Chilworth Care Ltd

St Katherine Care Home

Inspection report

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Ratings

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**

Overall summary

This Inspection took place on 22 and 28 September 2015 and was unannounced. St Katherine Care Home provides accommodation and care for up to 20 older people with mental health needs or people living with dementia. At the time of our inspection there were 13 people living at the home.

The home had a registered manager who had been registered since April 2015. 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.

At our previous inspection on 17 July 2014, we identified breaches of three regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. Arrangements in the laundry room was not adequate to promote and control the risk of infection. Medicines were not stored at the correct temperature and there were a lack of audits to regularly assess and monitor the quality

Summary of findings

of the service provided. We set compliance actions and the provider sent us an action plan stating they would be meeting the requirements of the regulations by 15 December 2014.

At this inspection we found effective action had been taken in the laundry room, medicines were stored at the correct temperature and audits were in place to regularly assess and monitor the quality of the service.

We found people's safety was compromised in some areas. The sink in the upstairs bathroom was cracked and there was rust on the downstairs shower pole, which meant it could not be cleaned properly. This presented a potential infection control risk to people.

People were supported to receive their medicines safely from suitably trained staff. There were enough staff to meet people's needs. Relevant checks were conducted before staff started working at St Katherine to make sure they were of good character and had the necessary skills. Staff received regular supervision and support where they could discuss their training and development needs.

Staff sought consent from people before providing care or support. The ability of people to make decisions was assessed in line with legal requirements to ensure their liberty was not restricted unlawfully. Decisions were taken in the best interests of people.

People received varied and nutritious meals including a choice of fresh food and drinks. Staff were aware of people's likes and dislikes and offered alternatives if they did not want the menu option of the day.

People were cared for with kindness, compassion and sensitivity. We observed positive interactions between people and staff.

People and their families (where appropriate) were involved in assessing, planning and agreeing the care and support they received. People were encouraged to remain as independent as possible. Their privacy and dignity was protected.

Care plans provided comprehensive information about how people wished to receive care and support. This helped ensure people received personalised care in a way that met their individual needs.

There was an open and transparent culture at the home. There were appropriate management arrangements in place. Staff and people were encouraged to talk to the manager about any concerns. Regular audits of the service were carried out to assess and monitor the quality of the service.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was not always safe.

The sink in the upstairs bathroom was cracked. There was rust on the pole for the showerhead in the downstairs bathroom. This presented infection risks to people.

Medicines were managed safely.

There were enough staff to meet people's needs at all times and recruiting practices were safe.

Requires improvement

Is the service effective?
The service was effective.

People received sufficient food and drink and could choose what they wanted to eat.

Staff received appropriate training, supervision and appraisal.

People were supported to access health professionals and treatments.

Good

Is the service caring?
The service was caring.

People felt that staff treated them with kindness and compassion.

People were involved in planning their care.

People's dignity and privacy was protected.

Good

Is the service responsive?
The service was responsive.

People received personalised care from staff who were able to meet their needs.

Care plans provided comprehensive information and were reviewed monthly.

An effective complaints procedure was in place and concerns were listened to.

Good

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

There was an open and transparent culture in the home. There was a whistle blowing policy in place and staff knew how to report concerns.

Staff spoke highly, of the registered manager, who was approachable and supportive.

Good

Summary of findings

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

St Katherine Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 22 and 28 September 2015 and was unannounced. The inspection team consisted of one inspector and an expert by experience in dementia. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We used this information when planning and undertaking the inspection. We reviewed information we held about the home including previous inspection reports and notifications. A notification is information about important events which the service is required to send us by law.

We spoke with six people living at the home, and two family members. We also spoke with the registered manager, a senior representative of the provider and four care staff. We looked at care plans and associated records for four people, staff duty records, five recruitment files, accidents and incidents records, policies and procedures and quality assurance records. We observed care and support being delivered in communal areas. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk to us. We also received feedback from a general practitioner.

