Grovewell Estates Limited

St Catherines Nursing Home

Inspection report

Spring Road
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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

The inspection took place on 07 and 08 September 2016 and was unannounced. St Catharine's Nursing Home provides accommodation and personal care for up to 39 older people, some of whom live with dementia. At the time of our inspection there were 35 people living at the home.

At our last inspection on 10 November 2015, the home was not meeting the required standards. The provider had not ensured that adequate steps were taken to mitigate the risks of health care associated infection in all areas of the home. At this inspection improvements had been made in those areas, we found that the provider was now meeting the required standards in relation to infection control.

There was a manager in post who had registered with the Care Quality Commission (CQC). A registered manager is a person who has registered with the CQC 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 and associated Regulations about how the service is run.

People told us they felt safe at the home. Staff had received training in how to safeguard people against the risks of abuse and knew how to report concerns both internally and externally if the need arose.

Safe and effective recruitment practices were followed to make sure that staff were of good character, physically and mentally fit for the role performed. There were sufficient numbers of suitable staff available to meet people's individual needs at all times. We saw that plans and guidance had been put in place to help staff deal with unforeseen events and emergencies.

People were positive about the skills, experience and abilities of the staff that supported them. Staff received training and refresher updates relevant to their roles and had regular supervisions to discuss and review their performance and professional development.

People's medicines were managed, stored and administered in a safe way by staff that had been trained and had their competencies regularly checked.

People's health needs were met in a safe and effective way according to their individual needs and they were supported to access health and social care appointments when necessary. People were positive about the standard and choice of food provided at the home. Staff were familiar with people's dietary requirements and preferences.

People were looked after in a kind and compassionate way by staff that knew them well, respected their privacy and promoted their dignity. We saw that staff provided care and support in a patient, calm and reassuring way that best suited people's needs.

People had access to information and guidance about local advocacy services. Information contained in

records about people's medical histories was held securely and confidentiality was sufficiently maintained. People and their relatives told us they were involved in the planning, delivery and reviews of the care and support provided.

People received personalised care that met their needs and took account of their preferences. Staff had clearly taken time to get to know the people they supported and were knowledgeable about their likes, dislikes and personal circumstances. Opportunities were made available for people to pursue and engage in social interests and take part in activities tailored to their individual needs.

We saw that where complaints had been made they were recorded and investigated properly. People and their relatives told us that staff listened to them and responded to any concerns they had in a positive way. People were positive about the registered manager and how the home operated.

The service was well led by a registered manager who supported the staff and provided visible leadership. The provider supported the registered manager and staff. There was a quality management system in place which included a system of audits to identify where improvements could be made.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People were kept safe by staff who had been trained to recognise and respond effectively to the risks of abuse.

Safe and effective recruitment practices were followed to ensure that all staff were fit, able and qualified to do their jobs.

Sufficient numbers of staff were available to meet people's individual needs at all times.

People were supported to take their medicines safely by trained staff.

Potential risks to people's health and well-being were identified and managed effectively in a way that promoted their independence.

Is the service effective?

Good

The service was effective.

Staff established people's wishes and obtained their consent before care and support was provided.

Capacity assessments and best interest decisions had been recently improved and formalised in a way that met the requirements of the MCA 2005.

Staff were well trained and supported to help them meet people's needs effectively.

People were provided with a healthy balanced diet which met their needs.

People had their day to day health needs met with access to health and social care professionals when necessary.

Is the service caring?

Good

The service was caring.

People were cared for in a kind and compassionate way by staff that knew them well and were familiar with their needs.

People and their relatives where appropriate were involved in the planning, delivery and reviews of the care and support provided.

Care was provided in a way that promoted people's dignity and respected their privacy.

Is the service responsive?

Good

The service was responsive.

People received personalised care that met their needs and took account of their preferences and personal circumstances.

Detailed guidance that was made available to staff enabled them to provide person centred care and support.

Extensive opportunities were provided to help people pursue social interests and take part in meaningful activities relevant to their needs.

People and their relatives were confident to raise concerns which were dealt with promptly.

Is the service well-led?

Good

The service was well led.

Effective systems were in place to quality assure the services provided, manage risks and drive improvement.

