St Cuthbert's Care

St Catherine's Care Home

Inspection report

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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 27 March 2017 and was unannounced. This means the provider did not know we were coming. At the last inspection on 17 September 2015 we had asked the provider to make improvements to how medicines were managed. We received an action plan from the provider detailing how these improvements would be made and we found on this inspection that the legal requirements were met.

St Catherine's Care Home is a 45 bed care home that provides personal and nursing care to older people, including people with dementia. At the time of our inspection there were 42 people living at the home.

The service had a registered manager. 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.

People who used the service and relatives we spoke with consistently praised the skills of staff working in the home. One person living in the home told us, "I looked at a few homes before choosing this one and this was head and shoulders above the rest. Since moving in I have not been disappointed. The staff have been very supportive in helping me to settle."

A relative summed up the views we consistently gained from all the relatives we spoke to by saying, "It was a huge comfort to us knowing (relative) was being cared for at this home and we will always be grateful for this and the way they were looked after in her final days, a rock of support every step of the way. This home makes a difference to people's lives."

People were supported with care and compassion and there was an ethos of care which was person-centred, valuing people as individuals. A relative told us, "I know my relative gets the very best care here. I'm 100% sure of that."

We found that this home was particularly effective in delivering quality care because of the emphasis it placed on building a really strong staff development programme. The provider valued their staff and saw them as an asset when delivering high quality care to people. Staff received extensive training and support to meet people's needs effectively.

Staff were well motivated and proud of the service. There was an emphasis on developing staff potential within a positive learning environment to create a high quality service. Staff had regular opportunities to reflect on their practice and to request any additional support or training. Staff were 'champions' in specialist areas and had received additional training and skills in their specific areas. Skills were then shared within the rest of the staff team to create more positive outcomes for people who used the service.

People were at the centre of care planning. People told us that they were made to feel in "control" from the time they first made the decision to move into the home. The staff knew the people they were supporting well and treated them in a respectful and friendly way. One person told us, "I get good support from all the staff, from the manager right through to the laundry staff and cooks."

People were safe because risks had been identified and managed. All the staff in the home had completed training to give them the skills and knowledge to carry out their roles and to ensure people in the home were safe.

Systems were in place for the safe storage, administration and disposal of medicines. Records showed people received their medicines as prescribed and in their preferred manner.

People received on-going healthcare support from a range of both internal and external healthcare professionals and people's health and nutrition were effectively monitored and responded to in line with nationally recognised practice. People were supported to eat a well-balanced diet and those who were at risk of malnutrition and/or dehydration had their food and fluid intake monitored. People told us of the high quality and range of the meals provided.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service support this practice.

The provider had a range of quality monitoring systems and had made improvements in response to people's feedback and audits. There was a strong commitment to deliver a high standard of personalised care and continued improvement based on the views of people who used the service and the enhancement of their lives. The staff team spoke positively about the support they received and were motivated and enthusiastic. Complaints were taken seriously, thoroughly investigated and lessons learnt from them.

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 and the risk of abuse was minimised because the provider had systems in place to recognise and respond to allegations or incidents. People were provided with information about how to recognise if they were unsafe.

People received their medicines as prescribed and medicines were managed safely.

There were robust systems in place to ensure people risks in relation to the environment were minimised.

The home was well staffed to provide care and support to people when they needed it.

Is the service effective?

Good

The service was effective.

People were well supported by a team of staff who were skilled in meeting people's needs and received on-going training and development to enable them to deliver the most effective service.

People's rights were protected because staff acted in accordance with the Mental Capacity Act 2005.

People received ongoing healthcare support from a range of external healthcare professionals.

People's health and nutrition were effectively monitored and responded to in line with nationally recognised good practice.

Is the service caring?

Good

The service was caring.

Staff were kind, caring and had developed good relationships with people living at the home.

People were well supported in making choices and decisions about the care they received.

