

V Gulati

# Catterall House Residential Care Home

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

This focussed inspection was unannounced and carried out on the 01 December 2016.

Catterall House Residential Care Home is registered to provide care and accommodation for up to 24 people who require assistance with personal care. Bedrooms are of single or shared occupancy and bathrooms are located throughout the home. A variety of sitting rooms are accessible and a separate dining room is provided. Catterall House is close to public transport links and car parking space is available at the home. At the time of the inspection Catterall House Residential Care Home provided care and support to eight people.

At the time of inspection there was no manager in place who was registered with the Care Quality Commission. 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. The manager informed us they had started the process to apply to register with the Care Quality Commission, but had not yet submitted the application.

We last inspected Catterall House Residential Care Home on the 27 July 2016. We identified several breaches of regulation. We found risks to people who lived at the home were not always identified and action taken to minimise these risks. We also identified improvements were required to the cleanliness of the home and some aspects of the home were not secure. In addition we found policies were required to ensure staff were aware of the latest regulations, legal requirements and good practice guidance. We also found a system of quality audit was to be developed.

At the last inspection on the 27 July 2016 we asked the registered provider to take action to make improvements. We were provided with an action plan which detailed how the registered provider intended to ensure improvements were made. The action plan recorded improvements would be made by September 2016.

We undertook this focused inspection to check they had followed their plan and to confirm they now met legal requirements. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Catterall House Residential Care Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

During this inspection carried out on the 01 December 2016 we found some improvements had been made. We saw risk assessments were in place to manage the risks associated with the environment. We viewed risk assessments for the kitchen and laundry and risk assessments for fire exits. We also saw appropriate risk assessments were in place to ensure individual risks to people were managed. Written plans were in place to manage these risks.

We looked at the cleanliness and suitability of the environment. We saw the environment was visibly clean

and a cleaner had been employed to ensure the home remained so. We saw all fire doors had suitable equipment to enable them to be opened in the event of an emergency. We found one fire door could be opened without restriction. We have made a recommendation regarding this.

The manager told us they had started to rewrite key policies to ensure staff were aware of the latest relevant guidance and regulations. We were told this work was ongoing and we saw these were being completed. Staff we spoke with confirmed these were discussed with them to ensure they had an understanding of the purpose and processes in place. The manager also told us they had implemented a range of checks to ensure the home ran smoothly. This included audits of incidents and accidents, environmental checks and cleanliness checks. Staff we spoke with confirmed this. We were also informed by the manager they were developing a 'business continuity plan.' This was a plan that ensured staff were aware of the action to take in circumstances that may affect the running of the home. In addition we were informed a legionella risk assessment was being written.

We discussed staffing with people who lived at the home, the manager and relatives. People told us they considered there were sufficient staff available to meet people's needs. One person who lived at the home commented, "There's enough staff to help me." None of the relatives we spoke with raised any concerns regarding the staffing arrangements at the home.

We reviewed staff files and found there were processes in place to ensure staff were recruited safely. Staff we spoke with confirmed checks had been carried out on their suitability for employment prior to starting work at Catterall House Residential Care Home.

We observed people being given their medicines. We found people were supported to take their medicines with patience and understanding. We saw 'prn' protocols were in place for those people prescribed 'prn' medicines. These are medicines administered to people on an as required basis. This helped ensure people received their medicines safely.

People who lived at the home spoke highly of the manager. They told us they considered the home had improved. Staff we spoke with also gave positive feedback. They told us they found the manager to be approachable and supportive. Relatives we spoke with also told us they found the manager to be approachable.

## 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.

A legionella risk assessment and business continuity plan required completing to ensure risks were minimised and communicate actions to take in an emergency.

Medicines were managed safely.

Staff were safely recruited, and staffing levels were sufficient to respond to peoples' individual preferences.

The environment was clean and people told us they were happy with the cleanliness of the home.

### Is the service well-led?

**Requires Improvement** ●

The service was not always well-led.

Policies and procedures required further work to ensure staff were aware of the latest regulations and best practice guidance. A business plan and legionella risk assessment were being developed but were not fully complete.

Quality assurance systems were in place to ensure areas of improvement were identified and actioned.

The registered provider consulted with people they supported and relatives for their input on how the service could continually improve. People, relatives and staff told us the manager was approachable and supportive.

# Catterall House Residential Care Home

## **Detailed findings**

### Background to this inspection

We carried out this focussed 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 focused inspection was carried out on the 01 December 2016 by two adult social care inspectors and was unannounced. At the time of the inspection Catterall House Residential Care Home provided care and support to eight people.

Prior to the inspection we reviewed information the Care Quality Commission (CQC) holds about Catterall House Residential Care Home. This included any statutory notifications, adult safeguarding information and comments and concerns. In addition we contacted the local commissioning authority to gain their views of the service provided. This helped us plan the inspection effectively.

As part of the inspection we spoke with four people who received care and support from Catterall House Residential Care Home and two relatives. We spoke with the manager of Catterall House Residential Care Home, a deputy manager and three care staff. We walked around the home and spent time in the communal areas. This allowed us to observe the interactions between people who lived at the home and staff.