People, staff and healthcare professionals were all very positive about the registered manager and how the home operated.

Staff understood their roles and responsibilities and felt supported by the registered manager and the provider.

St Catherines Nursing 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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2012, to look at the overall quality of the service and to provide a rating for the service under the Care Act 2014.

The inspection was carried out on 07 and 08 September 2016 by one inspector and was unannounced. We reviewed information we held about the service including statutory notifications. Statutory notifications include information about important events which the provider is required to send us.

During the inspection we spoke with six people who lived at the home, three relatives, five staff members and the provider. We also reviewed the commissioner's report of their most recent inspection. We looked at care plans relating to three people and three staff files. We also carried out observations in communal lounges and dining rooms and used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us due to complex health needs.

Good

Is the service safe?

Our findings

People who lived at the home told us they felt safe and protected from the risks of abuse and avoidable harm by staff who knew them well. One person told us, "I feel very safe here; there is always someone to talk to." Another person commented, "I feel safe, it's my home."

We saw that information and guidance about how to recognise the signs of potential abuse and report concerns, together with relevant contact numbers, was prominently displayed throughout the home. All staff we spoke with were able to demonstrate they understood how to keep people safe. One staff member told us risk assessments were in place and reviewed when required. Another staff member said, "We have a safeguarding procedure, we report any bruises or concerns to the manager and these are investigated." Staff received training about how to safeguard people from harm and were knowledgeable about the risks of abuse. They knew how to raise concerns and report potential abuse both inside the home and externally.

Safe and effective recruitment practices were followed to make sure that all staff were of good character, physically and mentally fit for the roles they performed. Someone who lived at the home commented, "Staff are very good here." We saw references were reviewed and all relevant pre- employment checks were in place before staff were allowed to start work. The provider confirmed they were actively recruiting.

There were enough suitably experienced, skilled and qualified staff available at all times to meet people's needs safely and effectively in a calm and patient way. One person told us, "When I use my call bell they come quickly." Another said, "Staff are good they do everything. I only have to ask." We saw throughout the day that people's needs were met by staff. One staff member told us, "It's one of the greatest homes I have ever worked in, great staff, good team work and excellent care." We saw there were systems to cover short falls with bank and agency staff if required. People's changing needs were kept under review and amended where necessary to ensure staffing levels met their needs.

Medicines were stored, managed and disposed of safely. People were helped and supported to take their medicines by trained staff that had their competencies checked and assessed in the workplace. Medicine records were accurate and consistently completed. Quantities of medicines held in stock were appropriate and there were sufficient monitoring systems in place to identify any shortfalls. For example, night staff completed weekly audits to ensure stock levels were correct and monthly audits were also completed. We randomly checked stock levels of people's medicines and controlled drugs and found these to be correct. We saw evidence that where covert medication had been given this had been assessed correctly and the GP and the Pharmacist were involved to ensure that the effectiveness of the medicine had not been compromised.

Where potential risks to people's health, well-being or safety had been identified, these were assessed and reviewed regularly to take account of people's changing needs and circumstances. This included areas such as pressure care where people were at risk of developing pressure ulcers, nutrition, medicines, mobility, health and welfare. This meant that staff were able to provide care and support safely but also in a way that promoted people's independence and lifestyle choices wherever possible.

For example, one person with mobility issues had a programme in place that encouraged them to walk independently. Staff would walk behind them with their wheel chair for when the person felt tired. This meant that the person was supported to maintain their independence with mobility. The person told us that staff supported them with walking. We also saw that where people had difficulty with swallowing that they had been referred to the speech and language therapy team (SALT). We spoke with a member of the SALT team who was reviewing people's care at the home. They confirmed that people were referred appropriately and the guidance given about people's care was managed well by staff.

Information from accident, injury and incident reports was used to monitor and review both new and developing risk. For one person who had experienced a number of falls, we saw that the information gathered was used to reassess their mobility needs and develop measures to reduce the risks of injury. For example, one to one supervision had been put in place and risk assessments were completed. Crash mats were also used and the local authority were updated with the person's changing needs. This meant that people's changing needs were reviewed and measures implemented to reduce risk.

