

Speciality Care (REIT Homes) Limited

Catchpole Court Care Home

Inspection report

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Date of inspection visit:
09 December 2019

Date of publication:
28 February 2020

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Catchpole Court is a care and nursing home for up to 66 older people, some of whom are living with dementia. The home comprises of two units, Constable and Gainsborough, and is arranged over two floors. Constable primarily provides residential care for older people and Gainsborough, nursing care for people living with dementia. At the time of our inspection there were 44 people living at the service.

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

There had been no manager in post since July 2019 despite the regional manager and provider's efforts to recruit one. In addition, there had been a reliance on agency staff to cover many care shifts due to personnel changes. This had impacted on the running of the home.

Ineffective staffing deployment and management and oversight arrangements meant there was limited time for staff to support people with activities, and at times, there was limited social interaction. We have made a recommendation about this.

People's meal time experience would benefit from further review and co-ordination. We have made a recommendation about this.

The management team were responsive and open to discussions and committed to making any necessary improvements.

Staff had a good understanding of how to recognise and report potential harm or abuse and were confident the provider would take action in line with local safeguarding procedures.

People received their medicines as prescribed. Staff sought advice and assistance from health professionals and routine health appointments were made for people where needed.

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. The provider was working within the principles of the Mental Capacity Act.

Staff received an induction and ongoing training and support to fulfil their role and extend their knowledge.

Staff were very kind and caring and had good relationships with people. They understood people's needs and preferences and provided personalised care.

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

Rating at last inspection

The last rating for this service was Good (published 6 May 2017)

Why we inspected

This was a planned inspection based on the previous rating.

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.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Catchpole Court Care Home

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 Care Act 2014.

Inspection team

The inspection team consisted of two inspectors 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

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

There was no manager registered with the Care Quality Commission at the time of our inspection visit. The previous registered manager had left the service in July 2019. When in post, a registered manager and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. During our inspection visit the provider was represented by the regional manager, the resident experience manager and a visiting registered manager who came to support the inspection from another of the provider's services in the area.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We looked at the notifications we had received for this service.

Notifications are information about important events the service is required to send us by law. We used all of this information to plan our inspection.

During the inspection

We spoke with nine people who used the service and five relatives about their experience of the care provided. We spoke with thirteen members of staff including the regional manager, a registered manager from another of the providers care homes, the resident experience manager, the clinical lead, senior care workers, care workers and a chef. We also met a healthcare professional who was visiting the service.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at a variety of other records relating to the management of the service.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We obtained feedback from two professionals who are familiar with and who regularly visit the service.

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 Good. At this inspection this key question has deteriorated to Requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing and recruitment

- We received mixed views and responses from people and their relatives about the staffing levels. Whilst some people felt there were enough staff, the majority of feedback reported some staff shortages and a frequent use of agency staff who they were unfamiliar with. One person told us, "I'm a bit cross this morning, I was promised a cup of tea over an hour ago and am still waiting." Another person said, "I get very frustrated. I press the bell and nothing happens. I press it again and sometimes someone comes and says, 'we're busy at the moment'. I've had to wait a long time to be [helped with personal care]."
- Some staff told us they were concerned about the staffing levels and the impact that this was having on people's care. Staff spoke of a heavy reliance on agency staff which affected the running of the home and their ability to provide prompt care when people requested it.
- The ethnicity of people working at the service was diverse. There were a number of people who did not have a fluent grasp of the English spoken language. One person told us, "It's worse at night, sometimes there's only two staff on duty and not infrequently they don't understand English." This was also confirmed by staff one of whom told us, "We've had to work with agency staff who have been in the country for three weeks and who can't speak a word of English. If they can't understand staff, how are they supposed to understand people who live here."
- Our observations were that the deployment of staff was insufficient at times, particularly on the 'Constable' side of the home. Staff were busy and at times task focussed. We saw several times during our visit where people were left for periods of time with little or no interaction.

The staffing concerns were a breach of regulation 18 (staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider continued to have appropriate recruitment procedures in place, which ensured staff were suitable to support people who lived at the home. Disclosure and Barring Service (DBS) checks had been undertaken. A DBS check is a criminal records check on a potential employee's background. The provider checked potential staff's previous employment history, their identity and obtained references about them.

Systems and processes to safeguard people from the risk of abuse

- People we spoke with reported they felt safe living at Catchpole Court. One person said, "I'm safe enough here, I never feel threatened." Another person commented, "The staff have been very caring, it's got an atmosphere of safety and sanctuary."
- People were supported by staff who understood how to respond to and report any safeguarding concerns. Staff received training and demonstrated an awareness of their responsibilities and role in helping to keep

people safe."

- Information about how to raise a safeguarding concern was available in the home for staff to refer to if needed.

Assessing risk, safety monitoring and management

- Where there were risks to people's safety and wellbeing these had been identified and risk assessments were in place to minimise hazards.
- People had care plans and risk assessments in place regarding their care and support needs and these included areas such as support with mobility.
- Staff had completed fire safety and health and safety training, and emergency plans were in place to ensure people were appropriately supported in the event of a fire.