The staff treated people respectfully and protected their privacy and dignity.

Is the service responsive?

Good

The service was responsive.

Individualised care plans were focused on each person's needs and preferences.

People were given a good level of support to meet their social needs and regularly accessed activities within the community.

People and their representatives were listened to and no complaints had been raised.

Is the service well-led?

Good

The service was well-led.

People received a high standard of care. The management team led by example and set high expectations of staff about the standards of care people should receive.

The registered manager and senior team were proactive in supporting staff with their personal development.

People, relatives and staff felt their views were listened to and there was a strong positive culture throughout the service. Robust quality assurance systems were in place which took into account people's views and experiences.

The registered manager had very good working relationships with external social care and health related bodies.

St Catherine's 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 27 March 2017 and was unannounced.

The inspection was carried out by one adult social care inspector, a specialist adviser in dementia care and an expert by experience working on behalf of CQC. 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 had received a completed Provider Information Return (PIR). The PIR asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the PIR and other information we held about the service as part of our inspection. This included the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send CQC within required timescales.

We contacted commissioners from the local authorities who contracted people's care. We also contacted the local safeguarding teams.

During the inspection we spoke to 16 of the people living at St Catherine's Nursing Home and five of their relatives and two friends. We spoke to six members of care staff, two of the nurses, the registered manager and the deputy. We also spoke to the provider's risk manager and safeguarding lead who both reported to the provider's executive board. We also spoke with two visiting healthcare professionals.

We looked at a sample of care records belonging to six of the people who used this service and we observed staff supporting people with their day to day needs in communal areas. We looked at the recruitment records of five staff, including two newly recruited staff, the staff duty rosters and staff training records.

Good

Is the service safe?

Our findings

People were protected from the risk of abuse and avoidable harm. People we spoke with told us they felt safe in the service. One person told us, "I feel completely safe here. I have lots of staff coming in. There's always staff to hand." Another person told us, "I can talk to staff if I am worried about anything and they make me feel better."

A relative told us, "There's always seems enough staff when we come, we feel (relative) is very safe here" Another relative told us, "The manager and staff are absolutely fabulous at putting you at your ease. I know my relative gets the very best care here. I'm 100% sure of that."

At our last inspection of this service we had found that the way prescribed creams were handled and recorded needed to be more thorough. We looked at this area in detail and found that robust systems were now in place to ensure that all medicines were administered and handled safely. We checked all the medicines administration records (MARs) for people in the service and looked at six in detail. We saw that creams were now handled safely with the use of body maps and a checking system put in place to advise the nurse when care staff had administered the creams.

We observed how medicines were handled and found people were asked for their consent to take their medication. People we spoke with told us that staff gave them their medicines when they were supposed to and relatives said they were happy with the way staff managed their relations' medicines. One person told us, "I have lots of tablets, and one of the nurses brings them to me. It's always at the same time. I never miss any."

Medicines that are liable to misuse, called controlled medicines were stock checked every week by two nurses and this was identified in the recording book. Any controlled medicines that were no longer required were destroyed using doom kits and this had been correctly recorded and the kits disposed of.

We found the medicines systems were well organised and that people were receiving their medicines when they should. We saw that the service had clear policies and procedures in place to help ensure medicines were managed safely, including safe storage, accurate recording and checking staff competency. The policy and procedures referred to relevant and up to date good practice guidance with regards the safe management of medicines. The staff we spoke to told us that they had received training to help them support people with their medicines safely. The staff training records we reviewed confirmed the training took place. Each nurse who administered people's medicines had undergone competency assessments.

The policy at St Catherine's is that a new nurse or senior care assistant had to successfully complete three competency assessments before they were deemed to be skilled and competent to administer medications unsupervised. These were undertaken annually and as well as observing the nurse throughout an administration process they included the nurse's reflection on their practice.

