

Accomplish Group Limited

Cateswell Court

Inspection report

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16 September 2021

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Ratings

Overall rating for this service	Requires Improvement ●
Is the service safe?	Requires Improvement ●
Is the service well-led?	Requires Improvement ●

Summary of findings

Overall summary

About the service

Cateswell Court is a residential care home which can support up to eight people in one adapted building. The service specialised in supporting people with mental health needs. There were five people using the service at the time of this inspection.

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

There had been changes within the management team and the home had experienced an unsettled time. The provider had identified that improvements were needed. Progress had been made on their own improvement plan and some further embedding was needed. Some risks to people were not mitigated.

Staff understood their safeguarding responsibilities. There had been a number of staff changes in recent months. However, progress was being made on ensuring there was a stable staff team in place. There was enough staff on duty to support people. Staff were recruited safely.

People received their medicines as prescribed. Infection control policies and procedures were in place to keep people safe.

People were satisfied with the quality of care and support they received. People knew how to make a complaint if needed. The provider had a system in place to make sure incidents and complaints were investigated and people were informed of the outcome.

People and staff were supported to have their say about how the service could be improved. Regular checks and audits took place to monitor, review and improve the quality of the service.

Rating at last inspection

The last rating for this service was good (published 22 January 2019).

At this inspection we found improvements were needed to safe care and welfare.

Why we inspected

The inspection was prompted in part due to concerns received about a high turnover of staff, management changes and safeguarding concerns. A decision was made for us to inspect and examine those risks.

We undertook this focused inspection on 15 September 2021. This report covers our findings in relation to the key Questions, Safe and Well- led only. The ratings from the previous inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the

service can respond to COVID-19 and other infection outbreaks effectively.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We found that some risks to people were not always well managed.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our reinspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe.

Details are in our safe findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-Led findings below.

Cateswell Court

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by two inspectors on 15 September 2021 and one inspector returned on 16 September to complete the inspection.

Service and service type

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

The service had a manager registered with the Care Quality Commission. This meant that they, and the provider, are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

The inspection was unannounced on the first day.

What we did before inspection

We reviewed information we had received about the service. We sought feedback from the local authority. The provider was asked to complete a provider information return prior to this inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan

to make. This information helps support our inspections. We used all this information to plan our inspection.

During the inspection

We spoke with three support staff, a team leader, and the operations manager. We also spoke with all five people who were living at the service.

We reviewed a range of records. This included three people's care records. We looked at two staff files in relation to recruitment. We also looked at a variety of records relating to the management and quality assurance of the service.

After the inspection

We spoke with two relative's and three health care professionals and obtained more information from the registered manager and provider regarding care records and audits.



Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

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

Assessing risk, safety monitoring and management

- One person had a newly diagnosed health condition. Staff knew about the health needs and were supporting the person appropriately. However, a care plan regarding the change to guide staff on what they needed to do, had not been implemented.
- There were some potential risks and hazards in people's bedrooms. For example, items stored high and unsecured. Staff told us work was underway to reduce these risks. There was no individual bedroom risk assessment in place specific to the potential risks and hazards posed to an individual and measures in place to mitigate the risks.
- In one bedroom there was evidence that a person had smoked in the room. Including cigarette burn marks and a cigarette stub. The provider had a no smoking inside the home policy. Smoking in bedrooms places people at risk of harm and the providers systems had not identified these potential risks. The bedroom was unoccupied at the time of our inspection.
- There were hot pipes exposed under a wash hand basin in two bathrooms. The pipes had the potential to cause harm if touched intentionally or by accident.
- Care plans and risk assessments were in place to guide staff and help staff monitor people's assessed risks. However, some additional information and updating was needed to ensure staff had all the information they needed to guide them. For example, risks in relation to health care needs.
- There was an unlocked boiler room. This was locked immediately, and we were told by the provider there was no known risk to people.

We found no evidence that people had been harmed. However, risk's to people's health and welfare were not always mitigated. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider took prompt action on the concerns raised. Pipes were boxed in during the inspection, the boiler was locked immediately. Care records were updated. A risk assessment was updated and a new risk assessment was sent to CQC following the inspection.

