people with respect and approached them in a way which showed they knew the person well and how best to assist them. People were comfortable, well dressed and clean which demonstrated staff took time to assist people with their personal care needs if required. We saw staff responded quickly to any requests for assistance and people were relaxed and comfortable in their presence.

We spent time with people in the communal areas and observed interactions between care and ancillary staff with people in the home which were friendly and professional in approach. In several cases the conversation between people and staff was humorous. This helped in giving a general relaxed feel to the home. We saw staff were skilled in communicating with people and discussing choices with them

The staff we spoke with were able to tell us how individuals preferred their care and support to be delivered. They were also able to explain how they helped to maintain people's dignity, privacy and independence. For example by addressing them by their preferred name and always asking for their consent when they offered support or help with personal care.

We saw information relating to people's care was treated confidentially and personal records were stored securely in the office to make sure they were accessible to staff. A relative told us that confidential information was always discussed away from other people which they found reassuring.

Requires improvement

Is the service responsive?

Our findings

People who used the service told us staff were responsive to their needs. One person told us, “I couldn't be happier with the way I'm looked after. I'm spoilt.” Another person said, They know how to look after you properly.”

Each care plan had a section to detail the person’s likes and dislikes, however the provider’s approach to this was inconsistent. Some care plans had no information in this section to help staff support people to live fulfilling lives that reflected their preferences. In two care plans we saw that the person completing this section had referred to not having had time to get to know the person’s likes and dislikes despite the people having moved into the home in 2012 and 2013 respectively.

We saw that all areas of people’s care plans were regularly reviewed, with the process being prompted automatically by the provider’s computerised care record system. There was evidence that this was completed in a timely fashion, however people’s involvement in this process was not captured. Although the reviews were undertaken we found that this did not always result in clearly signposted changes to the person’s care plan. For example we saw changes in a person’s risk ratings as a result of a review but there was no information recorded as to what had prompted this or what additional care needs the person may have. We asked the deputy manager about this and they told us that their understanding was that this would be recorded in the person’s daily notes as the system did not always allow staff capture information in ways which supported their work. Although information was recorded in daily notes these were added to each day, meaning that new information relating to care was at risk of not being seen. Some reviews had resulted in no change but this decision had not been recorded on the system, meaning that the outcome of the review was not clear. We raised this with the registered manager on the day who agreed to address this.

We saw activities taking place in the lounge area on the day of our inspection. The home had an activities organiser who came three times a week to facilitate activities for the people in the home. We observed music and singing in the lounge and saw people enjoying joining in. The home had an activities board located in the lounge so people would know what was happening on which day.

People told us they had regular visitors and they were welcome to visit anytime. We observed visitors at the home throughout the day of our inspection. During the inspection we received mainly positive feedback about the service from people who lived at the home and visitors. We saw people had sent a range of ‘thank you’ cards, letters and notes complimenting the home. Some example comments were “thanks to the wonderful staff at St Katherine’s for the affection and support given to us.” “Thank you for caring for [name of person] so well.” “The staff at St Katherine’s have gone beyond the call of duty so many times when caring for [name of person].”

We saw the complaints policy was displayed in the home. We looked at the complaints policy which was available to people who used the service, visitors and staff. The policy detailed how a complaint would be investigated and responded to and who they could contact if they felt their complaint had not been dealt with appropriately. The policy also detailed the timescales within which the complaint would be resolved.

The relatives we spoke with told us that they knew how to make a complaint and would have no hesitation in doing so if the need arose. One person said, “I once raised a complaint with the manager and it was dealt with appropriately and I was happy with the response I received.” Another said, “I have never had to make a complaint but I know the procedure and would not hesitate to make a formal complaint if necessary.”

We looked at the complaints records and were able to see a clear procedure that had been followed when complaints had been investigated. There was information recorded about the outcome or actions taken.

Good

Is the service well-led?

Our findings

There was a registered manager in post. There was a clear management structure at the service which involved the registered manager, providers and senior day and night staff. Senior staff were on duty at all times throughout the day and night.

We asked people what they felt could be done better. They told us "Nothing really I feel comfortable." And "I've no grumbles the manager and staff are very helpful."

Staff spoken with were fully aware of their role and the purpose of the services delivered at St Katherine's. The service's Statement of Purpose was present on the wall of the registered manager's office. This described the purpose of the service and what facilities people who used the service should expect to be provided.

Our observations of how the registered manager interacted with people who used the service, their relatives and staff spoken with during the inspection showed us that leadership within the home was good.

Staff we spoke with told us the registered manager was good and they had confidence in them. One staff member said, "[Name of manager] is doing well and staff respect her. I enjoy coming to work and teamwork is good." Another staff member said, "we are all happy with our job. The manager is always there for us."

We saw staff meetings were held on a regular basis which gave opportunities for staff to contribute to the running of the service and share good practice. We looked at the staff meeting minutes for June 2015 and saw discussions included duty of candour, training, health and safety and breaks.

Relatives we spoke with said, "I would recommend this home to people. It's very good and friendly, you don't see the staff leaving. The caring is good and that's down to the manager.

We saw that systems were in place to monitor and maintain equipment. For example, records demonstrated that regular checks of hoisting equipment, slings and elevators were checked and serviced in line with the supplier's recommendations. We saw the fire detection system was serviced annually with visual checks completed throughout the year.

Accidents and incidents were recorded and any identified risks to people who used the service would be updated on risk assessment documentation and staff informed at handover. For example if someone had a fall, it was recorded on the accident and incidents log as well as a separate document.

The home did not have any appropriate audit checks in place for medication. The last medication audit was on 22 May 2014. The registered manager said she would be addressing this.

There was a monthly audit check of people's bedroom's and this was evidenced on the day of inspection it had been completed every month. Where actions were needed these were written down and actioned and signed by the staff member on the same day.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010 Care and welfare of people who use services **Some care plans had no information to help staff support people to live fulfilling lives that reflected their preferences.**

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA 2008 (Regulated Activities) Regulations 2010 Safeguarding people who use services from abuse **We did not see appropriate and decision specific mental capacity assessments which would ensure the rights of people who lacked the mental capacity to make decisions were respected.**