We had not received any information of concern from the service or from other agencies in relation to

allegations of abuse. People we spoke to at the service told us that the staff were "lovely" and "very kind" and no one raised any concerns with us about their safety during our inspection. We saw that people using the service had been provided with information about safeguarding and how to report any concerns to the registered manager or outside agencies, such as the local authority.

People were supported by staff who recognised the signs of potential abuse and knew how to minimise the risk of people who used the service coming to harm. We saw staff received regular training and guidance in protecting people from the risk of abuse. Staff we spoke with had a good knowledge of how to recognise the signs that a person may be at risk of harm and how to escalate concerns to the registered manager or to external organisations including the local authority, who lead on any safeguarding concerns.
All the staff we spoke with told us that they would be confident reporting any concerns about the safety of people or the behaviour of other staff members. Staff told us that they were well supported and knew they could speak to a nurse on duty, the registered manager or a senior manager if they had any concerns. One staff member told us, "I have no concerns, I'd be happy if my relative lived here".

The registered manager had taken steps to protect people from staff who may not be fit and safe to support them. Staff we spoke with told us that the registered manager had undertaken checks to ensure they were suitable to work in the service prior to them commencing employment. Before staff were employed the registered manager carried out checks to determine if staff were of good character and requested criminal records checks, through the Disclosure and Barring Service (DBS) as part of the recruitment process. These checks assist employers in making safer recruitment decisions. The staff records confirmed these were all in order.

We saw that staff had completed training in how to provide care and maintain people's safety. Good systems were used to identify risks to people and there was guidance for staff on how to maintain people's safety. Risks to individuals were thoroughly assessed and extensive information and control measures were put in place for staff to follow. These maximised people's opportunities for independence whilst minimising the risks they faced. For example one person was at high risk of falls and had fallen prior to moving into the service. There was a thorough plan in place which detailed the risks and how this linked to aspects of the person's health needs. This included considering what support the person required to be able to access the garden and to maintain their independence with their mobility as they wished. There were clear actions detailed how to reduce the risk of falls and any near misses which took into account the person's history, medicines taken and their physical condition. This had resulted in a reduction in falls and increased this person's confidence and mobility.

People we spoke with told us that there were enough staff available to provide the support they needed. We confirmed this by checking the staff rotas and through our observations during our inspection. There were seven care staff and one nurse during the day and three care staff, one senior carer and a nurse at night. The home had a strong management and staffing structure with the registered manager, a trained nurse, supported by two experienced deputies and a clinical lead nurse. There were also three senior care workers and a senior was always on duty. The home was well staffed with ancillary staff. We judged that the home was well staffed across all areas in order to meet people's needs. One person living in the home said, "There are always staff about." Another person told us, "It's very reassuring that we have such good nurses here, they are always on hand to seek advice from. I get attention straight away."

The home provided support to people who required nursing care. There were appropriately qualified nurses employed to ensure people's nursing care needs were met. Staffing levels were assessed on a daily basis by the registered manager using nationally recognised tools to assess people's health needs. Staff we spoke with said they felt there were always enough staff to meet the needs of people who used the service. One

member of staff told us, "There are definitely enough staff. We have time to sit with people and motivate them and always meet people's needs.

People were living in a safe, well maintained environment. People described how well the service was maintained and our observations supported what we had been told. The provider employed maintenance staff to ensure the premises were well maintained and safe. There were systems in place to ensure any maintenance needed was responded to promptly. We saw records of checks that had been carried out on equipment and the premises. One relative told us, "The environment is really good and well maintained. [Relative] can walk around the gardens safely if they want to." Another said "The housekeeping is excellent and never dips."

The provider had an infection control policy in place that was available to all care workers and staff. We saw that staff followed hand washing regimes and used protective gloves and aprons when assisting people with personal care.

Good

Is the service effective?