Requires improvement

Is the service safe?

Our findings

People we spoke with told us they felt safe, free from harm and would speak to staff if they were worried about anything. A family member said, "They are really happy, living at the home, and are doing a lot better than when they were in their own home, and they, always looks clean and tidy." A visiting GP told us, "I have no concerns about the home and staff seemed to be switched on."

At the previous inspection we identified that the provider had failed to ensure that people were protected from the risk of infection control due to the laundry room not appropriately maintained and this put people at risk of cross infection. At this inspection we found, that the laundry room was now adequate to promote and control the risk of infection.

Staff followed a daily cleaning schedule and most areas of the home were visibly clean. There were infection control care plans in place, risk assessments and hand hygiene audits. However, the sink in the upstairs bathroom was cracked. In the downstairs toilet and shower room there was rust on the pole for the showerhead. This meant that these areas could not be cleaned effectively and created an infection control risk to people living at the home. We spoke to the registered manager, who agreed it was an area for improvement.

At the previous inspection we identified procedures to manage medicines were not always safe. At this inspection we found, appropriate arrangements had been put in place to manage medicines.

All medicines were stored securely and appropriate arrangements were in place for obtaining, recording, administering and disposing of prescribed medicines. Medicine administration records (MAR) confirmed people had received their medicines as prescribed. Medicines audits were carried out regularly and any remedial actions were completed promptly. Training records showed staff were suitably trained and had been assessed as being competent to administer medicines.

People were supported to receive their medicines safely. Staff knew how people liked to take their medicines. One person was receiving their medicines covertly by staff hiding them in the person's food. Their GP had advised how this should be done safely and staff described how they achieved this in practice. This allowed the person to receive essential medicines in a safe way. One staff member told us, "The medication training was really good. My manager and the deputy manager assessed me as competent to deliver medicines. My manager always says if any concerns at all, to call up. So I feel very comfortable and supported around medicines."

There were enough staff to meet people's needs at all times. We saw people were able to easily request support from staff by a call bell system. During the inspection we saw staff were not rushed and responded promptly and compassionately to people's request for support. Staffing levels were determined by the number of people using the service and their needs. Staff told us staffing levels were sufficient. One staff member said, "I feel the staffing levels are fine, and there are enough staff."

Robust recruitment processes were followed that meant staff were checked for suitability before being employed in the home. Staff records included an application form, two written references and a check with the disclosure and barring service (DBS). The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. Staff confirmed this process was followed before they started working at the home.

A safeguarding policy was available and staff were required to read this and complete safeguarding training as part of their induction. Staff were knowledgeable in recognising signs of potential abuse and the relevant reporting procedures. One staff member told us, "I have had safeguarding training, and would raise any concerns to my manager. If they were unavailable I would report my concerns to the Care Quality Commission and Southampton City Council."

Care plans included risk assessments which were relevant to the person and specified actions required to reduce the risks. Risk assessments covered support for people when they went out in the community and being harmed by falls. Records showed the necessary actions were followed by staff. For example, one person liked to go out shopping with the staff, but liked to walk using their stick to remain independent. The risk assessment identified that they could easily tire and would then be at risk of falls. Controlled measures were put in place to offer the use of a wheelchair, but if refused when in the shop for staff to take wheelchair, in case it was needed.

Requires improvement

Is the service safe?

Risk assessments had been completed for the environment and safety checks were conducted regularly on electrical equipment. People had individualised evacuation plans in case of an emergency. A fire risk assessment was in place and weekly checks of the fire alarm, fire doors and emergency lighting were carried out. Records showed that staff had received fire training. A health and safety checklist was carried out monthly which looked at the environment and people's rooms. Staff were aware of the action to take in the event of a fire and fire safety equipment was maintained appropriately. There were plans in place to deal with foreseeable emergencies. The provider had arrangements with their sister home to share resources if the need arose.

Good

Is the service effective?

