

Father Hudsons Society

St Catherine's Bungalows

Inspection report

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Ratings

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| Overall rating for this service | Good ● |
| Is the service safe? | Requires Improvement ● |
| 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 Bungalows are residential 'care homes', providing personal care and accommodation for up to 16 people. They are part of Father Hudson's Care, which is the social care agency of the Catholic Archdiocese of Birmingham, a registered charity. St Catherine's Bungalows consists of three purpose built separate bungalows. Each bungalow provides care to people living with a learning disability, autism and complex physical health care needs. Each bungalow has individual, ensuite, bedrooms, a communal lounge, sensory room, dining area and kitchen. Gardens are accessible to people. At the time of our inspection, 16 people lived at the home.

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

At our last inspection we found a breach of the regulations related to good governance. At this inspection, we found sufficient improvements had been made to meet the regulations.

Since our last inspection, improvements had been made in the provider's quality assurance processes and systems. The registered manager had increased their knowledge about how to undertake checks that identified where improvements were required and acted on these.

Systems were in place for people and their relatives to give their feedback on the service. People and relatives were happy with the services and had no complaints.

Staff knew people well and how to protect them from risks of harm of injury, such as falls. Overall, risk management plans gave staff the information they needed. However, some improvements were required to ensure people had skin integrity risk management plans so staff had the information to refer to. Staff did not consistently complete important records such as signatures on medicine administration records, fluid charts or record when people were repositioned. The registered manager had, and was, taking action to ensure improvements were made.

The home was clean and tidy, and staff had been trained on how to prevent risks of cross infection.

There were sufficient trained staff on shift. Further training was planned for staff where the registered manager had identified knowledge needed to be increased or refreshed.

People had their needs assessed before they moved into the bungalows. People had plans of care relevant to their needs. Staff supported people 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 procedures in the service supported this practice.

Staff worked within the principles of the Mental Capacity Act 2005. Best interests' meetings took place when required.

Positive caring interactions took place and staff involved people in everyday activities. Relatives felt their family member was well cared for and had no complaints. Staff supported people to be involved in activities they enjoyed.

As part of a thematic review, we carried out a survey with the registered manager at this inspection. This considered whether the service used any restrictive intervention practices (restraint, seclusion and segregation) when supporting people. The service used positive behaviour support principles to support people in the least restrictive way. No restrictive intervention practices were used.

Rating at the last inspection

The last rating for this service was Requires Improvement (published 9 October 2018) and there were breaches of the regulations. The provider submitted actions plans to tell us what they would do and by when to improve. At this inspection we found improvements had been made. The rating for the service is now Good.

Why we inspected

This was a planned inspection based on the rating of the last inspection.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our inspection programme. If any concerning information is received, we may inspect sooner.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not consistently safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well led.

Details are in our well led findings below.

Good ●

St Catherine's Bungalows

Detailed findings

Background to this inspection

The 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.

Inspection Team

One inspector carried out this inspection on the first day of our visit on 6 September 2019. On the second day of the inspection, one inspector returned and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

St Catherine's Bungalows are a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and the quality and safety of the care provided.

Notice of inspection

The first day of the inspection was unannounced. We told the provider we would return on 9 September 2019 to complete our inspection.

What we did before the inspection

We reviewed information we had received about the service since our last inspection. This included details about incidents the provider must notify us about, such as abuse. We also sought feedback from the local authority and professionals who work with the service. We used the information the provider sent to us in the provider information return. This is information providers are required to send to us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