Our findings

People who lived in the home and relatives we spoke with consistently praised the skills of staff working in the service. They were happy and content and said staff did everything possible to ensure they were well looked after. The comments in the visitors' book supported these views. One person told us, "Staff are so good at what they do and they have plenty of training to do this." Another person said, "The staff are very gentle and not at all rushed. Everything is done properly. The nurse's spot things very quickly and if they are not happy they will ask if I want to see the GP. It's great team work." The staff can't do enough for me."

A relative we spoke with told us they felt the staff were very well trained and said, "The strength of this home lies in the staff it employs; they are always pleasant and welcoming to us when we visit. They are good professional carers."

People told us told the food was very good and there was plenty of choice. People said, "The food is lovely and if it's something I don't like then I always have other options. I had a lovely ham omelette today with salad and potatoes that wasn't on the menu.' Others said, '"The food is extremely good" and another said, "The food is excellent. I love it."

A healthcare professional told us, "We have a really good working relationship with the home, they always make appropriate referrals. It's great teamwork between us to ensure people get treatment when they need it."

We saw that when staff started working in the service they commenced an induction to ensure they developed the skills and knowledge needed to support people safely. Staff enrolled on the care certificate which is a nationally recognised qualification designed to provide health and social care staff with the knowledge and skills they need to provide safe, compassionate care. One member of staff we spoke with had been working in the service for several months and described their initial induction, which had included an orientation into practice used at the service. They told us, "The training has been great. I have had 100 % support from senior managers and other care staff."

The provider ensured the service was effective in relation to making sure staff had the appropriate skills and knowledge through their commitment to a workforce plan, which encouraged staff to develop and promote good practice. Staff we spoke with highly valued the training and told us they felt it was targeted in helping them develop the skills and knowledge they needed to support the people who used the service. A rolling programme of classroom based training was in place and staff were encouraged to access distance learning and development courses. All staff were provided with mandatory training in safe working practices, such as fire safety, moving and handling, and food safety. Training specific to the needs of people living at the home had been undertaken, including dementia awareness, palliative care and the management of actual or potential aggression.

Each nurse was encouraged to have an area of specialism such as pressure care, palliative care, dementia care, moving and handling instructor, and infection control link nurse. This had led to adhering to

recognised national best practice and effective care to people in these areas. One member of the care staff said, "One of the reasons staff stay working at this home is because they are treated as professionals and supported. We get really good support for professional development. It's second to none."

Staff also told us that there were good communication systems in place at the service. We reviewed the shift handover records which contained detailed information about people who used this service. We were told by staff that there was always a verbal update given at the start and finish of each shift. These systems helped to make sure that staff had the most up to date information about the changing needs of the people they were supporting. The home also used a "mobile table" to carry out paperwork. This allowed staff to move to where people were sitting and to undertake paperwork whilst also being available to respond and to observe any additional support needs.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are 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 were being met. We saw that people were supported to make decisions and choose what they did on a day to day basis. People we spoke with told us they got to make choices, for example about when and where they ate, how they spent their time and what activities they did. We observed people's choices were respected on the day of our visit and we observed staff gave people information to enable them to make an informed choice. People were also asked to give consent to care and treatment and this was recorded in people's care notes.

Staff were all trained in the principles of the MCA. This meant that people were supported by staff who had a good knowledge and understanding of the MCA and how to apply the principles of the act to people's care and support. People's support plans contained clear information about the level of capacity people had to make their own decisions and where they may need support. The registered manager was proactive in advance planning for people who had capacity at certain times, known as fluctuating capacity. We saw that detailed assessments of people's capacity in relation to specific decisions had been carried out when people's ability to make their own decisions was in doubt.

The registered manager had assessed people who used the service that lacked the capacity to make certain decisions to identify if a DoLS application needed to be made and doing so when it was required. The registered manager was proactive in seeking advice from the granting authority and following up progress on applications that had been made. We saw there were 29 up to date DoLS authorisation in place and these were being supported in line with the directives in the authorisation.