Plans and guidance were available to help staff deal with unforeseen events and emergencies which included relevant training, for example in first aid and fire safety. Regular checks were carried out to ensure that both the environment and the equipment used were well maintained to keep people safe, for example fire alarms. People had personal evacuation plans in place and we saw that some staff had received training in emergency evacuation.

Good

Is the service effective?

Our findings

People received care, treatment and support that met their needs in a safe and effective way. Staff were knowledgeable about people's health and care needs. Identified needs were documented and reviewed on a regular basis. One person told us, "Staff always look after me, they are lovely."

The Mental Capacity Act (2005) provides a legal framework for making particular decisions on behalf of people who may lack 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. Where 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working in line with the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. We found that people had capacity assessments and best interest meetings to ensure that their best interests were met. The registered manager had applied for authorisations to deprive people of their liberty where appropriate. Throughout our inspection we saw that staff sought to establish people's wishes and obtain their consent before providing care and support.

New staff were required to complete an induction programme, during which they received training relevant to their roles, and had their competencies observed and assessed in the work place. Staff received training and regular updates in a range of subjects designed to help them perform their roles effectively. This included areas such as moving and handling, food safety, medicines, first aid, nutrition and hydration and infection control. Most of the training was provided on site. A senior staff member said, "I will have the new staff with me to train and if I feel they need more time then then they will be given time." One staff member commented, "I had an induction, it took me forever to get everything. I had shadowing (This is working alongside a qualified member of the staff team until competent to work independently). I love it here the staff are always welcoming."

Staff were also encouraged and supported to obtain nationally recognised vocational qualifications and take part in additional training to aid both their personal and professional development. For example, staff had been trained to become champions in areas such as dementia care, wound care, health, falls, nutrition and engagement. This supported staff to provide better care within the nursing home and formed part of the Vanguard funded Scheme to support the provision of complex care in Residential and Nursing homes in Hertfordshire. This meant that people's care needs could be met by trained staff within the home. One staff member said, "The manager is very supportive and wants all staff to have good knowledge." Another staff member said, "We have always got training going on, they make training accessible to all."

Staff felt supported by the management team and were actively encouraged to have their say about any concerns they had and how the service operated. They had the opportunity to attend regular meetings and

discuss issues that were important to them. Staff received regular supervisions where their performance and development were reviewed. A staff member commented, "We have supervisions regularly with senior carers. They ask what our goals are and have we any concerns. We are asked about our training and do we need any support. I have been asked if I want to start my national vocational qualification (NVQ)."

The chef was knowledgeable about people's nutritional needs and planned menus to ensure they were provided with a healthy balanced diet that took full account of their preferences and met their individual dietary requirements. We saw that the nutrition champion and the chef had worked together to improve the quality of food choices on offer and introduced protected meal times to help ensure that people had the time and support they required at meal times.

We observed lunch being served and saw that staff provided appropriate levels of support to help people eat and drink in a calm, patient and unhurried way. Specialist equipment tailored to people's individual eating and mobility needs was available. People were supported with choice and we saw where one person did not want to eat their food an alternative option was given. We observed a relaxed environment with a warm and homely atmosphere. One person said, "The food is always good here." A relative said, "The foods always good."

People were supported to access appropriate health and social care services in a timely way and received the on-going care they needed. We saw other professionals had visited the home such as GPs and the SALT team. A relative commented, "We have an appointment to see the neurologist. We see the GP on a regular basis." We saw that guidance provided to staff contained detailed information about how to meet people's care and support needs in a safe and effective way.

Good

Is the service caring?

Our findings

People were cared for and supported in a kind and compassionate way by staff that knew them well and were familiar with their needs. One person told us, "I have been here two years and they [Staff] are very kind they are nice to me and look after me." Another person said, "The staff are so nice nothing is too much trouble."

We saw that staff helped and supported people with dignity and respected their privacy at all times. They had developed positive and caring relationships with people they supported and were knowledgeable about their individual needs and preferences. One person told us, "The staff we have here are lovely they are my friends. They know me and I know them." A relative told us, "It's been excellent, the way the staff care, they do everything they are asked. [Name] is well cared for always clean and shaved." Another person told us they loved to read books and that some of the staff would bring in books for them to read. They said, "When I have read them they go into our library. When I go to bed I like to read and the staff come round at night with a hot drink."