We looked at a range of documentation which included two care records and two staff files. We also looked at a training matrix and staff rotas. As part of the inspection we viewed a sample of medication and administration records.

# Is the service safe?

## Our findings

We asked people if they felt safe. People told us, "I'm safe here. Staff check me at night and are very respectful." And, "I've always felt safe here. It's a grand place." Also, "I've no worries here." Relatives we spoke with raised no concerns regarding the safety of their family member. One relative commented, "[My family member] is safe here. Staff look after [my family member] well."

At our comprehensive inspection of Catterall House on 27 July 2016, we found risks to people were not always identified and risk strategies were not implemented to reduce such risks. This related to the fire risk assessment, the collation of accidents and environmental risk assessments. This was a breach of Regulation 12 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Safe care and treatment.

At our focused inspection on 01 December 2016, we found the provider had followed the action plan they had written and met the requirements of the regulation. We found fire exits were accessible and risk assessed. We found they had suitable equipment to allow them to be opened in the event of an emergency. We discussed one internal fire door with the manager. We noted it opened onto a flight of stairs and was alarmed to alert staff to the door being opened. The manager had completed a risk assessment which evidenced how the risk of the door being inadvertently opened was to be managed. We discussed this with the manager who agreed to explore methods of preventing the door being opened by people who lived at the home.

We recommend the registered provider seeks and implements best practice in relation to fire safety.

We spoke with staff and asked them to explain the procedure they would follow in the event of a fire. All the staff we spoke with were able to explain the procedure in place. They were knowledgeable of the support people would require to enable them to evacuate the home. Staff explained each person had a 'Personal Emergency Evacuation Plan' (PEEP) in place and there were coloured dots on peoples' doors to inform them of the level of assistance that should be provided. We checked the individual PEEP and found the level of need described matched the coloured dots on the doors. This evidenced there was a system in place, of which staff were knowledgeable, to ensure people were supported safely in the event of a fire.

We asked the manager if there was a business continuity plan in place. This was a plan which instructed staff on the action to take if there was a significant event which may disrupt the provision of the regulated activity. For example in the event of fire, flood, power failure or staffing issues. The manager told us they were currently writing this. In addition we noted there was no internal place of safety agreed for people to be taken to in the event of a fire. The manager informed us this was currently being explored. They further explained they had contacted a local church and had received no response. We were told they were awaiting a response from a local community group in order to progress this forward.

During the inspection we asked to see the legionella risk assessment for the home. This is a risk assessment which identifies the risk of legionella bacteria developing in the water system. We were told by the manager there was no risk assessment in place as they were in the process of completing one. They also told us they

were exploring the option of having the required checks carried out by an external contractor.

We reviewed risk assessments which evidenced the risks to people who lived at the home had been considered. We saw risk assessments in place for the kitchen and laundry area and the use of the bath hoist. Staff we spoke with were knowledgeable of the control measures in place. For example the cleaner explained the risks associated with the cleaning cupboard being unlocked. In addition we saw a risk assessment related to call bells used by people at the home. The assessment identified call bells could not be heard in the kitchen, therefore a staff member should always remain outside the kitchen area. This would help ensure call bells could be heard. During the inspection we asked a staff member if we could speak with them. They responded by explaining they would have to ask a staff member to leave the kitchen so call bells could be heard and responded to. We discussed the risk assessments with the manager. They told us they would be reviewed as people's cognitive ability and needs changed, to ensure people were protected from the risk of avoidable harm.

In addition we were shown a falls analysis. The manager explained they monitored the number of falls at the home. They told us this was to identify if there were any trends or preventative actions that could be put in place to prevent reoccurrence. The analysis we saw recorded one person had fallen at the home, therefore we were unable to review the effectiveness of the audit at this inspection.

We reviewed individual care records which evidenced appropriate assessments were carried out to ensure risks to people were identified and managed. For example we noted the support one person required to mobilise. During the inspection we saw the person was supported in accordance with the risk assessment in place and the corresponding care plan. This helped ensure the person's safety was maintained.

At our comprehensive inspection of Catterall House on 27 July 2016, we identified improvements were required to the cleanliness of the home and some aspects of the home were not secure. This related to a cleaning cupboard being left open, some furniture was dirty and a mattress and bed base was soiled. This was a breach of Regulation 15 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Premises and equipment.

At our focused inspection on 01 December 2016, we found the provider had followed the action plan they had written and met the requirements of the regulation. The manager told us a cleaner had been employed since the inspection carried out on 27 July 2016. We walked around the home and saw it was clean and tidy. We checked three beds and found these were clean and in good repair. We spoke with the cleaner who told us they had sufficient resources to carry out their role. They explained the manager carried out checks of their work and they were provided with feedback about this. We were shown the storage cupboard where chemicals were kept and were informed this was kept locked to maintain peoples' safety. People we spoke with told us they were happy with the cleanliness of the home. One person commented, "It's like a shiny new pin here now."

