HC-One Limited

# Catherine House General Nursing Home

## Inspection report

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22 December 2016

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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? | Requires Improvement |
| Is the service responsive? | Good |
| Is the service well-led? | Good |

# Summary of findings

## Overall summary

This inspection took place on 21 and 22 December 2016 and was unannounced. Catherine House provides nursing and personal care and accommodation for up to 67 people. At the time of our inspection there were 42 people using the service.

There is a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We observed inconsistencies in how staff responded to people. Staff were observed treating people with respect and in a caring manner however there were occasions when staff had failed to ensure people's dignity and respect were upheld. Since the inspection a dignity champion had been appointed. The registered manager told us they hoped this would address this failure and was part of addressing this area for improvement.

People told us improvements were needed in the quality of some of the meals. There were varied comments from people about the choices available and quality: "Need more variety" and "Food should have more taste" and "Always good meal enjoy my meals". We observed attractive meals on the days of our inspections with good choices for people. There had been a meeting where people had discussed improvements and these had been actioned. The registered manager had received verbal positive feedback and was in the process of conducting a "Dining Experience" questionnaire and observation. They recognised improvements were continuing.

Staff had a good understanding of their responsibilities in protecting people from abuse. They spoke of reporting any concerns and being confident they would be listened to and action taken to address their concerns.

The registered manager had, as required, made applications under the Mental Capacity Act 2005 and obtained an authorisation under Deprivation of Liberty Safeguards (DoLS) arrangements. The service protected people's rights by seeking consent for care and use of certain equipment.

People told us they felt safe living in the home and how there were always staff available to support them. One person told us they felt safe because "I can trust the staff". A relative told us how on leaving the home after visiting "I know (Name) is safe and well looked after". Another relative told us "I would not want (Name) anywhere else".

Staff were described by people and relatives as kind and caring. People reported how there was a friendly and welcoming environment. This was confirmed by visitors we spoke with who commented how they always felt welcomed and involved in their relatives' care. One relative told us "I never feel I am in the way

when I visit". People and relatives told us there were no restrictions on visiting.

The service ensured people's nutritional needs were met and took action to address any concerns about people physical wellbeing and ensure they were able to have a healthy diet suited to their needs.

People told us they felt confident about staff having the necessary skills and training. One person told us "The carers are good and really know what they are doing and I can depend on them for anything."

People had access to community health services and their GPs when this was requested. A healthcare professional we spoke with was very positive about the care provided by the service. There were good relationships with outside professionals and people had access to specialist support and advice.

People felt able to voice their views or concerns about the service. There were regular meetings where people living in the home and their relatives were kept informed about the service and people could give feedback about the quality of care provided in the home.

There were a range of quality assurance audits which had identified areas for improvement. A home improvement plan demonstrated how these had been actioned.

People and staff spoke of a registered manager who was approachable and made themselves available to people on a daily basis through walking around the home.

## 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 benefitted from safe arrangements for the administering and management of medicines.

People's health and welfare were protected by staff who understood their responsibilities' to report any concerns about possible abuse.

People could be confident staffing arrangements were in place to respond in a timely manner to people's need for support.

### Is the service effective?

**Good**

The service was effective

People's rights were upheld and safeguarded by acting within legislation to protect people's welfare.

People benefitted from care being provided by skilled and competent staff.

People had access to community and specialist healthcare service to ensure their health needs were met effectively.

### Is the service caring?

**Requires Improvement**

The service was not consistently caring

People's right to be treated with respect and have their dignity protected was not consistently upheld.

People were able to maintain their independence and makes choices about their daily routines.

People benefitted from a welcoming environment where visitors were able to visit without restrictions.

### Is the service responsive?

**Good**

The service was responsive

People benefited from a person centred approach to care.

People benefit from the opportunity to take part in meaningful activities.

People and relatives are able to make complaints and voice their views about the service.

## Is the service well-led?

Good

The service was well led

People and staff benefitted from an approachable registered manager and management team.

People and staff benefited from an environment which was open and promoted a culture where people and staff could express their views.

Effective quality assurance audits resulted in ongoing improvements to the quality of the service people received.