People were supported to maintain positive relationships with friends and family members who were welcome to visit them at any time. One person said, "My relatives and friends can come see me at any time." A relative told us, "We can come in at any time and the staff always offer us a tea, they are like family."

People's dignity and independence were maintained. One person said, "They maintain my dignity they give me a towel to cover myself with. They close the curtains and doors. They encourage my independence. I can get dressed but I need help with my socks and assisting to bed. All my clothes are washed everyday they are very good." Another person said, "Staff talk to me, let me know what they are doing. They make me feel comfortable." A further person said, "I'm happy here because staff are friendly, kind and caring."

We found that people, and if appropriate their relatives, had been fully involved in the planning and reviews of the care and support provided. One person said, "They [Staff] have talked to me about my care." We saw in people's support plans that people's care had been reviewed. One relative told us, "We have regular meetings to discuss [Relative's] care and [Relative] is very involved. We also attend the relative's meetings and they are quite informative."

People were supported to have advocates when required. We saw that one person who did not have capacity to make decisions and had no one who was authorised to make decisions for them had an advocate to support this. There had also been involvement with the local authority and there was a representative in place to act for their finances.

We found that confidentiality was well maintained throughout the home and that information held about people's health, support needs and medical histories was kept secure. Information about local advocacy services and how to access independent advice was made available to people and their relatives. People were supported with end of life care and staff had attended appropriate training.

Good

Is the service responsive?

Our findings

People received personalised care and support that met their individual needs. Staff had access to detailed information about people's preferred routines and how they liked to be supported with personal care. For example, an entry in one person's support plan noted; "I like to get up at 07:00 and I like darts and crib." We saw in the minutes of the staff meetings under activities 'Crib club is running now '. We saw that people's preferences were sought. One person commented, "They [Staff] know what I like and what I don't like."

Staff received specific training about the complex health conditions that people lived with to help them do their jobs more effectively in a way that was responsive to people's individual needs. For example, staff were trained and had access to information and guidance about how to care for people who were supported with end of life care. One staff member told us about one person who was on end of life care, "We have a staff member with them all day because we don't want them to feel they are on their own." We saw staff had attended training to ensure that people's needs were met. One relative said, "[Relative] receives excellent care, staff are excellent it has been a positive experience."

Opportunities were made available for people to take part in meaningful activities and social interests relevant to their individual needs and requirements, both at the home and in the community. One person told us, "We went out yesterday to the Old Mill and had lunch it was a good day out. I'm going out again to an animal farm and I'm looking forward to it." There were daily activities in the home for people to be involved in if they chose to. A weekly planner for activities was made available and included: arts and crafts, Bingo, gardening and days out. The activities person told us that they did one to one sessions with everyone in the home to ensure people who were not able to attend activities had one to one time.

The activities person told us that they also had the local scouts club come to the home about every four months, they have made memory boxes and recite music and poetry. There was involvement from a local school and the residents from the home were always invited to the school shows. A Pets As Therapy (PAT) dog visited the residents at the home and there were other events arranged for people to be involved with. People's religious needs were also met. There was involvement through Smile (Support Me In Life Engagement) through the local authorities and the people who lived at the home had just completed exercises designed to help reduce the incidents of falls. The activities person had completed the training for this and told us that they would be continuing with offering exercise to people who wanted to join in.

People and their relatives told us they were consulted and updated about the services provided and were encouraged to have their say about how the home operated. They felt listened to and told us that staff and the management responded to any complaints or concerns raised in a prompt and positive way. One relative said, "We know how to complain, we would talk to staff. We were told if we had any problems to come to talk with the manager." One person said, "I like it here I have nothing to complain about." We saw that information and guidance about how to make a complaint was displayed at the home. We saw that where complaints had been received these had all been responded to and we also saw that there compliment letters and cards thanking staff for the care they provided. A person commented, "I don't have any complaints but I feel comfortable talking to staff."

People told us they received personalised care that met their needs and took account of their preferences. We saw that most people's bedrooms had been personalised with their furniture, family photographs and ornaments of their choice. One person said, "I like to get up at 06:00 and I like to have my door open." Staff we spoke with understood that people's choice and preferences were to be supported.

Good

Is the service well-led?

