

St Catherines Care Centre Limited

St Catherine's Care Centre Limited

Inspection report

Old Portsmouth Road
Artington
Guildford
Surrey
GU3 1LJ

Tel: 01483531181
Website: www.chdliving.co.uk

Date of inspection visit:
24 February 2022

Date of publication:
29 March 2022

Ratings

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

Summary of findings

Overall summary

About the service

St Catherine's Care Centre is a residential care home providing personal and nursing care to up to 34 people. The service provides support to adults requiring care and support due to their physical health and those living with dementia. At the time of our inspection there were 30 people using the service.

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

People felt safe living at St Catherine's Care Centre. Risks to people's safety and well-being were assessed and action taken to minimise these risks. Staff had received training in safeguarding people from potential abuse and were aware of reporting procedures should they identify concerns. Safe medicines practices were followed and staff competencies in this area were assessed. Staffing levels were regularly reviewed and action taken should concerns arise. Robust recruitment processes were in place to ensure staff were suitable for their roles.

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. People and their loved ones were involved in the assessment and care planning process and their preferences were known to staff. People had access to healthcare professionals in line with their needs. The registered manager and clinical lead worked closely as a team to ensure people's clinical needs were regularly reviewed and monitored.

Staff treated people with kindness and spent time socially with them. People were supported to maintain contact with those who were important to them and were able to receive visitors. People told us they had enough to do and enjoyed a variety of activities. The registered manager and well-being co-ordinator were looking to extend links within the local community.

People and their relatives felt they were able to raise concerns and would receive a response. The provider and registered manager had implemented a range of quality assurance processes to monitor the service people received. There was a positive culture within the service and people, relatives and staff were highly complementary regarding the improvements and on-going support the registered manager provided.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 20 November 2019) and there were breaches of regulation.

The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

At our last inspection we recommended processes in relation to the Mental Capacity Act 2005 were reviewed and monitored to ensure detailed records were maintained. At this inspection we found improvements had been made and records were personalised and comprehensive.

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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?

Good ●

The service was 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.

St Catherine's Care Centre Limited

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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by three inspectors. Following the inspection an Expert by Experience made telephone calls to relatives of people living at St Catherine's Care Centre. 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

St Catherine's Care Centre is a care home with nursing care. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. 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 reviewed all the information we held about the service, including data about safeguarding and statutory notifications. Statutory notifications are information about important events which the provider is required to send us by law. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

We used all this information to plan our inspection.

During the inspection

We spoke with ten people who used the service and one relative about their experience of the care provided. We spoke with seven staff members, the registered manager, clinical lead and regional director. We reviewed a range of records. This included six people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We spoke with eight relatives regarding their experience of the care their loved ones received. We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question Requires Improvement. At this inspection the rating has changed to Good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

At our last inspection we found the provider had failed to ensure risks to people's safety were managed and that safe infection control procedures were consistently followed. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Risks associated with people's care had been identified and steps taken to mitigate these risks. Personalised risk assessments had been completed in areas including mobility, skin integrity and nutrition. These included guidance for staff on how to safely support people, the specific equipment they required and how the risks should be monitored.
- Staff were aware of how to support people should they become anxious. People's care records highlighted how staff should approach people and how to provide reassurance to them. Staff were able to describe to us how they would support people who may become anxious or refuse care by using a person-centred approach.
- Clinical risks were reviewed weekly in order to monitor people's well-being and identify any emerging risks. Information included any recent falls, changes to medicines or weight loss. This analysis meant a holistic review of all risks could be completed to determine if any additional action was required to keep the person safe.
- Accidents and incidents were monitored and action taken to prevent them happening again. Staff we spoke with were aware of reporting procedures and actions they should take following an accident or incident. Records showed that each accident and incident had been reviewed to determine the actions required. For example, where people had experienced falls, additional measures such as more frequent checks and the use of sensor mats had been implemented.