# Catherine House General Nursing 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 21 and 22 December 2016 and was unannounced.

The inspection was undertaken by one adult social care inspectors and a nurse. As part of the inspection we spoke with nine people living in Catherine House, ten relatives and nine members of staff. Before the inspection we reviewed all the information we held about the service including incidents and events we had been advised about as part of the provider's notification responsibilities. We reviewed previous inspection reports.

As part of the inspection we looked at care planning records for ten people, quality assurance monitoring audits, staff files, minutes of staff and "residents" meetings and other information about the service.

Good

# Is the service safe?

## Our findings

The service was safe

People told us they felt safe living in Catherine House. One person said, "I feel safe here because staff are around to help me when I need help." Another person said, "I am safe because I can trust the staff." A relative told us "I do not have to worry about (Name)."

Risk assessments had been put in place in response to people's care needs related to falls, nutrition and moving and transferring people. These outlined specific needs of people in relation to the risks such as use of specific equipment when moving or assisting with transfers. In others there was information for staff to ensure people's nutritional needs were monitored through the use of food charts and instructions about frequency of weighing of the person. In some there was guidance about how people were to be supported or have their meals. Staff were aware of people who needed this support and risks if the assistance was not provided. There were personal emergency evacuation plans (PEEP) in place. These identified people's needs so that staff and emergency services could respond as necessary in the event of an emergency. This meant people's safety and welfare in the event of an emergency was protected.

Staff confirmed that as part of their recruitment criminal record checks and references were obtained including references from previous employers. Records confirmed these and other checks were undertaken. This meant people could be assured employees were fit to work with vulnerable adults.

Staff demonstrated an understanding of abuse and their responsibility to report any concern about possible abuse. They were able to tell us what would be considered abuse. Examples they gave included: ignoring people especially when they were requesting help and not making sure call bells were in reach of the person so they could use them to call for assistance. They were confident the registered manager would respond professionally to any concerns they raised. One told us "I know she would do something about it."

The registered manager had advised us of incidents where peoples' safety and welfare could be at risk. This was because some people living with dementia could be aggressive towards others. Actions had been taken to alleviate risks to people where incidents had occurred or potential for risks had been identified. This meant that people were protected and safeguarded from potential abuse.

People told us there were staff available to provide help and assistance when it was needed. One person said, "Staff are there when I ask for things." and another person said, "There are always staff around to help me."

We observed staff being available to support people. On one occasion a person was calling for help and a staff member responded promptly asking the person what help they needed. Staff were available in the lounge area particularly when people became upset or anxious because of their dementia.

Medicines were supplied by a local pharmacy and stored in secure trolleys. There were daily checks of

medicines. We checked stock records and they were accurate including those medicines which required additional security.

Staff administered medicines and provided explanations to people who asked what their medicines were for and why they had to take them. One person was supported to self-administer their medicine and another was offered the opportunity to do so. This meant people were given the choice to self-administer where possible to maintain control and independence.

There were protocols in place where people had as required medicine. These provided information and guidance to staff about circumstances the person's medicines should be offered. This was particularly important where people could not always say when they were in pain for example. Staff were able to tell us how they recognised by people's behaviour if they were in pain. This meant people received medicine when it was needed to ensure their health and welfare were protected.

Reviews had been held of people's medicines and changes made by the local GP where this was necessary. For example, one person could not tolerate tablets and a liquid form of their medicine had been supplied. Another person regularly refused their medicine. It was decided by the nurse practitioner they did not require this specific medicine.

Good

# Is the service effective?

## Our findings

The service was effective

People told us improvements were needed in the quality of some of the meals. One person said, "Not as good as it should be" Another said vegetables were overcooked and whilst always a choice not always a good choice. They said how the variety was poor "always the same". They told us there had been a meeting where they had discussed the catering in the home. This had been a meeting with people in the home and a number made comments, recorded in the meeting minutes, about things they would like to see improved i.e. quality of puddings, more taste to food. A relative told us "There are lots of food choices, drinks and snacks around the clock." One person said there had been some improvement in meals. The registered manager told us they were in the process of completing a Dining Experience questionnaire with people and had received verbal feedback that meal quality had improved. They told us they were continuing to look at any improvements which were needed in the quality of meals.