Our findings

People and their relatives spoke positively about the quality of the food. One person said, "I like my tea times when I have toast and homemade cake." Another person told us, "The gravy is lovely." A family member told us, "The food is first class and I should know as I used to be a chef."

The dining room was welcoming and tables were attractively laid out with bright coloured tablecloths and bright coloured place mats. These helped make food look more attractive to people living with dementia, so encouraged them to eat well. People were supported at mealtimes to access food and drink of their choice. Staff told us, "We go round and ask people what option they would like for their meals daily. If nothing was on the menu they liked they could choose an alternative."

Meals were planned on weekly menus and people could make a choice between two options for their meal. The menu was displayed in the dining room, with big colourful pictures of food, to assist people with choosing their meal. The staff were aware of people's nutritional needs, their food choices and likes and dislikes. These were included in people's care plans, together with any support required to assist them with their meals. People's nutritional care plans were reviewed monthly.

People were encouraged to eat well and staff provided one to one support with their meal where needed. When people did not eat their meals, staff offered them alternatives, such as omelettes, sandwiches and fresh fruit. Staff were not rushed and allowed people to eat at their own pace. They closely monitored the food and fluid intakes of people at risk of malnutrition or dehydration and took appropriate action where required.

Staff had received training in the Mental Capacity Act, 2005 (MCA). The MCA provides a legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision should be made involving people who know the person well and other professionals, where relevant. Staff showed an understanding of the legislation in relation to people with mental health needs. Before providing care, they sought consent from people and gave them time to respond. Where people had capacity to make certain decisions, these were recorded and signed by the person. Where people had been assessed as lacking capacity, best interest decisions about their care had been made and documented, following consultation with family members and other professionals, where relevant.

A best interest decision had been made for one person to receive their essential medicines in a hidden way without their consent, following consultation with family members and the GP. This was clearly documented with clear guidelines from their GP to make sure this was achieved safety and in the person's best interest.

The provider had appropriate polices in place in relation to Deprivation of Liberty Safeguards (DoLS). DoLS provides a process by which a person can be legally deprived of their liberty when they do not have the capacity to make certain decisions and there is no other way to provide care and support to the person safely. DoLS authorisations were in place for two people and ten further applications were being processed by the local authority. Staff were aware of how to keep people safe and protect their rights.

Training records showed staff had completed a wide range of training relevant to their roles and responsibilities. Staff praised the range and quality of the training and told us they were supported to complete any additional training they requested. One staff member said, "Training has benefitted me and a recent course has given me, more understanding of people with dementia." Staff were up to date with all the provider's essential training, which was refreshed regularly. In addition, a high proportion of staff had completed or were undertaking vocational qualifications in health and social care.

We saw that staff training in dementia had been effective. For example staff managed people's behaviours that challenged in accordance with best practice and people's care plans. As one staff member was sitting quietly with a person in the lounge, holding a ball of wool for them, to keep the person free from anxiety.

New staff to St Katherine Care Home completed a comprehensive induction programme before they were permitted to work unsupervised. One staff member told us, "My induction was very helpful. I got shown everything, and was told what was expected of me, and how to access all the policies and procedures." Arrangements had been put

Good

Is the service effective?

in place for new staff to complete the Care Certificate. This is awarded to staff who complete a learning programme designed to enable them to provide safe and compassionate care.

Staff had one- to-one sessions of supervisions every three months; supervisions provided opportunities for them to discuss their performance, development and training needs. As well as a yearly appraisal. Staff told us, "I have regular supervisions which is very helpful, and if I have any concerns I can talk about them in my supervision, and they will be taken on board and sorted out, it is a two way process." Another staff member told us, " I have a supervision every three months, where we check how we are doing, what can I do better, and what can my manager do better, it's a two way process."

People were supported to access healthcare services and staff knew how to access specialist services for people. A family member told us, "I am involved in my wife's meetings with the GP." Staff knew which professionals were visiting each day and arranged appointments for people when required. Records showed people were seen regularly by GPs, optician's, chiropodists and district nurses.