Systems and processes to safeguard people from the risk of abuse

- People and relatives told us they felt safe and secure living at St Catherine's Care Centre. One person told us, "I trust all of the staff." One relative said, "[Family member] is absolutely safe there as the staff are kind."
- Staff were able to describe their responsibilities in identifying and reporting potential abuse. One staff member told us, "We make sure the residents are safe. I would report (concerns) to the nurse or the manager or escalate to the relevant authorities. Call the council or the police." Records showed staff received regular safeguarding refresher training to ensure their knowledge and practice were up to date.
- Systems were in place to identify and respond to safeguarding concerns. Relevant concerns had been passed to the local authority safeguarding team in line with guidance. Records showed the service worked alongside the safeguarding team to keep people safe.

Staffing and recruitment

- People told us they felt there were sufficient staff although some commented they had to wait longer for staff during the night. The registered manager told us this had been reported to them by some people prior to our inspection. As a result, they had worked alongside staff on a night shift and ensured an additional staff member was available going forward. People told us this had led to improvements.
- Sufficient staff were deployed to keep people safe. People's requests for support were responded to promptly and staff had time to sit and talk with people. The registered manager reviewed response times to call bells to ensure these were answered within a reasonable timeframe. People told us they did not feel rushed by staff and enjoyed spending time with them.
- People received care from a consistent staff team. The registered manager told us they were currently recruiting for staff and agency staff were being employed. Wherever possible the same agency staff were used to help provide consistency in people's care. We observed both permanent and agency staff worked as a team and communicated well.
- Safe staff recruitment systems were followed. Records showed pre-employment checks were completed to ensure staff were suitable to work in the service. These included obtaining references from previous employers and completing Disclosure and Barring Service (DBS) checks.

Using medicines safely

- People's care plans contained detailed information regarding how they preferred to take their medicines. Guidance included how staff should support people if they refused their medicines. We observed staff administered people's medicines in a supportive way and explained the reasons for the medicine as appropriate.
- Safe medicines practices were followed to ensure people received their medicines in line with their prescriptions. Each person had a medicines administration chart in place which contained all required information. Frequent stock checks of medicines were completed and our checks confirmed these were correct. Systems were in place for ensuring medicines required at specific times were monitored. Medicines were safely stored and systems for ordering and safely disposing of medicines were in place.
- Staff received training in medicines management and their competency was monitored. Regular checks were completed by the clinical lead to ensure any concerns were identified promptly. Staff understood the need to report any concerns immediately to ensure prompt action could be taken.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- The provider had ensured people were able to maintain contact with those who were important to them. People and relatives told us visiting safe visiting arrangements were in place.

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 our last inspection we rated this key question Requires Improvement. At this inspection the rating has changed to Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

At our last inspection we found the provider had failed to ensure people received support from skilled staff who were fully supported in their role. This was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- Staff completed an induction when they started working at the service. This included training and competency assessments in line with the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- Staff confirmed they received on-going training and had the opportunity to discuss any learning points during staff meetings. One staff member told us, "I had so many different training courses, including updates, for example manual handling, infection control and mental capacity." Staff told us training was completed on-line or face to face where there were practical elements to learn such as first aid or moving and handling.
- Staff received regular supervision to support them in their role. This included clinical supervision and practice discussions for nurses. Staff told us they found this time with the management team useful in being able to discuss any concerns and reflect on training. Regular agency staff also received supervision with the management team to ensure they felt part of the team and were working to the same standards.

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 MCA 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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

At our last inspection we made a recommendation that MCA processes were reviewed and monitored to ensure detailed records are maintained. At this inspection we found improvements had been made.

- The principles of the MCA were understood and followed by staff. Staff were able to describe how they applied the MCA within their job role. One staff member told us how people's capacity would be assessed for specific decisions and understood people's right to make their own decisions. We observed staff routinely gained people's consent prior to supporting them. One staff member said, "We need to get the consent and the clients need to have the choice."
- People's capacity to make specific decisions was assessed. Records included detailed conversations with people regarding the decision, their views and their ability to retain the information. Where people were assessed as not having capacity to make a specific decision best interest decisions were made with support of professionals and those who knew the person well. DoLS applications had been submitted to the relevant authority as required. These included detailed descriptions of the restrictions in place such as where people were not able to leave the service alone and the use of bed rails.
- People's decisions were respected and support provided to help people manage risks. For example, some people had made the decision not to follow advice from the Speech and Language Therapy Team regarding having their food pureed to minimise the risk of choking. Staff understood where people had the capacity to make this choice and worked with them to minimise the risks associated with this decision.