During the inspection

We spoke with three people and five relatives. Most people living at the Bungalows could not give us feedback due to their complex care needs. We spent time with people in communal areas, observing interactions and support they received from staff. We spoke with nine members of care staff, the registered manager and the provider's head of care. We reviewed a range of records. This included a review of three people's care plans, multiple medication records, daily checks and people's food and drink records. We also looked at records relating to the management of the home. These included environmental safety checks and lifting equipment checks undertaken by external professionals as legally required. The provider's checks undertaken on the health and safety of the home, the provider's audits and staff training records.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection we found improvements had been made. However, these needed to be embedded and some further improvements were needed. Therefore, the rating continued to be Requires Improvement. This meant some aspects of the service were not always safe and there were limited assurances about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- Overall, individual risks were assessed, and risks of harm were minimised because staff knew people well and how to keep them safe. Staff used equipment in a safe way and when moving people in specialist chairs through doorways took care to ensure people's arms were not at risk of being knocked.
- Our observations of staff practices showed they had the skills to keep people safe. Staff promoted people's independence in holding a cup to have a drink, but also stayed close by to offer support when needed.
- Some people were identified as having or developing sore skin. People had special equipment, such as airflow mattresses on their beds, to reduce risks of developing or deteriorating sore skin. Whilst staff told us they checked people's skin and would report any concerns, people did not have skin integrity care plans to tell staff what checks should be completed and how often a person should be supported to reposition during the day and night-time. The registered manager assured us they would address this oversight and implement skin integrity care plans so staff had the information they needed.
- Some people wore special body braces to help maintain their posture. Sometimes soreness had developed on skin next to the brace, and whilst professional healthcare advice had been sought by the registered manager, they had not written a care plan so staff could refer to information about a person's specialist brace and reducing risks of skin damage. The registered manager told us, "It is an area we will develop further." Following our inspection visit, the registered manager confirmed to us they had arranged to attend a local hospital which offered skin care information days, so they could update their knowledge.
- Overall, staff completed information on important charts related to people's food and fluid intake to ensure this was a safe levels to prevent risks of malnutrition and dehydration. However, one person had a specific fluid intake, staff had not always completed records. On the day of our inspection, there was no completed chart and a staff member told us this was because they had 'ran out' of the recording form. On days when forms were available staff had not always completed details required, which meant staff did not always have the information to refer to. We discussed this with the registered manager who told us senior care staff in each bungalow were responsible for the daily checks of records being completed, which in two bungalows was done. However, the registered manager assured us immediate action would be taken by them undertaking daily checks to ensure information was consistently recorded.
- There was a maintained fire alarm system and people had personal emergency evacuation plans (PEEPS). Staff told us they would 'get people out' in the event of a fire.
- Whilst people had fire safety bedroom doors, these were not linked to the provider's fire alarm system which meant they would not close automatically in the event of the fire alarm been triggered. Some people

chose to spend time in their bedrooms with their door open, which had not been considered within the provider's fire risk assessment. The head of care told us immediate action would be taken to fit fire safety closure mechanisms onto people's bedroom doors during September 2019.

Using medicines safely

- Improvements had been made in the safe management of medicines. People had their prescribed medicines available to them and were supported to take them by trained staff.
- Medicine administration records (MARs) reviewed on our inspection visit had been accurately completed to record people had received their medicines. However, the registered manager shared their checks with us, they had identified some staff forgot to sign MARS following supporting people with taking their medicine or applying creams to their skin. Appropriate actions were being taken by the registered manager to address staff's oversight in completing records as required.
- Improvements had been made to ensure stock levels were checked and matched medicine administration records.
- Items were dated on opening and where people had 'when required medicines' protocols were available to ensure staff took a consistent approach. Body maps informed staff where topical preparations, such as creams, should be applied to a person's skin.

Staffing and recruitment

- There were sufficient staff on shift. One staff member told us, "There are always enough staff on every shift to meet people's needs." The registered manager had worked with commissioners to review staffing needs for one person during the night and an extra staff member had been agreed whilst the person settled at the home.
- The provider's system of recruiting ensured staff's suitability to work there. One staff member told us, "I started working here at the end of 2018, before I started on shifts the manager did a police check on me and also references to make sure I was suitable."

Preventing and controlling infection

- Staff were trained in infection prevention and control. Staff used gloves and aprons when supporting people with personal care, handling medicines or undertaking food preparation.
- There was no foul odour in the home and it was clean and well presented.

Systems and processes to safeguard people from the risk of abuse

- Staff were trained and knew about the different types of abuse. Staff told us they would report any concerns to the registered manager.
- The provider understood their responsibilities in acting on incidents of abuse and reporting specific incidents to us (CQC) and the local authority.

Learning lessons when things go wrong

- The registered manager had identified some challenges with the supply of medicines stock for people. Following improvements in staff's checks of stocks received, this revealed an issue with the supplier and the registered manager shared their plans with us about changes to be made with their supplier to ensure people received the correct stock.

Is the service effective?

Our findings

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

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

Ensuring consent to care and treatment in line with law and guidance The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met, which they were.