People's bedrooms were personalised with pictures and personal items. One person said, "I chose to live here as my parents lived here and were very happy." Good signage was used around the home and notice boards were positioned at eye level and were brightly coloured. The lounge had large picture windows which went down to knee level, which people enjoyed looking out into the garden. One person told us, "I like sitting by the window as I can see all the lovely trees to look at." However, there was a very large mirror on the wall, which could possibly be detrimental to people living with dementia. We spoke to the registered manager about the mirror, who had already discussed this with the owners and agreed it might cause some confusion, and were planning to remove it. The registered manager and the owner had been looking at dementia friendly environments and had just attended some training, which they found really useful and were looking at ideas to improve the environment for people living with dementia.

Good

Is the service caring?

Our findings

People were treated with kindness and compassion. One person said, “Staff take me down in the wheelchair to go to the local shops. I am getting stronger and with the carers help I can do a little walking inside. I am happy as I have been able to buy my own t.v. to have in my room.” A family member told us, “I can come and go at any time and I am going to stay here myself for a week over Christmas so that I can be with my wife. I know that my wife is well cared for. The home has a sense of happiness.”

Feedback from a recent questionnaire send to relatives by the provider included. “I and my family are so pleased, that our relative is being cared for by St Katherine.” Another comment described staff as, “always very patient and very helpful and staff are lovely.”

Staff respected people’s privacy and dignity. We observed care was offered discretely in order to maintain personal dignity. People’s privacy was protected by ensuring all aspects of personal care was provided in their own rooms. Staff knocked on doors and waited for a response before entering people’s rooms. One staff member said, “I would always protect people’s dignity by, closing the curtains and making sure the door was closed.” Another staff member said, “I always give a choice of a female or male carer.”

We observed care and support being delivered in communal areas and saw good interactions with people. Staff were kind and compassionate; for example, staff spent time listening and talking to people in order to find out what they wanted before delivering any kind of care. We also observed that when a person was disorientated all of the staff including the manager were attentive and kind to them. One staff member told us, “I love working here, as all the residents are really nice, and we can have a laugh and get involved in activities.”

There were no restrictions on visiting and visitors and relatives were made welcome. Staff had a good knowledge of people and knew what their likes and dislikes were. One person said, “The staff let me get up late in the mornings which I used to do when at work.” People told us that they can make choices and that their decisions are respected.

People were encouraged to be as independent as they wanted to be. Staff told us, “We always ask people if they would like a hand with anything, and don’t presume and do it for them.” People had dignity care plans, which showed people were able to make choices about their day to day care.

When people moved into the home, they (and their families where appropriate) were involved in assessing, planning and agreeing the care and support they received. Comments in care plans showed this process was on-going.

Confidential information, such as care records, was kept securely and only accessed by staff authorised to view it. When staff discussed people’s care and treatment they were discreet and ensured conversations could not be overheard.

Good

Is the service responsive?

Our findings

People received personalised care from staff who understood and met their needs well. One person told us, "The staff will take me to the library when I need a book as they know that so long as I have a book to read then I am happy as I am not a very sociable person."

People had access to activities that were important to them. Activities were held daily including skittles, chair exercises, sing-along, bingo, manicures and on a Sunday either bible or faith stories. There was also the offer of walking to the local library or shops with the staff. If people didn't want to participate in activities staff told us they would talk with them on a one-to-one basis.

People told us about the activities they took part in. One person said, "I like gardening but cannot do it now. I like this activity (it was putting brightly coloured artificial flowers into a pot of oasis to make a display as I can see the bright colours and can make something." Another person said, "I like doing word searches with a member of staff."

Care plans provided comprehensive information about how people wished to receive care and support. For example, they gave detailed instructions about how they liked to receive personal care, how they liked to dress and where they preferred to spend their day. Staff confirmed the care plans provided all the information they needed to care for people appropriately and enable them to respond to meet people's needs.