Using medicines safely

- Medicines were securely stored in designated medicine cabinets. Staff administering medicine had completed relevant training and had been assessed as competent to do so. Temperature monitoring was in place to ensure medicines were stored in line with the manufacturer's guidelines.
- Medicine Administration Records (MARs) were well completed and showed people had received their medicines as prescribed.
- Stock balances of medicines were recorded and we saw these were an accurate reflection of the actual stocks held.

Preventing and controlling infection

- Systems were also in place to help reduce the risk of cross infection in the service; this included the use of personal protective equipment (PPE) by staff.
- Staff received training in infection control. We observed staff hand washing at frequent intervals.

Learning lessons when things go wrong

- Incidents and accidents were logged and analysed to look for any themes and trends. These were monitored and investigated at regional and provider level to help promote people's safety.

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 this key question has now deteriorated to Requires Improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- People were positive about the food, but we received mixed feedback about the service.
- One person said, "The food is not bad, very good really, nicely cooked and I always get a choice." Another person commented, "The food's good, the soup is home made. I don't get any say about how much they put on my plate – it just turns up."
- The dining experience we observed was variable across both sides of the service. On one side it was disorganised and chaotic at times. People were not always offered the opportunity to sit at a dining table and the tables were not always presented with condiments and settings to encourage their use.
- Where people were eating their meal in their bedroom, staff delivered their meal on a tray. A visiting registered manager identified there was a lack of care taken and took immediate action to ensure that staff presented the food on the tray attractively and respectfully.
- Where people needed support to eat staff did not always remain sat with them for the duration of their meal. One person was being supported and prompted to eat by a member of staff who was also helping other people and serving meals.
- We also observed when some staff were sitting with people to assist them to eat, this was carried out with dignity and respect for the person.

We recommend the provider carries out their own meal time experience audits to identify areas of good practice and whether further learning is needed.

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

- People had assessments of their needs completed before admission to the service. Assessments included information about people's care needs such as skin integrity and nutritional needs. This information was used to develop a plan of care.
- Plans of care however, were not always in line with national recommendations and good practice guidance. A healthcare professional told us about some national nursing care changes recommended which the provider organisation had taken on board and implemented however locally at Catchpole Court, these changes had not been made. This was being addressed with the provider by the healthcare professional.

Staff support: induction, training, skills and experience

- People told us staff had the skills necessary to meet their needs. One person said, "They hoist me in and out of bed. It's routine for them but they are skilled, and I don't feel any anxiety."
- Staff received an induction and ongoing training to keep their skills and knowledge up to date. Staff

confirmed they had received regular training, and this was helpful.

- The staff training plan showed the compliance rate of training the provider expected staff to complete was 80% or above. The management team told us gaps in training had been identified and planned for
- Nursing staff had access to relevant clinical skills training. This included tissue viability, venepuncture and catheter care to ensure their skills were up to date.
- People were supported by staff who received guidance through one to one supervision and an annual appraisal of their performance. Nursing staff supported each other with their registration revalidation and this was monitored by the provider.

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

- People had access to a range of healthcare services and professionals which included their GPs, opticians, chiropodists and dentists. One person said, "I woke up the other morning and [felt unwell]. The staff were good and got the nurse to see me." Another person commented, "The optician came around and did eye checks recently – I think I'm getting new lenses for my glasses."

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

- We looked at how people's needs were reflected in the adaptation, design and decoration of the premises. Frequently people at the home were living with dementia and as such the staff had sought to make areas of the environment dementia friendly with reminiscence items available.
- The regional manager told us about a programme of works and investment which had been carried out to improve the environment for people. However, further work was needed to make all the necessary enhancements. For example, some people's bedrooms had signage and pictures to aid their navigation around the service, but this wasn't available for all. This was discussed with the regional manager and we were assured that this would continue to be addressed.

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.

- Staff had received training in the MCA and DoLS and understood what they should do to make sure decisions were taken in people's best interests.
- People's care records detailed their mental capacity, and where others were important in their care and support, such as power of attorneys.
- When required, deprivation of liberty safeguard (DoLS) applications had been applied for, with records kept.

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 Good. At this inspection this key question has remained the same. 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; Supporting people to express their views and be involved in making decisions about their care

- We received positive feedback about the caring nature of the staff. One person told us, "The staff are kind, I wish they'd come and sit and chat more." Another person commented, "The staff do generally make me feel comfortable and they seem to care, they're pretty good on the whole; the cleaner always waters my plants if they need it." A third person said, "Staff treat me nicely."
- Staff enjoyed their jobs and spoke fondly about the people they cared for. Staff knew people well, in terms of their needs and their preferences. Throughout our visit we observed kind and caring interactions between staff and people.
- People continued to be encouraged to make their own day to day decisions about their care such as deciding what they wanted to eat and drink.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity were respected. Staff did not enter people's bedrooms without first knocking to seek permission to enter.
- Staff we spoke with had a fondness for the people living at the service and they were able to tell us about their likes, dislikes and individual care needs.
- People were encouraged to be independent. For example, we observed occasions where people were gently reminded by staff to use their walking aids when they walked around the home.
- People's confidential information and records were stored securely. Staff ensured discussions of a personal nature with and about people took place in private.