- The provider had a positive approach to risk management and had supported people to progress and develop.
- Staff were knowledgeable about people's individual risks and had completed training to give them the skills to support people safely.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were somewhat assured that the provider was promoting safety through the layout and hygiene practices of the premises. The handrails on the stairs had become worn due to cleaning and needed repainting. The kitchen cupboards and work surfaces were worn and damaged in places so keeping these surfaces clean had been made difficult. The provider told us plans were in progress to repaint areas of the home and the kitchen had also been identified as needing replacing.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Systems and processes to safeguard people from the risk of abuse

- There had been some instances when people living at the home had disagreed with each other and people spoke openly about their experience of this. The provider told us any conflict issues would be dealt with and they shared with us their compatibility assessment. This considered any conflict issues between people living at the service. They told us this was kept under review and where appropriate any safeguarding concerns would be raised with the local authority safeguarding team.
- One person told us, "I feel very safe living here. If there is anything I am not happy about I will speak with the staff and they do listen to you."
- Staff were trained in how to identify abuse. They told us they would report concerns to a senior member of staff or the registered manager and were confident action would be taken. A staff member told us, "If I raised any concerns I am confident that I would be listened to and action taken."

Staffing and recruitment

- The service had experienced a high turnover of staff in recent months and some agency staff were supporting the rota. The provider told us recruitment was going well and they were starting to re-establish the staff team.
- Experienced staff told us they worked alongside newer staff members to support them in their role. We saw good, kind and caring interactions between people and staff. One person told us, "The staff are very nice, I get on well with them. We have had some new staff and they are good."
- A staffing level risk assessment was in place and staffing was maintained at the agreed level to support people safely. There was an option to increase staffing in specific circumstances, for example if specific increased support was required.
- The provider carried out checks on new staff before they were employed to work in the home. New staff were checked against records held by the Disclosure and Barring Service. This checked they had not been barred from working in a care service and did not have criminal convictions which had the potential to make them unsuitable to work in the home. The provider also requested references to confirm applicants' good character and conduct in previous employment in a care setting.

Using medicines safely

- Some recently prescribed medicines administered on an 'as required basis' did not have protocols in place. These were put in place at the time of our inspection.
- The providers system supported people where appropriate to manage their own medicines. However, the

self-administration process did not always record that related risks were considered as part of the process. The provider told us the risk assessment would be amended to address this.

- People received their medicines on time and in a safe way. Records were maintained to document the administration of medications.
- Staff had received medication training and checks of their competency to administer medicines safely had been completed.

Learning lessons when things go wrong

- The provider monitored and analysed accidents and incidents and showed that learning from these were shared with the staff team.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

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

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirement

- The provider had identified that improvements were needed at the service. Changes had been made at management level and the provider had put in additional resources to drive the improvements needed.
- There was an improvement plan in place, and we could see that significant progress had been made on addressing the required improvements. Time was needed to embed the improvements.
- Areas that required attention during our inspection were responded to quickly. Some care records required additional information to guide and inform staff about how to support people safely. For example, protocols for recently prescribed medicines were implemented and some care records updated.
- The providers system had identified some missing medication. However, the concern had not been escalated for further investigation. When we identified the error, the provider took immediate action and commenced an investigation.
- The providers system supported people where appropriate to manage their own medicines. However, the self-administration risk assessment process didn't assess that related risks had been considered in this process.
- Work to improve the environment and ensure it was safe was underway. Some furniture was being replaced, painting and decorating was taking place and further work and improvements were scheduled.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The service was welcoming, and we saw good interactions between people and staff.
- One person told us, "The staff are really good, they are very kind and they help me. They don't rush you they are here to support you."
- People were treated with respect and staff were professional.
- People were supported to take part in a range of activities in the home and in the local community based on their individual needs and interest. People's relatives were positive about the support their family member received. However, one relative told us they thought their family member could be supported to access more community-based activities.
- Staff told us they felt supported in their role. Staff views were sought. Regular meetings took place and minutes showed these meetings focused on ongoing developments and improvement of the service.

- Joint communal meetings and one to one meetings with people took place and discussions included meals and activities.
- Staff supported people in a person centred way. For example, we saw that people were supported to do activities specific to their individual interests.
- Health care professionals told us the home had experienced an unsettled time but things were now getting back on track. They spoke very positively about the staff and management team and how they worked effectively with them, to meet people's needs.

How the provider understands and acts on the duty of candor, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider was committed to providing good quality care for people.
- CQC had been notified as legally required of significant incidents which had happened in the home. One incident had been reported to safeguarding and closed but not reported to CQC. When this was identified a retrospective notification was sent.
- The provider had a system for investigating incidents and complaints and learning from these.

Working in partnership with others; Continuous Learning and Improving Care

- The service worked in partnership with other professionals and agencies, such as health care professionals and social workers. Healthcare professionals told us the provider was proactive and worked well with them.
- The provider had recently launched a quality team newsletter aimed at sharing learning across the organisation on lessons learnt from incidents, complaints, audits and CQC inspections.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Risk's to people's health and welfare were not always mitigated.