People were provided with whatever support they needed to eat and drink well. People's nutritional needs were assessed regularly and there was extensive information in support plans detailing people's nutritional preferences and needs. The care plans of three people showed they were nutritionally at risk and we saw detailed plans had been put in place to guide staff in how to support them to gain weight and to prevent further weight loss. This included advice sought from a dietician, increased frequency of weight assessment

and adding extra calories to food. We saw this had been effective with all three people gaining some weight since admission to the service.

The senior nurse we spoke with told us that people were supported with their nutrition and said, "Staff go round with snacks on a regular basis." We observed people had continual access to drinks in communal areas and their bedrooms by way of covered jugs and water coolers which we observed staff prompting them with on a frequent basis. The snacks were of a high nutritional quality and homemade and fresh fruit was readily available to people. Details of people's food preferences were provided to the catering staff and we saw the cook regularly spoke to people about the choice and quality of the food to check if people were satisfied.

A proactive approach to healthcare needs was used to support people with health issues. From the point of admission to the service people were assessed in relation to their health needs so that care plans could be implemented to ensure they received the monitoring and support they needed. The registered provider told us that they then ensured effective healthcare by monitoring key health indicators and tools to identify and respond to changes with evidence based support and intervention. . For example by using Waterlow scores (to monitor people's risk of pressure areas) and daily living measures to access independence and risk of falls.

People told us they could access the GP if they needed to and that they were supported to see the dentist, chiropodist and optician. Records confirmed what people had told us and we saw the registered manager had worked to create relationships with key people from a variety of health support organisations. We spoke with this GP and they told us that staff were quick to identify any decline or signs of possible decline in people's health. They told us staff were 'on the ball' and if anything was requested, such as samples requiring analysis being obtained, this was done promptly. We saw close working relationships with health professionals such as speech and language therapy, community psychiatric nurses, dieticians and specialist nurses for tissue viability and Parkinson's disease.

The home was adapted to the needs of the people living in the home. For example the home had a layout that was dementia friendly with clear signage and colours and interesting corridors and a safe enclosed court yard garden.

Good

Is the service caring?

Our findings

Everyone was very complimentary about the staff who attended them. Comments included, "I feel I am very well looked after here. The staff are extremely helpful, polite and treat me with respect." and "The staff are lovely, they respect my independence and don't try to take over things I can do for myself."

We observed people were comfortable in the company of staff and responded well when engaging with them. There was a calm, relaxed atmosphere and we saw the staff were kind, friendly and respectful. It was evident there were good relationships. One person we spoke with told us, "Staff are truly exceptionally kind and caring."

Relatives told us they were satisfied with the care and support provided and that staff had caring attitudes. A relative told us, "It is a lovely atmosphere. Very friendly. Anything you need, nothing's too much bother." One relative said, "When [family member] is unhappy it's obvious and there are just no issues here. [Name] is extremely happy and wanted to come here. It's gone extremely well." Another relative explained that when a member of the family was too ill to visit, "Staff arranged for the person to visit instead."

All staff were trained in the values of person-centred care, with an emphasis on caring for people as unique individuals with diverse needs. The registered manager said this training encompassed care planning, promoting privacy, dignity and independence and adhering to the person's preferences. They told us standards of care practices were made clear to staff and were checked to ensure they were consistently applied.

Expectations included staff being discreet and sensitive in their approaches and when giving personal care, to use tactile communication when this was appropriate and to always explain what they were doing. Staff were also informed about the conduct expected of them in the staff handbook they received and in key policies, such as maintaining confidentiality.

During our visit we observed the staff were caring in the ways they treated people. They spoke politely, adjusting how they communicated with each person, and listened to what they had to say. There were high levels of interaction balanced with giving people space to spend their time as they wished.

