Chilworth Care Ltd

St Catherine Care Home

Inspection report

19-21 St Catherine Road
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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?	**Good**
Is the service well-led?	**Requires improvement**

Overall summary

This Inspection took place on 3, 5 and 16 June 2015 and was unannounced. St Catherine Care Home provides accommodation and care for up to 14 older people with mental health needs or people living with dementia. At the time of our inspection there were 11 people living at the home.

The home had a registered manager who had been registered since December 2012. 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.'

We found people's safety was compromised in some areas. Infection control practices were not always adhered to. The handrail in the downstairs bathroom was rusty, flooring was badly stained in some areas, and some rooms were in need of redecoration. This presented a potential infection control risk to people.

People were supported to receive their medicines safely from suitably trained staff. There were enough staff to

Summary of findings

meet people's needs. Relent checks were conducted before staff started working at St Catherine's to make sure staff were of good character and had the necessary skills to look after people safely. Staff received regular supervision and support where they could discuss their training and development needs.

People felt safe. There were systems in place to ensure the risks to people's safety and wellbeing were identified and addressed. Staff had received training in safeguarding adults and knew how to identify, prevent and report abuse.

People had positive relations with the staff and were confident in the home. People who used the service spoke positively about the care they received and told us their needs were met. Care plans were personalised and provided comprehensive information about how people wished to receive care and support. This helped ensure people received personalised care in a way that met individual needs.

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

People received appropriate support to eat and drink and were offered a choice of nutritious meals. Staff were aware of people's likes and dislikes and offered alternatives if people did not want the menu of the day.

People were cared for with kindness, compassion and sensitivity. Staff members knew about people's lives and backgrounds and used this information to support them effectively.

People were supported by health professionals and staff knew how to access specialist services for people. People told us that they knew the person well and were aware of their needs.

People liked living at the home and felt it was well-led. Quality systems were not always effective in driving improvements within the home; actions that were outstanding were not followed up. There was an open and transparent culture at the home. There were appropriate management arrangements in place. Staff and people were encouraged to talk to the manager about any concerns.

The home did not support people living with dementia to navigate their way around the home. We have made a recommendation about creating suitable environments that support people living with dementia.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

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

Not all infection control risks were managed safely. The flooring in the bathrooms presented infection risks.

Medicines were managed safely.

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

Requires improvement

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

The environment did not support people living with dementia to navigate their way around the home independently.

Staff received appropriate training, supervision and appraisal.

People were supported to access health professionals and treatments and the provider worked closely with local mental health professionals.

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

Requires improvement

Is the service caring?
The service was caring.

The registered manager and staff were committed to a strong personalised culture. People got on well with staff and were involved people in planning in their care.

The home promoted a dignity champion. People's privacy and dignity was protected appropriately.

People felt staff treated them with kindness and compassion.

Good

Is the service responsive?
The service was responsive.

People received personalised care from staff that were able to meet their needs. Care plans were regularly reviewed in monthly meetings.

The provider sought and acted on feedback from people.

Good

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

Systems were not always effective to regularly assess and monitor the quality of the service provided.

Requires improvement

Summary of findings

There was an open and transparent culture in the home.

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

St Catherine 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 3, 5 and 16 June 2015 and was unannounced. The inspection team consisted of an inspection manager, one inspector and an expert by experience in people living with dementia. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, we reviewed information we held about the home including previous inspection reports and notifications. A notification is information about important events which the service is required to send us by law.

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

Following the inspection, we spoke with five social care professionals who have regular contact with the home to obtain their views about the home.

We last inspected the home in November 2013 and found no concerns.

Requires improvement

Is the service safe?

Our findings

People told us they felt safe. One person said, "I feel safe it is not too big and it is like home from home." A family member told us their relative was, "Absolutely safe, there are always staff around, she won't use her frame, and they watch her all the time." Another family member told us their relative "Feels safe, security is very good."

Although people told us they felt safe, we found people's safety was compromised in some areas. The storage cupboard for cleaning chemicals was not locked as it had broken and this made it unsafe for people living at the home. This posed a risk as dangerous chemicals should be stored safely in line with the Control of Substances Hazardous to Health Regulations 2002 (COSHH). The hand washing sink for the laundry was stained. The registered manager had picked this up in their audit, and a new cupboard and sink was on order and would be fitted next week. The registered manager responded promptly to our concerns and moved the items to another locked cupboard and carried out a new risk assessment while waiting for the cupboard to be fixed.