Our findings

People we spoke with felt that they were listened to and all the people we spoke with knew the registered manager. One person said, "[Name of registered manager] is lovely, they come round most mornings. They sit on my bed and if you have any complaints [Name of registered manager] wants to know, they are a lovely person." People and staff we spoke with confirmed the registered manager was visible and approachable.

We found daily notes were updated throughout the day and care plans were person centred. We found that staff worked well as a team and all staff we spoke with felt there were enough staff but some felt at busy times they could benefit from another pair of hands. We found that staff were not always completing people's charts as required. For example one person's fluid and food chart had not been updated appropriately. However we saw that the person had access to water in their room and they confirmed they had had their lunch but staff had not documented this. We brought this to the provider's attention who assured us that this will be reviewed with the staff. They told us that this had been identified as an area that required improvement. There were plans for all records to be recorded electronically in the future.

The registered manager was not available on the day of our inspection. However the provider was at the home when we arrived. The provider attended the home on a weekly basis and told us that they had a great team of staff and were very happy with the skills within the team. They told us and people and staff confirmed that the registered manager carried out weekly spot checks of the home and spoke with people and staff about their views and experiences. They also conducted environmental checks at the same time to ensure standards were maintained and people were safe. The provider said, "They will walk around the home with the maintenance person and discuss any issues." One staff member said, "The manager is very approachable and to the point. I feel I can tell them anything in the past I have discussed my personal issues." We found that all staff we spoke with felt a part of a team that communicated well, staff understood their roles and responsibilities.

Staff and the provider confirmed that the registered manager had an open door policy and made themselves available to residents, relatives and staff. They had regular meetings to discuss issues and ideas. Staff we spoke with felt the home was managed well. One staff member said, "We can express our views." They also commented that they discussed the feedback from resident and relatives meetings which ensured they were aware of how people felt about the care and support provided. Staff were supported with supervisions and regular meetings.

The registered manager was supported by the provider and had regular meetings and supervisions. The provider told us that the registered manager carried out monthly audits of the service to help ensure that standards were maintained and improvements were made as required. Regular audits were completed and all the information had been analysed. Plans were developed detailing the actions required to make the improvements. For example, we saw that when problems had been identified in the home actions were taken. For example in the corridors it had been identified that the joints in the linoleum floor covering were starting to lift the provider had contacted an organisation for professional advise and had started to place bars over the joints to keep them safe. We saw that there was a time frame for this to be completed. We saw

evidence of other planned work to improve the home and finished works that had been completed. For example new boilers had been installed to improve the hot water system for people who lived at the home. One relative said, "There has been a lot of refurbishment."

Information gathered in relation to accidents and incidents that had occurred were reviewed by the registered manager who ensured that learning outcomes were identified and shared with staff. We saw a number of examples where this approach had been used to good effect, for example in relation to falls that had occurred. These had been thoroughly investigated and used to improve the practices and systems used to help ensure people were supported to be safe. For example with the use of crash mats and ensuring people had access to call bells and their walking aids. Strong links had been established with a local doctor's surgery which meant that GPs, who knew the residents well, visited the home each week to help ensure that people received safe, effective and consistent care that met their needs.

The registered manager had also developed staff to become champions in areas such as wound care, dementia and nutrition, this enabled the staff to provide complex care that supported the management of people's care needs within the nursing home. As part of their personal and professional development, staff were supported to obtain the skills, knowledge and experience necessary for them to perform their roles effectively. This included specific awareness about the complex needs of the people they supported.

Services that provide health and social care to people are required to inform the CQC of important events that happen in the service. The registered manager had informed the CQC of significant events in a timely way. This meant we could check that appropriate action had been taken.

We found that the views, experiences and feedback obtained from people who lived at the home, their relatives, professional stakeholders and staff had been actively sought and responded to in a positive way. Independent surveys seeking feedback about all aspects of the service were sent out and the responses had been used to develop and improve the home. For example the keyworker system was identified as needing improving and one of the senior care staff explained that there were new keyworker checklists in people's folders in their rooms. These included tasks such as checking people's clothes were labelled to ensure they are not lost in the laundry and ensuring people had their toiletries and other tasks. These were audited weekly by the seniors to ensure these tasks were completed.