Staff told us they were designated as keyworkers for people, with particular responsibilities towards the planning and provision of their care. We saw and were told about the methods used to support people in expressing their views and making decisions about their care. Easy read information was displayed, such as the day's menu and posters about how to report complaints or safeguarding concerns. Working with other professionals, the service had made information available to some individuals in formats they could understand. For instance, photo boards designed to display the staff on duty, family visits and help in making choices of activities and food. Guides with pictures, had been used to support people's understanding of medical issues, including helping a person to decide whether to take part in different types of health screening. Staff told us about how they had supported a person with a specific preference around their religion, helping them to talk about their feelings.

We observed staff worked inclusively with people, offering choices and encouraging them to be involved in everyday life in the home and to go out into the community. A staff member told us, "Residents are involved with everything we do" and explained that some people helped tidy their bedrooms.

We saw staff supported people's self-esteem by assisting them to maintain good standards of personal grooming. People wore clean, co-ordinated clothing and were given support with hairdressing, shaving, manicures and to wear jewellery and accessories. Attention to detail was also reflected in people's care plans. For example, one person's plan for personal care stated '[Name] likes to have hair blow dried and styled after showering' and to add 'some jewellery as a finishing touch to her outfit'. A person who used the service told us, "They (staff) help me with my personal care and they are always mindful of maintaining my dignity and privacy".

We observed that staff were mindful of people's privacy, always knocked on doors and waited for answer before entering the room. Staff described their ways of ensuring privacy and providing dignified care. One staff member told us, "Always ask their permission in relation to personal care and treat the residents as adults." Other staff said they approached people as they, or their parents, would wish to be treated.

The management and support staff had a good understanding of people's communication needs and the ways in which individuals expressed themselves. Care plans addressed the level of support each person needed with decision-making. Where people were unable to make important decisions about their care, advocates represented their views. Care was also taken to consult people and their relatives through meetings and surveys to get their feedback about the service.

The majority of staff had been working in the service for many years and people we spoke with told us they felt this had helped to create a strong team. We observed staff interacting with people throughout the day in a happy and cheerful manner. There was frequent laughter between staff and people who used the service and it was clear that staff made a huge amount of effort to provide people with a fulfilling day, no matter what role the staff member held and understood how their role at the service contributed to people's care and wellbeing.

We observed another member of staff who spent a lot of time sitting with people who used the service, chatting and listening intently to what they had to say. They offered reassurance and diversion to people who lived with a dementia related illness and responded to people's requests. This was done in a way that demonstrated the compassionate, caring and understanding values required by experienced care staff.

When people had relatives visiting for a special occasion or just from a distance away the home gave all the family the use of a family room and set it up so it has a homely feel. A quiet private sitting room was given over to families to use when visiting or when people were at the end of their life and relatives needed to have some time to themselves. There were a variety of lounge areas for people to choose from and walls had been filled with display cabinets which displayed ornaments and pictures. Thought had also been given to the views from people's rooms and there were bird tables and flowers providing a stimulating and interesting view for people.

We saw how people's end of life wishes were met by the home. Care records showed that some people had recorded their end of life wishes but others had chosen not to. The registered manager told us that people coming to the end of their life would be supported for as long as possible to remain in their own home, with help from GPs, community and specialist nursing services.

Good

Is the service responsive?

Our findings

People told us that this was a service and said that they always received the support they required at the time they needed it. They told us that the staff in the home knew the support they needed and said that this was always provided promptly. People were supported to maintain their independence through taking part in daily living skills. One person told us, "I get exceptionally good support from all the staff, from the matron right through to the cleaners and handyman. They help me lead my life exactly as I would wish it."

A relative told us, "My (relative) is just coming in, we were in another care home and she was very unhappy, so when I came to look at this they were so helpful and went and assessed (relative) in hospital and we came and saw it and we (relative) discussed everything and we had a few meetings, so I am really happy with it."

People were at the centre of care planning. People told us that they were made to feel "in charge" from the time they first made the decision to move into the service. People were welcome to visit and try the service prior to making a decision about whether this was the right place for them.