We reviewed documentation which showed suitable recruitment checks were carried out before a person started to work at the service. Staff we spoke with told us they had completed a disclosure and barring service (DBS) check prior to being employed. This is a check which helped ensure suitable people were employed to provide care and support. We saw records of the checks were kept and two references were sought for each new employee.

We asked the manager of Catterall House Residential Care Home how they ensured there were sufficient numbers of staff available to meet peoples' needs. They told us the rotas and annual leave were agreed in advance. They explained this helped ensure there were sufficient staff available to support people. We were

also told if extra staff were required due to a person's needs or unplanned leave, additional staff were provided. We viewed one week's rota and saw staffing levels were consistent with the manager's explanation and the assessed needs of people who received care and support.

We asked people their opinion of the staffing provision. Everyone we spoke with told us they were satisfied with the arrangements in place. They told us staff came quickly if they required assistance. Comments we received included, "There's enough staff to help me." And, "There's plenty of staff here. Nothing's too much trouble for them." Relatives we spoke with expressed no concerns with the availability of staff. One relative commented, "There's plenty of staff here."

Staff told us they had received training to deal with safeguarding matters. We asked staff to give examples of abuse and they were able to describe the types of abuse that may occur. Staff also demonstrated an understanding of signs and symptoms of abuse and explained how they would report these. Staff said they would immediately report any concerns they had to the registered provider, the manager, or to the local safeguarding authorities if this was required. One staff member told us, "We have to report safeguardings to protect people. It's our duty."

We checked a sample of medicine administration records (MAR) and medicines and found the quantities of medicines and the MAR records matched. This indicated people received their medicines as prescribed. We observed medicines being administered. We saw the staff member concentrated on their duties and checked the MAR and the medicine prior to administering medicines. We noted the staff member consulted with people and the MAR record was signed when people had taken their medicines. This helped minimise the risk of a medicine error occurring. The manager explained they were responsible for the ordering of medicines. They also told us they had received training to enable them to administer medicines safely. We discussed the ordering of medicines with the deputy manager. They were able to explain the processes in place and confirmed they had also attended training to enable them to do so safely. We reviewed documentation which showed staff competencies were assessed to ensure they were competent to administer medicines. This helped ensure staff were competent in their duties. We saw 'prn' or 'when required' protocols were in place for those people prescribed them. These are medicines administered to people on an as required basis. This helped ensure people received their medicines safely.



## Is the service well-led?

### Our findings

People told us they considered Catterall House Residential Care Home to be well-led. Comments we received included, "[Manager] is a good manager, the home has got a lot better since [manager] came." And, "[manager] is an excellent manager, the home's improved since [manager took over." Relatives told us they were happy with the way Catterall House Residential Care Home was managed. One relative told us, "[Manager] is very nice, very approachable." A further relative commented, "I find [manager] very approachable. She seems very professional and knows her stuff." They went on to describe the support they had received from the manager regarding their family member's care. They told us, "I was glad of [manager's] support."

At our comprehensive inspection of Catterall House on 27 July 2016, we found policies were required to ensure staff were aware of the latest regulations and good practice guidance. Additionally, a system of quality auditing needed to be developed. This was a breach of Regulation 18 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Good governance.

At our focused inspection on 01 December 2016, we found the provider had followed the action plan they had written and met the requirements of the regulation. During this inspection we found improvements had been made. We saw a file which contained updated policies and procedures. The manager told us these had been discussed with staff and staff we spoke with confirmed this. We were informed this area of work was ongoing and the manager was continuing to complete policies as required. The manager told us they were also planning to complete a business continuity plan and a legionella risk assessment.

We also looked at the quality audit systems in place. We saw evidence audits in medicines, care records, accidents and incidents and environmental checks were carried out. All the staff we spoke with told us the manager regularly gave feedback on the audits they carried out. We also saw documentation which confirmed this. We saw a medicine error had been identified on a medicine and administration record and as a result this had been discussed with staff. This helped ensure the risk of reoccurrence was minimised.

We spoke with staff and asked them their opinion of the leadership at Catterall House Residential Care Home. Staff told us they found the manager to be approachable and supportive. Staff commented, "[Manager] is so approachable. I can speak to her about anything and [manager] responds." Staff told us staff meetings took place to enable information to be shared and any changes discussed. Staff confirmed they were aware of these and had the opportunity to attend. One staff member said, "[Manager] listens and we come to an agreement of what will work. [Manager] is focused on providing excellent care for service users." A further staff member said, "[Manager] is here to improve the home in every aspect and support us all." We were informed the next staff meeting was currently being planned.

People told us they had the opportunity to attend meetings and give feedback to the manager. One person commented, "I go to meetings and have my say. [Manager] will listen and try to change things." A further person told us, "I go to meetings and make suggestions. They usually get actioned." We saw documentation which evidenced people were able to attend meetings if they wished to do so.

We asked the manager how they enabled people to give feedback regarding the quality of the service provided. We were told that in addition to verbal feedback, surveys were provided to obtain the views of people who received care and support and their relatives. We saw evidence this took place. Comments we saw included, "It's a nice place to live." And, "The home is clean."