The flooring in the bathrooms, were stained and worn. The handrail in the downstairs shower room was very rusty, which meant it could not be cleaned properly and created an infection risk. This put people at risk of infection. The registered manager was aware of the handrail in the downstairs shower room and the flooring in the bathrooms and that it was an area of improvement and they were due to be replaced.

Staff followed a daily cleaning schedule and most areas of the home were visibly clean. We spoke with three health professionals who told us that they all found the home to be clean. With one health professional telling us, "The home seems really clean I have even seen staff clean on top of wardrobes and hidden places." There were infection control care plans in place, risk assessments and hand hygiene audits. The registered manager also stayed late sometimes to carry out spot checks on cleaning. The kitchen was clean and had achieved a level 5 certificate in food hygiene from the Environmental Health.

People could not access the garden on their own and needed to be supervised. This was because the registered manager told us that certain areas of the garden were not safe and would cause a risk to the people living at the home if people went out unsupervised. This meant that people could not safely access fresh air and their independence was not promoted. No risk assessment was in place for the garden or plans to make it safe for people living at the home.

Assessments were undertaken to assess any risks to people living at the home and for the staff who supported them. This included environmental risks and any risks due to the health and support needs of the person. Some people needed assistance with personal care and information was provided to staff and how to support them with this, while promoting people's independence.

Safety checks were conducted regularly of electrical equipment. People had individualised evacuation plans in case of emergency. A fire risk assessment was in place and weekly checks of the fire alarm, fire doors and emergency lighting were carried out. Records showed that staff had received fire training. A health and safety checklist was carried out monthly which looked at the environment and peoples rooms. Staff were aware of the action to take in the event of a fire and fire safety equipment was maintained appropriately.

A visiting GP told us, "I have no concerns; people are safe and cared for'. A visiting social worker informed us, "I have no concerns of the home, or staff."

A safeguarding policy was available and care workers were required to read this and complete safeguarding training as part of their training as part of their induction. Staff were knowledgeable in recognising signs of potential abuse and the relevant reporting procedures. One staff member told us, "I would know what to do and my eyes and ears are open all the time in relation to safeguarding". Another staff member informed us they "would report it straight away to the registered manager or owner. If they weren't available I would report it direct to the local authority or CQC." The registered manager told us, "I make sure that staff have training on abuse yearly, and I give them questions about abuse after the training to check their understanding."

One person was not clear about how to identify and prevent abuse. We drew this to the attention of the registered manager who told us they would arrange additional training. Staff were aware of the provider's whistle blowing policy and how to access it.

People were supported to receive their medicines safely. One person told us, "They explain my medication to me as

Requires improvement

Is the service safe?

my sugar levels can go high and low and I act funny. The staff recognise that and do insulin tests for me." People were able to access their medicines in the way they liked it. For example, in the care plan for one person it said they liked to have their medicines on a spoon and we saw that this was offered to them this way. All medicines were stored securely and appropriate arrangements were in place for obtaining, recording, administering and disposing of prescribed medicines. Medication administration records (MAR) confirmed people had received their medicines as prescribed. Training records showed staff were suitably trained and had been assessed as competent to administer medicines. The registered manager carried out audits of MAR charts and medicines weekly. The audits were detailed and included a drugs balance check to verify all medicines were accounted for. Regular checks were made and recorded of the temperature of both the drugs refrigerator and the drugs trolley, to ensure that medicines were managed in accordance with current regulations and guidance.

There were sufficient staff to meet people's needs at all times and people were attended too quickly. One person told us, "The staff come almost immediately if I press my call bell." Staff told us they felt staffing levels were sufficient for the number of people and the registered manager helped out if they were short staffed. In case of sickness the provider used agency staff or asked staff to help out from their sister home. Staff meeting minutes showed that staff had expressed concerns about staffing levels at the weekend, so the cleaner had been given extra hours to help out at the weekend to help out over the lunch time. This meant that care staff were able to spend quality time with people over lunch time and the cleaner would help washing up and cleaning.

A health professional told us they felt there were enough staff to meet people's needs.

The registered manager followed recruitment processes that meant staff were checked for suitability before being employed at the home. This included an application form and interview, references and a check with the disclosure and barring service (DBS). Staff confirmed this process was followed before they started working at the home.

Requires improvement

Is the service effective?

Our findings

The environment was safe and some adaptations had been made to make it suitable for older people, such as a passenger lift. However, signage was limited and there was a lack of colour contrast in most areas of the home. This did not support people living with dementia to navigate their way around the home.