We received feedback from a visiting health professional and they told us, "I have always found the home to be very thorough in carrying out their own assessment of needs and to be very committed to providing a high standard of care for those with complex conditions. It is my experience that the care home maintain high standards in regards to their, care plans and in ensuring changed needs are identified and met."

Upon admission people were allocated a primary named nurse who was responsible for overseeing the person's care and support, as part of the primary nursing scheme used by the service. People's care needs and wishes were then explored and people commenced planning their care and support. One person described planning their care when they first moved into the service. They told us, "I discussed my care in detail with the manager and nurses, who came out to see me at home. When I arrived at the home we went over it again and lots of reassurances were given about making me feel I could speak up about any changes I required." Another person said, "We looked at my care plan over a few weeks and made some changes as I got to know better what I wanted."

People were then supported by staff who were given information about their support needs prior to and during admission with a range of information being sought and recorded. Throughout the admission process goals were set to support each person to adjust to life in the service and to build up knowledge of their skills and aspirations and how these could be developed. People's care was planned in a way which was responsive to their needs and was modelled on best practice used by health professionals. For example we saw nurses used a range of tools to assess people's health and well-being, such as to monitor people who may be at risk of falling or to assess if a person was showing signs of depression or low mood.

Established best practice was used in the development of care planning and followed through to care delivery. For example, one person was at risk of developing pressure ulcers and we saw there was information in place guiding staff in how to monitor this and to reduce the risk. The clinical plan was followed through by the nurses in the service and clearly documented progress in caring for the wounds,

some of which had healed.

People lived in a service where the importance of being supported to use and maintain links with the wider community and to develop and maintain relationships with people was valued. A number of people said that they received short respite breaks initially and that they liked it so much waited until there was a permanent vacancy to move in.

People's spiritual and religious needs were very well met by the home. St Catherine's care home is part of a Catholic based church organisation. The registered manager told us, "There are two priests available each week to celebrate Mass. However people of any religion are very welcome at St Catherine's. We are very proud of our beautiful and peaceful chapel and all residents their family and friends and members of staff are welcome to attend any services or to visit the chapel at any time for reflection or prayer." We saw that other religious leaders were encouraged to visit the home to support people's religion and some people were taken by staff to other places of worship outside of the home.

The activities provided had been discussed at meetings held with people who lived in the home. We saw that outings had been arranged to local attractions in response to people's requests. Some people had enjoyed a trip to local garden centres and local towns. A weekly activities programme was displayed in the home, showing different activities each morning and afternoon. Activities included reminiscence, exercise, tai chi, carpet bowls, music, card and board games, quizzes, crosswords and bingo. Staff were alert to the impact of social isolation and recorded and reviewed each person's involvement in the activities programme and other pastimes. We saw that activities were planned to take account of people's preferences. One person told us, "There are plenty of activities." Another person said, "There's always something going on that you can join in with if you want." Individualised activities were used as a part of a positive and proactive approach to support people who sometimes communicated through their behaviour.

People told us they had a voice and that they were listened to. They knew what to do if they had any concerns. One person we spoke with told us, "I have never raised an issue but if I had one I would ask to see my nurses." Another said, "I usually see the manager most days and they always encourage me to let them know if I have any issues. Everything is sorted out straight away, you never feel awkward bringing anything up." A relative told us, "They (staff) always ask me if I have any concerns. If I did (have any concerns) I feel confident they would deal with these." There were accessible and detailed complaints procedures displayed in the service so that people would know how to escalate their concerns if they needed to. There had been nine complaints over the past twelve months and when we checked records these had all been resolved to people's satisfaction and in line with the provider's policy and procedures.

Good

Is the service well-led?

Our findings

We found people received good standards of care because the management team led by example and set high expectations of staff about the standards of care people should receive. People and their relatives told us they felt the service was well-managed.