- Staff followed the principles of the MCA and gave examples of how they sought consent from people. One staff member told us, "Even though most people living here have very limited verbal speech, we always still explain what's happening and look for their individual non-verbal communication which tells us if they are happy with something or don't want something."
- The registered manager understood their responsibilities under the Act. They gave us examples of 'best interests' meetings that had taken place or were scheduled.
- Information was kept about DoLS applications, so they could keep track of applications and outcomes.

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

- People's nutritional and hydration needs were met. Staff knew what people's likes and dislikes were. People gave us positive feedback about meals. One person said, "It's good." Another person indicated to us, using non-verbal communication, they were 'happy' with the food.
- People's weight was monitored, and the registered manager acted on any concerns. For example, guidance had been sought from healthcare professionals for one person who received their nutrition through a Percutaneous Endoscopic Gastrostomy (PEG) as well as some oral intake of food, to ensure amounts were sufficient. A PEG is where a tube is surgically passed into a person's stomach through the abdominal wall, mostly to provide a means of feeding people when oral intake is not sufficient or safe for the person.
- Where people received all their nutritional and hydration needs through a PEG, there was individual protocols in place to tell staff how much 'feed' and water 'flushes' should be given.

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

- People had access to healthcare professionals. Staff gave us examples of when they had sought professional healthcare guidance. One staff member told us, "Over the weekend we had a concern about [Name] and phoned 111, we followed their advice and have taken a urine sample to the GP's today."

Staff support: induction, training, skills and experience

- Staff received an induction and training and felt they had the skills they needed to care and support people in a safe way. Some staff felt more in-depth training would help them develop their skills further in areas such as skin integrity and scenario-based fire drills. The registered manager and head of care agreed these were areas for further development and assured us these would be planned.
- People and relatives felt staff had the skills they needed. One relative told us, "All of the staff seem well trained and have a good knowledge of how to meet my family member's needs."

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

- Each Bungalow was purpose built and well maintained. Wide corridors allowed easy access inside the building and ceiling tracking hoists enabled people's needs to be met in a safe way.
- People were supported to personalise their bedrooms as much as they wished to.

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

- People had a pre-assessment before they came to live at the home to ensure their individual needs could be met. These assessments were used to formulate care plans for staff to follow.
- During people's initial assessment they were given the opportunity to share information with the provider and staff to ensure there was no discrimination, including in relation to protected characteristics under the Equality Act (2010).

Is the service caring?

Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people were consistently supported or treated with dignity and respect and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence

- Staff understood the importance of respecting people and ensuring their privacy and dignity was maintained. One staff member told us, "It's good people have bedroom en-suites, as this means we can close the bedroom door and give total privacy. I always cover people with a towel once I've showered them."
- People's independence was promoted. One person self-propelled their wheelchair to show us their bedroom and a staff member told us, "[Name] likes to move about independently in the home. We always keep corridor areas clear, so they can freely move about and not bump into things."
- Staff understood the importance of keeping people's personal information confidential. Care records were stored in the office and when this was unattended the door was closed and secure.

Ensuring people are well treated and supported, equality and diversity

- People consistently experienced positive interactions with staff. Improvements had been made by staff to engage with people. For example, one staff member asked one person if they would like to be with them in the kitchen. This person indicated they would and watched staff prepare bread and butter pudding, the staff member explained what they were doing, creating an inclusive experience with the cooking task.
- Staff consistently used touch in an appropriate way. Some people had sensory impairments and staff gently touched one person's arm before talking with them, so the person did not jump.
- Relatives made positive comments to us about the staff. One relative told us, "I think all the staff are very caring."

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

- People, or their relatives, were given the opportunity to share personal information in an 'All About Me' section of their care plan. Many people had lived at the service for numerous years and staff knew their preferences very well.
- Staff understood how each individual communicated and had guidance about how to involve people in making day to day choices about their care. One staff member told us, "[Name] communicates with their eyes, so if we offer a choice of clothing they will look at one set to tell us that is their choice."

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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

- People had individual plans of care. The registered manager told us the format of care plans was being revised and updated, and would include an accessible format so staff could involve people in care reviews and discussions around their support.
- Staff responded to people's needs in a person-centred way. The registered manager told us, "For some people their routine is very important because of their autism. A routine gives them security and less anxiety. For other people, their routine is less important and their day can be planned according to their individual wishes."
- Relatives gave only positive feedback about the service. One relative told us, "My family member has lived at the provider's services for many years, I am totally satisfied all their needs are met."