We observed the mealtime as part of our inspection. The meal looked appetising and well presented. People told us they had enjoyed the food and there were positive comments made to us about the quality and choice of meals. One person told us "There is always a good choice and I enjoy my meals here." Staff supported people having their meal and this was undertaken in a timely manner and in a supportive way.

Care plans included information about people's nutritional needs and assessment identified any concerns about those needs. There were regular reviews of these elements of the care plan to ensure needs were continuing to be met. People had been referred to specialists for assessment to ensure staff could meet their needs. This included the providing of food supplements, high calorie snacks and ensuring people were able to have their meals safely through having a pureed diet. Staff completed food charts where there were concerns and we saw these had been completed for people who required them. This demonstrated the service had systems and arrangements in place to meet people's nutritional needs effectively.

We looked at the arrangements for protecting people's rights specifically in relation to the Mental Capacity Act 2005. 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 decisions made on their behalf must be in their best interests and be as least restrictive as possible. There were best interest's arrangements where people who lacked capacity to make decisions for the use of equipment such as bed rails. Where people had capacity written consent had been given for use of such equipment.

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). During this inspection the registered manager told us they had made seven applications under the MCA for DoLS. These applications related to people who were living in the home and needed protection and safeguards because of potential risks to their health and

welfare if they left the home independently. To date two authorisations had been granted. There were no conditions attached to these authorisations. This demonstrated the registered manager had taken action to protect the welfare and uphold the legal rights of some people in the home.

Staff had received training about the MCA and had an understanding of its use in relation to DoLS. Staff were able to tell us about making decisions on people's behalf and in what circumstances these decisions could be made. One told us, "We have to involve family for example when we need to give medicines".

People told us they felt staff were competent to provide the care they needed. One person told us "Staff always seem to know what they are doing." Staff told us they enjoyed the training. They commented: "The training is very good." and "I miss the classroom type training." and "Would like more training about the differing types of dementia". Records confirmed staff had completed core skills training such as infection control, moving and handling, safeguarding vulnerable adults and health and safety. This meant people could be assured care was being provided by skilled and trained staff.

Staff told us they received regular one to one supervision and records confirmed this. This is where the staff member's performance, any concerns, individual training and development needs can be discussed. Staff also spoke of being able to raise any concerns or worries informally. Nursing staff received clinical supervision and had competency assessments, which entailed observed practice, in relation to specific nursing tasks. One nurse told us they had completed competency assessments for use of syringe driver, catheterisation and other clinical areas. This meant people were cared for by staff who received management support to ensure they performed their responsibilities effectively.

Staff received structured induction when first employed at the home and records confirmed this. They told us they had undertaken shadow shifts (only working with another staff member) for two weeks. One staff member told us "I learnt a lot in the shadowing period it helped me a lot." The induction was part of the Care Certificate (a nationally recognised professional qualification) undertaken by care staff. The provider had their own induction process which was being followed. This meant staff had the opportunity to undertake an effective induction related to the company's policies and procedures and staff roles and responsibilities.

Records confirmed people had access to community health services. People told us they could ask to see their GP when they wanted. GPs reviewed people's health where there were concerns about health deterioration or where people's health and wellbeing was variable. A nurse informed us there was good access to local GP and nurse practitioner. People had access to a visiting podiatrist and some people had been visited by an optician. This meant people had access to a range of health care support and advice so staff could provide effective care.

Requires Improvement

# Is the service caring?

## Our findings

The service was not consistently caring

On the first day of our inspection we observed one person who had been given their breakfast in bed. This had then spilled all over their nightclothes. We informed a member of staff who told us this did happen with this person and they went to the person's room. However on the second day this reoccurred. We discussed our observations with the registered manager who told us they would look into what had happened as it was not acceptable. We were subsequently told a dignity champion had been appointed whose role was to improve this area of care. The arrangements whereby people had their breakfast in bed had also been reviewed. As a result the majority of people had chosen to use the dining room or not have breakfast in bed.