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

- Each person had their needs assessed before they moved into St Catherine's Care Centre. This helped to make sure the staff could meet people's needs and expectations. One relative told us, "It was all well organised and I'm aware managers did an assessment with the hospital. I was asked to provide information on (family member's) likes, dislikes and life story."
- Care plans had been developed using the assessment information gathered from people, their relatives and relevant professionals. The enabled guidance to be developed for staff in how to support the person in a way which respected their needs and choices.
- National guidance was followed when supporting people's needs. This included guidance in relation to assessing people's skin integrity, malnutrition screening and oral healthcare

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

- The majority of people and relatives told us they enjoyed the food and were frequently offered drinks. One person said, "The food is absolutely marvellous. You can get what you want and all the meals are very good." One relative told us, "[Family member] likes the food and eats lots of food he never used to. There is plenty to eat and he has a fry up for his breakfast."
- People were offered a choice of food and alternatives offered if they did not like their meal. We observed the chef speaking with people about their preferences for lunch. It was clear from the conversations they were aware of people's preferences. At lunchtime one person indicated they were not enjoying their main course, an alternative was discussed and provided promptly. The chef told us they were keen to learn about people's favourite dishes and make sure people had them regularly. We heard them say to one person, "I've changed the roast to lamb today because I know it's your favourite."
- People's dietary needs such as allergies were known to staff. People's weight was monitored regularly and fortified foods offered to people at risk of weight loss. The chef had completed training in the safe preparation of foods for people who had swallowing difficulties. They told us, "It was external training and all the chefs (from the organisation) went. It was very, very good and the information about different texture was fascinating."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live

healthier lives, access healthcare services and support

- People and their relatives told us access to healthcare professionals was arranged as required. One relative told us, "They would definitely call the doctor if they needed to. They always keep us informed."
- People were supported by a range of healthcare professionals including the GP, community nurses, Parkinson's nurse, speech and language therapy and the mental health support team. Records showed that referrals were made when required and recommendations implemented.
- Positive relationships had been built with both the GP and Community Matron who had supported the service in accessing healthcare throughout the COVID-19 pandemic. A compliment from a healthcare professional read, "Our experience of working with the staff at the home is very good. They are always very polite and working hard with us and the GP in the patient's best interests."
- Clinical meetings supported nursing staff in keeping up to date with current guidance. Quarterly clinical meetings were held involving nursing staff across the organisation to discuss any changes in guidance and how these would be implemented.

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

- St Catherine's Care Centre is a large older style property which has been adapted to meet the needs of people living there. All areas of the home were accessible by using the lift and bathrooms were adapted to suit people's requirements. People had access to a number of different communal areas.
- People had been involved in the redecoration of the service. Items of interest, colour and wall paintings had been used to make rooms and corridors more distinct to help orientate people.
- Consideration had been given to the signage around the service to support people living with dementia. There was a variety of things for people to do such as puzzles, sensory items, games and daily newspapers.

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 our last inspection we rated this key question Requires Improvement. At this inspection the rating has changed to Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

At our last inspection we found the provider had failed to ensure people were consistently supported with dignity and respect. This was a breach of regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 10.

- People and their relatives told us staff were kind and caring. One person told us, "They are very good, very nice people here. If I need anything, I just need to ask. I could not wish for more kind people. I have no complaints." A second person said, "They (staff) are very caring here, that is what makes it a happy home." A relative told us, "The staff are lovely and more like her friends."
- People were supported by staff who knew them well. One person told us, "They definitely know what I like and more importantly what I don't like." We observed staff take time to sit and speak with people. Conversations heard demonstrated staff were aware of people's families and how they liked to spend their time. Staff showed kindness to people in their approach.
- People's religious and cultural needs were discussed with them and where appropriate support provided. Examples included supporting someone who had moved area to maintain links with their church and ensuring access to online religious services during the COVID-19 pandemic. Assessments took into account people's diversity. The registered manager told us they asked questions such as how people would like to be addressed, the pronouns they chose to use and how they identified in terms of their gender.