Supporting people to develop and maintain relationships to avoid social isolations; support to follow interests and to take part in activities that are socially and culturally relevant to them

- During our inspection visit, individual activities took place based on what people wanted to do and how they wished to spend their time. Some people went to the provider's day services, some people went out with one to one staff, and others chose to watch the television or pursue their own interests. One person told us, "I have a new colouring book" and showed us the one they had chosen.
- The registered manager told us whilst people lived with complex health care needs, staff encouraged and supported them to live life to the full and take part in activities they wanted to. One person had experienced indoor sky-diving and mud-buggy riding. The registered manager explained these activities had helped the person realise what they could do, despite some deterioration in their health and abilities. As a result, the person's emotional wellbeing had improved.
- People were supported to maintain important relationships. The registered manager told us, "[Name]'s relative lives abroad, so staff support them to talk with their sister on the telephone each week."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability.

- The registered manager had developed a pictorial menu. Images were of food that looked appetising and helped people make choices. Further work was 'in progress' to develop a 'at a glance' care plan for people in an accessible format.
- People had individual communication aids which staff used. For example, one person had a communication image book, which they used to point to items in order to answer staff's questions about

what they wanted to eat or drink or how where they spent their time.

Improving care quality in response to complaints or concerns

- The provider displayed their written complaints policy and relatives said they had the information they needed should they have cause to complain. The registered manager had a record of complaints made and these had been investigated and resolved.
- An easy read version of the provider's complaints policy was available to people.
- People and relatives told us they had no complaints. Staff told us if a person or relative had a complaint about something, they would try to sort it out.

End of life care and support

- The home did not offer nursing care. However, the provider aimed to support people's wishes to remain at the home for end of life care whenever possible, in line with people's wishes and with external healthcare professional support.

Is the service well-led?

Our findings

At the last inspection this key question was rated as Requires Improvement and some regulations were not met. At this inspection, we found improvements had been made and the registered manager was embedding these into the culture of the service. The rating is now Good. This meant the service management and leadership was consistent. Leaders and the culture they created supported the delivery of high-quality person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- Improvements had been made to governance systems in place to monitor the quality and safety of the service. The registered manager had implemented systems which enabled them to have managerial oversight of the service. For example, medication audits had identified areas where improvements were needed, and actions had been, and were being, taken to ensure the management of medicines was safe.
- The culture of the service had improved and was positive. The registered manager had worked alongside staff to role model how to use every-day tasks to involve and positively interact with people living in the bungalows. Staff had acted on this and as a result throughout our inspection visit, they consistently engaged with people at every opportunity.
- A system of analysis of accidents and incidents had been implemented by the registered manager. They used this so learning took place to minimise risks of reoccurrence.
- Environmental checks ensured the home was safe for people to live in. For example, the provider had a system to ensure gas, electrical and lifting equipment was checked regularly. Fire safety checks had been undertaken on the alarm system.
- Since our last inspection the registered manager undertook regular checks on records and in two bungalows these showed sustained improvements. In one bungalow, the registered manager's oversight of important records had not yet ensured staff always completed these as required. The registered manager assured us their checks would be increased and actions taken to remind staff of the importance of completing records in line with the provider's policies.

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

- People and their relatives had opportunities to complete feedback surveys, and these was positive. Relatives felt they were kept informed about their family member and could speak with staff or the registered manager whenever needed.
- Staff were supported through one to one and team meetings. One staff member told us, "The manager is very approachable, she is always talking with us and the people who live here and checking we are all ok."
- Staff told us they felt supported by the provider and registered manager. One staff member told us, "Since you were last here, we do quite a lot differently. We are much tighter on all the medication checks, we involve people in more things and the manager checks more."
- The rating from the provider's last inspection was displayed, as required, in the entrance area of each bungalow.

Working in partnership with others

- The provider worked in partnership with others. For example, with commissioners and other healthcare professionals when people's identified needs had changed.

Continuous learning and improving care

- The registered manager recognised the importance of continuous learning. They attended a provider forum group and nationally recognised training provider meetings.