People were involved in their care planning and care plans were reviewed monthly. Staff used a 'handover book' to communicate important information about people. Entries showed any concerns about people's health or welfare were identified quickly and followed up promptly.

The provider sought people's feedback about how the service was run. Minutes of 'residents' meetings showed people were encouraged to influence, and provide feedback about, the way the home was run. People told us their voice was heard and that their opinions are listened to. Minutes from a meeting showed that people were asked for any food suggestions. One person wanted some pickled onions and some crisps and these were made available for them. Minutes also showed that people were asked about any activities they would like to participate in.

The registered manager carried out quality surveys with people using the service twice a year, and the surveys we saw showed that people were happy living at St Katherine Care Home. A recent comment from someone living at the home stated, "I have been in many places like this, but I never got treatment like I am getting from here. This is the best place to be."

Feedback from a recent quality questionnaire sent to relatives by the provider included, "I have had no complaints at all. The staff are always willing to discuss, any questions or comments that I may have."

People knew how to complain or make comments about the service and the complaints procedure was prominently displayed. Records showed complaints had been dealt with promptly and investigated in accordance with the provider's policy. The registered manager described the process they would follow as detailed in their procedure. We saw records of two complaints, relating to care and presentation of tea time meals. The home had investigated the complaints, and all staff were spoken to and procedures put in place. Records showed that family members were happy with the outcome.

Good

Is the service well-led?

Our findings

People told us there was an open culture within the home and that if they had any minor concerns that these would be sorted out by staff or management. Staff told us they felt supported by management. A staff member told us, "My manager is very supportive, can call them at any time and they are very helpful." Another staff member told us, "Can't fault the management at all, or other staff they are all very helpful and supportive."

At the previous inspection we identified that the provider had failed to ensure that internal auditing systems were effective. At this inspection we found monitoring systems were effective. The registered manager used a system of audits to monitor and assess the quality of the service provided. These included medicines, care plans, infection control, hand hygiene, health and safety, complaints, accidents and incidents. There were also monthly audits of people's rooms. Where issues were identified remedial action was taken. An audit of one person's room identified that, there was an uneven carpet in one of the rooms, which put the person at risk of falls. The carpet was then replaced to reduce the risk.

The registered used a dignity audit, from the dignity in care self-assessment tool. This was very detailed and covered areas, such as cleaning, staff interviews and inductions. The tool also looked at promoting people's culture and beliefs, as well as people's privacy.

In addition to the audits, the registered manager conducted a series of spot checks of key areas of work. These included bedroom and bathroom checks, as well as a personal care observation chart.

Staff were involved in the running of the home, and were asked for their ideas. A staff survey was send out to all staff working at the home twice a year. This showed all staff were happy with their job role and support from management. A recent comment from a staff member included, "Very happy with management, and always available when needed." Records showed that suggested changes had taken place. For example staff wanted management to sit during meetings and not stand, and this has now been put in place.

Staff meetings were carried out every three months and minutes showed these had been used to reinforce the values, vision and purpose of the service. Concerns from staff were followed up and acted upon swiftly. One staff member told us, "We have a staff meeting every three months, and are able to give ideas." Another staff member told us, "Manager will ask us in meetings, what we need to make work easier and to help the people of the service."

There was an open and transparent culture within the home. Visitors were welcomed and there were good working relationships with external professionals. Staff told us they felt supported by management. One staff member told us, "If any concerns manager will always take action, and will do their best to listen to staff."

There was a whistle blowing policy in place and staff were aware of it. One staff member told us, "I am aware of the whistleblowing policy and procedures, staff can access to these at any time." Whistle blowing is where a member of staff can report concerns to a senior manager in the organisation, or directly to external organisations. The provider had appropriate polices in place, which were used for both of their homes. Staff were aware of the polices and where to locate them.