We observed staff sometimes interacted in a gentle and kind manner with people for example reassuring one person in a patient way when they had become confused about where they were and was seeking reassurance about what was happening. A staff member repeatedly said to the person "Do not worry (Name) we are having dinner soon." However, on another occasion care staff who were present did not intervene when a person repeatedly told a person to "Shut up" and "Be quiet." This meant people's dignity and right to be treated with respect was not consistently protected and upheld by staff.

One person told us they had always been treated in a respectful and caring way "It is excellent care I would not be in position I am now in if they had not helped me so much."

We observed staff supporting and assisting people. On one occasion they used a hoist to help move the person. They made sure the person's dignity was protected. The curtains in the room had been drawn and they explained throughout what they were doing.

Staff had an understanding of confidentiality; we observed they did not discuss people's personal matters in front of others. All records relating to people were stored securely.

People chose what they wanted to do and how and where to spend their time. Some people chose to stay in their rooms; others chose to spend time in the lounges. One person told us "I can go where I like when I like it is up to me." We observed staff involved people in decisions such as where they wanted to be in their own room or in the communal lounge. Some people had specific daily routines such as getting up later or staying in their rooms for the morning. This was supported by staff. This meant people were able to make choices and decisions about their daily routines and staff provided a flexible service which reflected people's wishes.

People were encouraged to be as independent as possible. We observed staff assisting people but in an enabling way giving people time to do things for themselves. Staff were aware when it proved too difficult and provided assistance for example when having their meals or moving around the home. One person told us "I try and do as much as I can for myself staff know I want to and they let me get on with it as best I can." A relative told us "The staff always encourage independence but before frustration takes over they will

intervene to help."

People and their relatives told us visitors could visit at any time, there were no restrictions and they were made to feel welcome. One visitor told us "Staff are very friendly and they always let me know how (Name) is.  I feel they keep me well informed." Another told us how they had been able to stay overnight when their relative was unwell. We were told there were expected to be over fifty relatives visiting the home to have a meal on Christmas day. During our inspection we observed visitors coming to the home throughout the day, there was a visitors signing in book in the reception so the staff knew who was in the building in case of an emergency.

Good

# Is the service responsive?

## Our findings

The service was responsive

Care planning reflected a person centred approach to the providing of care. Staff were able to talk about people's needs from a person centred perspective and showed a good understanding of specific needs of people. For example, they told us how one person when upset could be calmed through talking with them about a specific topic. Another person they told us had a particular routine when getting up and this needed to be followed. A third person would respond well to music when they needed to provide personal care.

Care plans provided details about people's daily routines, likes and dislikes and included a "Waking care plan". There were also life story booklets completed for some people and these were being introduced across the home. These provided information about the person's family, occupation/working life, skills and interests, personal attributes. The home was starting to introduce an approach which built on person centred care specifically in relation to "Improving the quality of life for residents living with dementia, that is flexible, measured and meaningful". Currently staff were in the process of receiving training around this approach. This meant the service was working on building their person centred approach specifically in relation to people living with dementia.

Care plans provided information about people's specific health needs and how staff should meet those needs. For example where a person was dependant on oxygen there was a specific care plan which gave details about flow rate, method of delivery and duration of use. There were care plans where people had epilepsy and staff were able to tell us what action to take in the event the person had a seizure.

People had an opportunity to formally review their care arrangements. Records showed where these had taken place on occasions with family members present. People told us they were able to talk with care staff and the registered manager about the care they received.

People told us they knew they could make a complaint if they wished. One person told us "I can always speak to one of the staff or the manager if I am unhappy about anything." Another person told us "I would make a complaint if I needed to and am sure they would listen to me and do something about it." A relative said, "If there is something we are not happy with we feel free to talk to staff." Another relative told us they felt they could complain when they needed something sorted. There had been three complaints in 2016 which had been addressed where substantiated and actions taken.