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

- Staff listened to people's choices and involved them in their care. We observed staff offer choices regarding how people wanted to spend their time, where they would like to sit, what they wanted to drink etc. One person told us, "I do what I like and I'm not forced to do anything I don't want to do."
- Care plans contained details regarding people's preferences. This included information regarding if they preferred support from male or female staff, what time they liked to get up and go to bed and preferences regarding their care.
- Staff understood and respected people's choices. One staff member told us, "When I go in a room, I will knock and I will ask how are you and how can I help you? They make their own choices like clothes they want to wear."
- People were able to furnish their rooms with their own items should they wish. One person told us, "I could bring whatever I liked." We saw people had items of personal furniture in their rooms as well as

photographs and ornaments which were important to them.

Respecting and promoting people's privacy, dignity and independence

- People were positive about the support they received to maintain their independence. One person said, "I am very independent, but I like to know there is a backup. If they know you're independent, they make you do as much as possible yourself." Care plans contained information regarding what people were able to do for themselves and areas in which they required support.
- People were supported with respect. One relative told us, "They always knock and respect his privacy and dignity." We observed this was the case during our inspection.
- Staff were aware of how they should support people to maintain their dignity when receiving personal care. Staff offered people support in a discreet way and ensured people had privacy when in the bathroom.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question Requires Improvement. At this inspection the rating has changed to Good. This meant people's needs were met through good organisation and delivery.

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

At our last inspection we found the provider had failed to ensure people received person-centred care and were supported to take part in activities of interest and relevance to them. This was a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

- People and their relatives told us they were involved in planning their care. One person told us, "They do their best to involve you. I've had a few falls, that's why I'm here now. We discussed it all." One relative said, "They do contact me and discuss with me if there are any changes."
- People's choices and preferences were reflected throughout their care records. This included detailed information regarding people's interests, families and past occupation. Discussions with people, staff and observations showed that staff were aware of this information and knew people well.
- Staff were attentive to people's needs and requests. They ensured people were comfortable and took time to check what they wanted to do and if there was anything they needed. Where people expressed they were not feeling well or were in discomfort staff spent time with them to resolve the problem. One person had asked to move rooms so they were able to see and hear what was happening outside more easily. The person was moved to a room with a view of both the garden and the road which they were happy with.
- People had access to a range of individual activities and people's interests were known to staff. We observed people had their favourite newspapers and staff took time to discuss what was happening in the news with them. One person enjoyed playing music and supported the well-being co-ordinator as a DJ at parties and events. People who spent more time in their rooms had daily visits and access to puzzles etc.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were identified, recorded and highlighted in their care plans. For example, one person struggled to form words, staff were aware they needed to give the person time to respond. They asked closed questions where possible so the person was able to answer yes or no.

- People's sensory needs were known to staff. Where people required support to wear their glasses or hearing aids this was recorded within their care records. We observed people's glasses were clean and accessible to them.

Improving care quality in response to complaints or concerns

- People and relatives told us they would feel comfortable in raising any concerns and felt they would be listened to. One person told us, "(Registered manager) will always help you. I would tell him but I haven't had to complain. They're all very polite." A relative said, "They are approachable and would act on things." Information about how to make a complaint was displayed in a communal area in an easy to read format.
- There were systems in place for recording, responding to and monitoring complaints and complaints were responded to in line with the provider's policy. Where concerns had been raised these had been investigated and detailed information provided to the complainant of what action had been taken. This was followed up to check that the complainant was happy with the response they had received.

End of life care and support

- People's wishes regarding the care they wanted at the end of their life was recorded within their care plans. This had been discussed with people and where appropriate their relatives involved. Where people did not wish to discuss their preferences, this was respected.
- We viewed compliments from people's relatives about the end of life care their family member received. Compliments included, "Thank you for all the support you gave through this difficult time. I was impressed by the professionalism and compassion of you all."
- Staff received training in providing care at the end of people's lives. Staff worked alongside other professionals to ensure people were supported to be pain free and have their wishes respected.