Some rooms were in need of redecoration, and furniture in some rooms was worn and not fit for purpose. Some wallpaper was coming off the wall in two bedrooms, and some carpets in some bedrooms needs replacing as they were badly stained and worn. The home had started work on replacing the flooring in people's bedrooms and some rooms had been changed for more hygienic non slip wooden floors

We recommend that the provider considers guidance issued by recognised national bodies about creating suitable environments that support people living with dementia.

People and their relatives spoke positively about the quality of the food. One person said, "The food is nice, if I don't like something they will get me something else." Another person told us, "The food is good; I don't have to cook it or wash up afterwards." A family member told us, "My relative enjoys the food here."

People were supported at mealtimes to access food and drink of their choice. Meals were planned on weekly menus and people could make a choice between two options for their meal. One staff member told us, "We ask people what they would like every day and have a choice of two food options. If they don't like these options we will offer other suggestions of food that we know they like." The staff were aware of people's nutritional needs, their food choices and likes and dislikes. These were included in people's care plans, together with any support required to assist them with their meals, and nutritional care plans were reviewed monthly.

People were supported effectively at mealtimes. Most people were able to eat independently, but when support was needed, such as to encourage to start eating, this was provided appropriately. Drinks were available throughout the day, and people were offered choices and snacks.

People were cared for by staff that were motivated to work to a high standard and were supported appropriately in their role. A family member said of their relative, "The staff are very aware of the person's routine, she gets a shower when she wants; I think they have the right skills, this is not just a job to them, they treat the residents like people." Training records showed staff had completed a wide range of training relevant to their roles and responsibilities. Staff were skilled and knowledgeable about how to care for people living with dementia.

Staff praised the range of training and all had completed an induction program. They were up to date with the provider's essential training, which was refreshed regularly. In addition, a high proportion of staff had completed or were undertaking vocational qualifications in health and social care. One staff member said of the training, "It makes you more aware of what you are doing, you think to yourself what would I want."

The registered manager told us that when she provided training for example moving and handling, and after class room training she would observe practice, to ensure they follow the correct techniques. The provider sent a yearly questionnaire to all staff and one of the comments made was, "I am very satisfied with training."

Staff were supported appropriately in their work. They had one to one-to-one sessions of supervision on a regular basis, a yearly appraisal and regular staff meetings. These provided opportunities for them to discuss their performance, development and training needs. One member of staff told us, "I have supervisions every six weeks and find them very supportive."

Staff had received training in the Mental Capacity Act, 2005 (MCA). The MCA provides a legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision should be made involving people who know the person well and other professionals, where relevant. Staff showed an understanding of the legislation in relation to people with mental health needs. Before providing care, they sought consent from people and gave them time to respond. People had signed their agreement to some aspects of their care plans. In other cases, people's verbal consent had been recorded. A staff member told us, "We had a person who couldn't say yes or no, so we would show them pictures and they would then point to the preferred

Requires improvement

Is the service effective?

option." Staff recognised that people could make some decisions but not others and supported them to make as many decisions as possible. Records showed people and their families had been involved in decision about resuscitation. However one record showed conflicting information about resuscitation. We spoke to the registered manager about this and they made sure the care plan was updated to contain the person's wishes.

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

People were supported by health professionals and staff knew how to access specialist services for people. A family member told us, "The staff always know when my relative is not well, they are very aware of her diabetic needs." Staff knew which professionals were visiting each day and arranged appointments for people when required. Records showed people were seen regularly by GPs, optician's, chiropodists and district nurses. We spoke to a visiting GP who told us, "I come here often, have no concerns people are safe and cared for. Staff will always phone us if they are concerned about any of the people." A district nurse told us "any problems or concerns with any of the people, skin tears for example staff will pick up the phone and call us straight away." A community chiropodist told us "I visit every eight weeks to provide foot care, the staff are very good, and will encourage people to have their feet done, and will be very helpful."

People's bedrooms were personalised with pictures and personal items. One person said "I would recommend this home it has a nice homely atmosphere. I am happy here, I have a nice comfortable bed, everywhere is clean and I don't have to do anything."

Good

Is the service caring?

Our findings

People were cared for with kindness and compassion. One person said of the staff, "The staff are lovely I never feel rushed." Another person told us "I need help but I never feel rushed. The staff are very kind and caring." A district nurse told us "All the staff are very caring and kind."

All the health professionals we spoke with said the staff were, "very welcoming" and "very caring". One person told us, "The people always seem happy, and I ask them, 'do you have any concerns' and they say 'no'. The people seem to really like the staff."