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 Requires Improvement. At that time the service was not always responsive to meeting people's social needs. At this inspection this key question has remained the same. This meant people's needs were not always met.

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

- We received mixed feedback about the opportunities available to participate in hobbies and activities of interest. People told us that they did not always have something to do and there were times when they felt bored. However, at other times, activities were available, and these included some trips out away from the service.
- A lack of consistent management and oversight of the service had, at times, led to missed opportunities for staff to engage with people and for activities to take place. During our visit we saw this was addressed by the visiting registered manager from another of the provider's services, who intervened quickly and created a more focussed and engaging activity session.
- Despite people's positive feedback about individual staff being caring, people were not always supported in line with their needs and preferences.

We recommend the provider reviews the provision of activities at the service to ensure these provide meaningful engagement for people.

- Each person had a care plan containing information about their care needs, such as requiring support with personal care, eating and drinking and their mobility. Language used in people's records was respectful and valued people as individuals.
- The regional manager was aware of the challenges facing the service in the absence of a permanent manager and was taking steps to address the shortfalls.

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, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were identified, and their preferred methods recorded in their care plans. This enabled staff to communicate with them effectively.
- Information about the service was provided in alternative formats such as easy read and large print where required to make it easier for people to access, read and understand.
- Signage was visible around the home to aid orientation and promote independence particularly for people living with dementia

- People's communication needs were regularly reviewed and documented as their needs changed.

Improving care quality in response to complaints or concerns

- People and relatives told us they knew how to complain.
- A log of any concerns and complaints received was kept. Complaints received by the home were recorded, reviewed and action identified to resolve the matter. A member of the management team or regional manager analysed all complaints for further investigation where needed as well as lessons learned and any themes.

End of life care and support

- End of life care plans recorded people's wishes. They contained information which supported staff to provide appropriate care at the end of people's lives.
- The service had connections with external health care professionals, such as GPs and the local hospice to support people with any end of life care needs.

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 the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Improvements were needed to ensure a person-centred culture was fully embedded in the home. People did not always experience good outcomes due to a lack of clear leadership and direction and continuity of care.
- There was no full-time manager at the service and hadn't been since the previous registered manager left in July 2019 and the deputy manager in November 2019. The service was being managed and overseen by a combination of the clinical lead, a manager from another home, the provider resident experience manager and the regional manager who all spent varying amounts of time in the service. Efforts were being made by the provider and regional manager to recruit to the manager's post on a permanent basis.
- There was an uncertainty amongst many people and relatives about who was managing the service. One person said, "There's been quite a change over in managers. I'm not sure who is in charge now."
- Staff fed back that the changes in personnel, notably in management and a reliance on agency staff, had impacted on their roles and ability to consistently provide person-centred care. One member of staff told us, "Morale amongst the staff team is good unless we run on agency."
- The covering managers and regional manager carried out a range of checks and audits to monitor safety and quality and make improvements when needed. However, this system of checks had not been consistently effective as it had not identified or addressed the issues we found during the inspection.
- Regular feedback was sought from people who lived in the home and their relatives. We saw from responses given in October 2019 a number of actions had been developed along with some lessons learned.
- A healthcare professional and several staff we talked to spoke well of the regional manager and her approachable nature. Despite the management team not independently identifying all of the areas that required improvement we found during our inspection visit, they demonstrated a responsive approach and a commitment to address any shortfalls to ensure improvements were made in a timely manner.

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

- The provider was aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour, providers must be open and

transparent, and it sets out specific guideline's providers must follow if things go wrong with care and treatment.

- The regional manager and resident experience manager, where necessary, had undertaken detailed and transparent investigations into any concerns raised or incidents and accidents. They were able to provide evidence of lessons learnt to help improve the service and reduce the likelihood of a reoccurrence.
- The registered provider and management team understood their legal requirements to submit notifications to CQC when required. Regulated services are required to make notifications to the CQC when certain incidents occur.

Continuous learning and improving care; Working in partnership with others

- The regional manager undertook visits to the home and regularly monitored information about the safety and quality of the care provided.
- Throughout our inspection visit the regional manager was open and transparent and was proactive in discussions and in their response to our findings.
- The staff worked with health and social care professionals to help improve the quality of care at the service, for example local authority commissioners, the local hospice and GP's. A visiting healthcare professional spoke of the collaborative working they had encountered with the home. They said, "I'm met and greeted by staff who know people's needs and work with [healthcare] professionals."

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing
Diagnostic and screening procedures	The provider had not ensured there were always sufficient suitably qualified staff deployed at the service
Treatment of disease, disorder or injury	