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 our last inspection we rated this key question Requires Improvement. At this inspection the rating has changed to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At our last inspection we found the provider had failed to ensure effective management oversight of the service, good governance and accurate record-keeping. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Effective systems were in place to monitor the quality of the service provided and address any concerns. The management team and provider completed a range of quality assurance audits including health and safety, wound care, infection control and daily safety checks. Where any shortfalls were identified prompt action was taken.
- A monthly report was completed by the registered manager and reviewed by the senior leadership team. This enabled monitoring of all systems within the service such as training, MCA processes, meetings and recruitment. The registered manager told us they found this document valuable in supporting them to review the service.
- The provider had notified CQC of all significant events that had happened in the service in line with requirements. Notifications were completed in detail and included information regarding actions taken to monitor and minimise risks where required.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People were complementary about the registered manager and the support they received. Comments included, "(Registered manager) is very nice, sorts things out and very pleasant.", "I am quite happy. I could not have a more comfortable situation." And, "Hopefully I will be here for quite a while. I like it here."
- Relatives felt there was good communication and the registered manager was responsive. One relative told us, "It is very well run and organised and I am very happy with the care. The manager is very approachable and if I e-mail, they will always get back to me." A second relative said, "It is well run and managed. The manager is lovely and approachable."
- There was a positive atmosphere and approach throughout the service. The registered manager and clinical lead spent time chatting with people and clearly knew them well. The registered manager told us, "We try to make people feel listened to and know their needs are understood. This is their home and staff are here to support their chosen way of living." The values of the service and organisation were known to staff and discussed within team meetings.

- The expectations of staff and culture of the service were embedded into practice. The registered manager told us they made it clear to staff at interview the kind of service they were and the importance of person-centred care. They added, "When we are recruiting, we are trying to get a feel for if they (applicant) would make a positive difference here."

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

- People and their relatives confirmed regular meetings were held to discuss the running of the service. One relative told us, "We can discuss things every six weeks on a Zoom call. They are very accommodating and nothing is too much trouble." Meeting minutes demonstrated people and their relatives were able to have open discussions and actions required were listed and addressed.
- During the COVID-19 pandemic the registered manager had sent monthly emails to relatives regarding things which happened in the service. Relatives had said they found these updates useful and the registered manager had agreed to continue this communication.
- Feedback surveys were distributed to people, relatives and staff for comment regarding the quality of the service. The vast majority of comments were positive. One relative had commented, "My (loved one) has been looked after really well at St Catherine's Care Centre. They discuss all treatment with me first. I have all faith in them to do the right thing." Where improvements had been suggested these were discussed in the relevant meetings, added to the service improvement plan and acted upon.
- Staff told us they felt supported in their roles and there was a good sense of teamwork. One staff member said, "(Registered manager) is brilliant, he checks up on us day to day generally, if I have any problem, I can go to him. We have staff meetings every month. If there are any updates or changes, he will call an ad hoc staff meeting during the shift or tell us at handover." A second staff member told us, "(Registered manager) is a manager you can talk to, he will listen. Honestly every day in this job you learn, he will listen to suggestions, we would sit down and have a conversation, he is a manager that is there for you."
- Records showed that relatives were contacted promptly following any accidents and incidents. They were then informed of the outcome of any investigations and apologies provided where appropriate.

Continuous learning and improving care; Working in partnership with others

- Learning from accidents and incidents, audits and complaints was shared. The manager's monthly report and service improvement plan included information referring to learning outcomes, changes to systems to minimise risk and how learning would be shared with staff.
- The registered manager was keen to make on-going improvements to the service. They told us they worked closely with the clinical lead and staff team to look at on-going improvements and how they could increasingly involve people in the running of the service. This included working closely with nursing staff to ensure on-going learning and continuous learning. They told us, "We want the clinical care to always be a great standard." The registered manager also worked closely with the regional manager to identify the strengths and purpose of the service moving forward.
- The team worked well with a range of health and social care professionals to provide holistic care. Due to COVID-19 restrictions developing partnerships with external community groups had been difficult. The registered manager and well-being co-ordinator were in the process of discussing how to re-establish and create links going forward.