People and relatives had an opportunity through regular meetings to express their views and make suggestions about the quality of care they received. Minutes showed discussions had taken place about the food, activities and people being involved in reviews of their care. Action had been taken regarding improving the menu and was reported to us by people we spoke with about the food. There was a relatives meeting at which it was discussed how relatives could provide feedback to the home about the quality of care. There had been a discussion about improving staffing arrangements and use of agency staff whilst recruitment was continuing. This meant people and relatives were encouraged to voice their views about

the care provided in the home and make suggestions for improvements.

People had the opportunity to take part in a range of group and individual activities. These had included: art therapy, flexicise, poetry reading and touch and taste. There were also three or four sessions a week for each person, if they wished, where they had 1:1 time with the activities co-ordinator. There had been a visit from a local school choir and students from another school regularly visited to read to people. People told us they enjoyed the activities that were available. One person told us "I do things here I have not done before". Another person said, "I enjoy the art and music". A visiting entertainer told us how much they enjoyed coming to the home and commented how staff were very active in supporting people when they were entertaining in the home. On the days of our inspection we observed staff being very proactive in ensuring people had the opportunity to go to an activity or Christmas entertainment.

Good

# Is the service well-led?

## Our findings

The service was well led

People and staff spoke of an approachable registered manager. One person said, "The manager is always out and about having chats with us". Another said how the registered manger was "Lovely and approachable". A relative told us "The manager and deputy are both very good, you can always to talk to them". Staff commented how the registered manager had been addressing staff sickness "She is sorting out the problems which is good". Another staff member who had worked at the home for some years described the management team as "The best management team since I have been here, they come up on the floor and they know what is going on in the home".

There was a management structure in the home which provided clear lines of responsibility and accountability. The registered manager had overall responsibility for the home. They were supported by a deputy manager, qualified nurses and a team of senior carers and carers.

The provider had a quality assurance system that involved a number of systems that checked the quality of care being delivered to people. For example a regional manager carried out monthly quality audits these were recorded and fed back to the registered manager. Areas for improvement were then actioned by the registered manager. The registered manager also fed into this system by carrying out regular audits for example care planning, medicines, infection control and environment. These were recorded and fed back to the regional manager. Where areas for improvement were identified recommendations were made with time scales for actions to be taken.

Quality assurance audits reports showed areas for improvement which had been actioned. These had included reviewing of care plans, review of use of food and fluid charts and ensuring all pagers were made available to staff.

Staff told how they felt the registered manager wanted a home where staff treated people as one of their family. One staff member commented how they felt the registered manager was trying to achieve consistent care and how this was being achieved through recruitment and the use of less agency staff. They said this was part of improving the service which the registered manager was trying to do all the time. Another staff member said how they felt the registered manager wanted them to spend time with people such as during activities and not be, "Just about doing tasks". Staff told us they felt there had been improvement over the past year particularly in team working. A recent staff survey provided positive feedback about the service.

In discussion with the registered manager they echoed comments made by staff as to what they wanted to achieve and the quality of care being provided in the home. They spoke of staff being "Engaged with people, knowing the whole story about people working in a more person centred way". They said they wanted to improve the skills of staff and spoke of a new nursing assistant development scheme which would improve the skills of senior carers. They told us there were regular staff meetings and the registered manager had spoken at these about what they wanted of staff. This meant there was a shared vision of the care the

registered manager and staff wanted to provide.

The registered manager attended monthly meeting with other registered managers from HC-One (provider) homes. These provided an opportunity to share knowledge and experiences. They told they also attended learning engagement meeting held by the clinical commissioning group (NHS organisation). They updated their skills and knowledge through professional on-going training.

There were audits in place to look at falls, accidents and incidents. These were used to identify any themes or improvements in practice. For example changes to people's environment or referrals to GPs for falls assessment. On the day of our inspection a discussion was held about changing a person's room to make it safer following their having a fall. The home had notified the Care Quality Commission of all significant events which had occurred in line with their legal responsibilities.

A "Residents Feedback" exercise had been held which whilst having low number of respondents provided positive feedback about the quality of care. The registered manager had identified how they needed to improve the response to the feedback. The feedback had shown 88% Good and 13% Outstanding impression of the care home.

The home is located close to the town centre enabling people to take advantage of local shopping and other facilities. The home held a monthly coffee morning which was well attended by people from the community.