There was a registered manager in post who was supported with the day to day running of the service by two deputies. The registered manager and deputies were qualified, competent and experienced to manage the service effectively. They worked in partnership with other professionals to ensure people received a high standard of care and support. We saw good evidence of working in partnership with other services such as physiotherapy, community nurses, speech and language therapists and GPs to support people and improve their quality of life.

Health professionals we contacted prior to our visit spoke positively about the management of the service. Comments included "Their communication is good and concerns raised have always been addressed and followed through by senior management." and "The managers and staff at the home are approachable and efficient. I have a very good working relationship with them.

The people who used this service, who we spoke to, all knew who the registered manager was and told us that they were very accessible. One person told us that the registered manager was, "Very good and easy to talk to. The manager listens to what I have to say." Senior staff told us that the registered manager was always available to speak to and talk things through with.

The registered manager, deputy and staff spoke passionately about wanting to provide a high standard of care to people. They had clear values about the way care and support should be provided and the service people should receive. Staff told us they all worked together well as a team and supported each other and spoke highly of the support from the management team. They said they enjoyed working at the service as they said it was a very warm, friendly and supportive environment. Comments from staff included "I really love working here" and "I've learnt so much since I started. If I need help, I will get help. The manager and all the nurses are very supportive".

The registered provider invested in staff training to encourage staff to continue to work in the organisation. A number of staff told us that they had been supported to develop in their careers and said they appreciated this. All the staff we spoke with said team work was encouraged in the home. They said all the staff worked together to ensure people received good care. Ancillary staff we spoke with told us that they felt valued and well supported.

People who lived in the home were asked for their views about the service provided. We saw that there were regular meetings where people were asked about their views and for any further improvements that could be made. We saw action had been taken in response to requests from people in the home. The times of the meetings had been changed in response to feedback from people who lived in the home and activities provided in response to suggestions received. One recent meeting had covered a range of topics and one

was wanting to have more fish on the menu which had since been actioned. The registered provider also asked people to complete a questionnaire to share their views of the home. All of the completed questionnaires that we saw were positive about the service provided.

The provider had effective systems in place to monitor the quality of service being delivered and the running of the home. Audits were carried out periodically throughout the year by the registered manager and the senior management team. The audits included safe medicine administration, infection control, care planning and a whole home audit which looked at all areas within the home. Whenever necessary, action plans were put in place to address the improvements needed which had been signed off when actions were completed. We saw that the registered manager and senior nurses carried out checks to ensure people received a high quality service. They regularly walked around the home checking the environment and speaking with people who lived there to gather their views. The registered manager told us they received good support from the provider and senior management, who were based on the upper floor in the same building and readily accessible. The provider held a risk panel meeting once a month to review accidents, incidents and any safeguarding concerns and plans were put in place to minimise the risks or reoccurrence. These were reviewed monthly by the service to identify if there were any trends or patterns. They recorded what was in place currently to minimise the risk and also learned from mistakes by ensuring robust procedures were put in place to prevent re-occurrence.

Registered providers of health and social care services have to notify the Care Quality Commission of important events that happen in their services. The registered manager of the home had informed us of significant events as required. This meant we could check that all appropriate actions had been taken.

The registered manager knew when notification forms had to be submitted to CQC. These notifications inform CQC of events happening in the service. CQC had received appropriate notifications from the service. The service had appropriate arrangements in place for managing emergencies which included fire procedures. There was a contingency plan which contained information about what staff should do if an unexpected event occurred, such as loss of utilities or fire. The management operated an on call system to enable staff to seek advice in an emergency. This showed leadership advice was present 24 hours a day to manage and address any concerns raised.

Staff told us they felt confident to raise any issues with the management team. Complaints were recognised throughout the staff team as a way of learning and making improvements to the service based on the findings. One member of staff we spoke with told us people felt confident to raise concerns and said this was positive as the management team were then able to know what needed to be done to improve.