Feedback from a recent quality questionnaire send to relatives by the provider included. "Mum has only been here a few weeks but I am very pleased with all the care she gets here." Another comment said "Very friendly lovely atmosphere." Feedback from a recent quality questionnaire sent to health professionals included "I have always found the staff very helpful and accommodating, and have always found the treatment of people with dignity and respect." Another comment described staff as, "always very polite and welcoming, provide a high quality of care to people who can be challenging."

The registered manager told us they had appointed a member of staff to act as the service's dignity champion. A dignity champion should challenge poor care practice, act as a role model and educate and inform staff working with them. The dignity champion for the home told us, "From training it makes you more aware of what you are doing. I think to myself what would I want. If I saw a member of staff wasn't promoting dignity I would have a word with that person, if they done it again I would speak to the manager."

Staff told us that privacy and dignity was always adhered to "we ask permission before providing personal care and cover them up whilst washing to maintain dignity." "We tell the person what we are doing, ask their choice and close the door." "We ask people are you ready to get up, if not we will go away and come back."

We observed care and support being delivered in the communal areas and saw good interactions with people.

Staff were kind and compassionate; for example, they would bend down and make eye contact with people, stroke their arms or pat their hands while talking. The atmosphere was relaxed and friendly. People were supported in an unhurried way and staff kept them informed of what they were doing.

One person told us, "They treat me with dignity by closing my door." A family member told us, "If my relative needs any treatment or has a visit from the doctor she is taken back to her room and the door is closed. If something has to be done in the lounge they use a screen for privacy." Where people shared rooms, a screen was provided in the middle of the room to give people privacy when needed. People were assessed before sharing rooms, and are regularly asked in meetings if they are happy with their rooms.

We observed one staff member knocked on doors before entering the person's room and explained who they were. However we observed another staff member enter a room without knocking.

People were involved in assessing and planning the care and support they received. People's preferences, likes and dislikes were know, support was provided in accordance with people's wishes and staff used people's preferred names. Records showed people and their families had been involved in decisions about their care.

Staff told us they were able to communicate effectively by using visual prompts and touch where appropriate. People living with dementia were spoken with in a way that met their communication needs. Short, clear sentences were used and people were given time to process information and respond.

A health professional told us, "The staff seem to have a really good understanding of dementia needs and are very caring and understanding and want to do a lot for the person."

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

Good

Is the service responsive?

Our findings

People we spoke to with were happy with their care one person told us, "I never feel rushed, and I could have a shower every day if I wanted." People were involved in their care planning and their care plans were reviewed monthly. A community mental health nurse (CMHN) told us, "The care plans are very personalised they look at people as an individual and staff are very good at knowing people and will involve and encourage people. For example, they will encourage people to lay tables if they want to, very accepting."

Care plans provided comprehensive information about how people wished to receive care and support. However, people's past history could be explored more, to benefit people living with dementia. The registered manager showed us new documents they had started called 'about me' which would include more detail about people's life histories and would be a benefit to the people living at the home. This had already been completed for two people and was being rolled out for all other people of the service. Staff confirmed the care plans provided all the information they needed to care for people appropriately and enable them to meet people's needs effectively. The CMHN told us "I have never had any concerns and I feel this is because the home is very good at pre-assessments prior to accepting people into the home. The staff are very skilled at assessing people and I am very rarely called upon."

Records showed that any concerns about people's health and welfare were identified quickly and followed up promptly. Staff were aware of which health professionals were visiting on each day and staff had good relationships with them. A health professional told us, "People seem to settle in well, and concerns are raised with us. They manage people very well, and I have been very impressed with the way the home works with people and understands their needs."

Staff told us activities were held mostly in the afternoon with activities including playing music, bingo, painting nails, sketching and throwing a ball. If people didn't want to participate in activities staff told us they would talk to them on a one-to-one basis, while some people liked to go to their room or read a book. One staff member told us, "We ask them what they would like to do. They might just want to talk to us, or play bingo or watch a film."

We saw activities in people's care plan of what they like to do, and one person asked for some more colour pencils and these were provided for them.

One person living at the home had visits from a priest who visited once a week to provide communion, as this was very important to them.

People were actively encouraged to give their views and raise concerns or complaints. The registered manager told us, they have had no formal complaints in the last twelve months. They feel this is because we are always speaking to the people living here and asking them if they have any concerns. The provider took account of complaints and comments to improve the service. The registered manager described the process they would follow as detailed in their procedure.

One person told us, "A member of staff was rude to me, I complained and they did not do it again." Another person said, "Oh I have never had to complain, there is nothing to complain about. If I had a complaint I would tell the carer, the staff do listen to me. A third person told us, "I have never had to complain."

Resident's meetings were held every two to three months and were well attended. Minutes from a meeting in January 2015 showed that one person requested more corned beef hash on the menu and this was arranged for them. We also saw that one person wanted new curtains for their room. The person was then provided with a catalogue and asked to choose a colour and pick which ones they liked and these were provided. We also saw that one person wanted some pictures on the dining room wall above where they sat, and these had been put up. Meetings were also arranged with the families who said they were happy with the care provided and had no concerns.

Requires improvement

Is the service well-led?

Our findings

People and their families told us the home was well run. One person said of the registered manager, "The manager asks if I'm okay, she listens to everything." Another person told us, "The staff are well organised and receptive; the manager always asks if I am happy. I would recommend this home, it is well organised and I am quite content."

A family member told us, "Management are very friendly, if I ask a question they are very responsive."

The registered manager used a system of audits to monitor and assess the quality of the service provided. These included medicines, care plans, infection control, hand hygiene, health and safety, accidents and incidents. There were also monthly audits of people's rooms. This had identified that some rooms needed redecoration and that the floors in bathrooms needed replacing. There was no dates or actions to say when the work would be carried out. The home had no business plan or action plan to say when this work would be started or if it would be an area of improvement. When we spoke with a senior representative of the provider about this they told us they had implemented a new nurse call system and a new washing machine and tumble dryer. Fitted new flooring in two bedrooms. They said they, needed to change flooring in some rooms and bedrooms needed a "lick of paint". They added, "We identify and say what we are going to do rather than plan." Whilst audits were carried out, these did not follow up actions and ensure these were completed. The system was not always effective in driving improvements within the service.

There was an open and transparent culture within the home. Visitors were welcomed and there were very good working relationships with external professionals. A health professional told us, "The manager is very good at running the home." Another health professional said, "The manager is fantastic she is like gold dust."

A family member said of the management "they are open about everything. We have never had to complain. The manager often asks us if everything is okay."

Staff meetings were carried out monthly and minutes showed these had been used to reinforce the values, vision and purpose of the service. Concerns from staff were followed up and acted upon swiftly. Peoples care plans were discussed as well as staff rotas, infection control, health and safety and cleaning. Staff enjoyed these meetings and told us they felt listened to and supported. A staff member said "I brought up in a meeting about teamwork, as I was concerned a while back. So discussed with manager at meeting and she brought in new staff."

A staff member told us, "The manager is very supportive, I can go to her with anything, and it's a very open culture." Another staff member told us, "Very supportive manager, can call anytime, and I can make suggestions for improvement to my manager or the provider."

A annual quality survey was send to all staff for improvements to be made. One comment from a staff member stated "I am very satisfied with training" another comment said "I am getting full support from management very helpful when needed."

A senior representative of the provider told us "I encourage all staff to report any concerns or bad practice." The registered manager told us they felt supported by the provider and I can discuss things and they will listen.

The registered manager carried out quality surveys with people using the service, their relatives and health professionals. These were send out every three months and showed that people were happy living at St Catherine's Care Home. People were also asked if they were happy with the food and the time it was served. A comment from a health professional stated, "The manager is very helpful and knows the people well, her view is balanced." A comment from a visitor said, "A nice place to visit."

Health professionals told us, "Staff approachable and manager very calm. I am very pleased with the manager." Another health professional told us the manager was very good at running the home, never had any concerns raised by the relatives."

The registered manager was committed to continuous learning for herself and for care workers. She had ensured her own knowledge was kept up to date and was passionate about providing a quality service to people. Both the registered manager and a senior representative of the provider were updating their training by attending a diploma level five in health and social care. The registered manager told us that they were constantly researching information on the internet that would benefit people living at the home and support staff working at the home.

Requires improvement

Is the service well-led?

The registered manager was also a moving and handling trainer, and would observe practice, to make sure staff were competent in their roles and felt supported when providing care to people.

The registered manager also attended a number of forums with Southampton City Council, in order that good practice, ideas were shared and a high quality service provided. The registered manager provided on going observation of the staff and how they interact with people living at the home and also provided at comment book in the home for people to leave any comments to improve the service at the home.

There was a whistle blowing policy in place and staff were aware of. Whistle blowing is where a member of staff can report concerns to a senior manager in the organisation, or directly to external organisations. The provider had appropriate polices in place for all aspects of the service, which were reviewed yearly.