

Speciality Care (REIT Homes) Limited

Catchpole Court 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

About the service

Catchpole Court is a care and nursing home for up to 66 older people, some of whom are living with dementia. The home comprises of two units, Constable and Gainsborough, and is arranged over two floors. At the time of our inspection there were 45 people living at the service.

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

Risks related to the environment had been assessed. However, we identified risks of scalding to people from a lack of thermostatic valves fitted to showers. In response to our findings the provider took immediate action to rectify this.

People told us care was provided safely by staff who had been recruited and employed after appropriate safety checks had been completed. There were systems in place to safeguard people from the risk of abuse and staff knew how to respond and report concerns they may have.

We noted unclean touch points such as door handles and light switches as well as equipment. We recommended cleaning schedules include evidence of regular touch point cleaning and cleaning of equipment such as commodes.

Our observations during the inspection, were of positive and warm interactions between staff and people. There was a system in place to respond to complaints received. People were supported to make plans for the end of their life.

Staff had received training relevant to their roles. There were systems in place to minimise the risk of infection and to learn lessons from accidents and incidents. Medicines were administered by staff who had received training and their competency to do so assessed.

The registered manager had a good understanding of their responsibilities in relation to the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were supported to eat and drink enough to ensure they maintained a balanced diet. Referrals to other health professionals were made when required. However, we recommended clinical audits include regular bowel monitoring to ensure timely action in response to people at risk.

There were systems in place to assess the quality and safety of the service and improve outcomes for people. Incidents and accidents were analysed for trends and any lessons learned shared with the staff team.

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

Rating at last inspection (and update) The last rating for this service was require improvement (published 28 February 2020) where we identified a breach of regulation 18 in relation to staffing. The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

We undertook this inspection to check the provider had followed their action plan and to confirm they now met legal requirements.

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.

The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Catchpole Court on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection 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?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

Catchpole Court Care Home

Detailed findings

Background to this inspection

The inspection

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

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

This inspection was carried out by two Inspectors and one Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Catchpole Court is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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 means 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

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. 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 of this information to plan our inspection.

During the inspection

We spoke with eight people who used the service and eleven relatives about their experience of the care provided. We spoke with nine members of staff including the registered manager, deputy manager, care workers, the chef, activities coordinator and head housekeeper.

We reviewed a range of records. This included five people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

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 Requires Improvement. At this inspection this key question has now improved to Good. This meant people were safe and protected from avoidable harm.

At the previous inspection we found shortfalls in the number of staff available to meet people's needs. At this inspection we found improvements had been made and the provider was no longer in breach of Regulation 18 [staffing] of the Health and Social Care Act 2008 [Regulated Activities] Regulations 2014.

Staffing and recruitment

- We received mixed views from people about the availability of staff. One person told us, "They [staff] appear to be rushed at times and the bells at night keep going for a long time." Another person told us, "There does appear to be enough staff when I need them, they come fairly quickly." A relative told us, "With the pandemic and no visiting it has not been easy to judge if there is enough staff. I think it is satisfactory."
- Staff told us they were busy and had limited time to sit and chat with people but otherwise staffing levels allowed them to meet people's needs and keep them safe.
- Since the last inspection a revised dependency tool has been established to ensure the needs of people are reviewed and staff allocated accordingly. The registered manager told us dependency levels were regularly reviewed and recruitment of staff ongoing.
- Contingency arrangements were in place to cover events such as staff sickness if enough notice provided to ensure the service had enough staff to provide safe care. One member of staff told us, "The majority of time there is enough staff, it's when you get little notice of staff sickness it is not always possible to cover. We work well as a team and all pull together. There is a bank of staff who fill in the rota gaps as well as regular agency staff." Another said, "Things are better here with staffing, we are getting there."
- Throughout the inspection we saw there was enough staff to provide care and support to people.

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 admitting people safely to the service. Relatives told us they had been kept informed of procedures to follow to protect people from the risk of infection with signage, screening and PPE provided.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider had a system in place to ensure access to COVID-19 testing for people using the service and staff.
- We were assured that the provider had plans in place to ensure 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.

- We were only somewhat assured that the provider was promoting safety through the hygiene practices of the premises. Whilst the majority of areas were clean and fresh smelling, we noted unclean touch points such as door handles and light switches. We also observed equipment such as commodes contaminated with brown matter on legs and undersides.

- At the start of the COVID-19 pandemic domestic staffing hours had been increased to enable enhanced cleaning of the environment to be carried out. However, staff told us these hours had recently been cut back to previous pre-pandemic levels. We discussed this with the registered and regional managers who assured us given our findings, immediate action would be taken to reinstate the enhanced domestic staffing hours.

We recommend cleaning schedules include evidence of regular touch point and commode cleaning.

Assessing risk, safety monitoring and management

- Risks to people had been assessed and measures had been put in place to ensure people were safe. These assessments covered areas such as moving around the service, catheter care, pressure ulcers and risks of losing weight.

- The management team ensured that the service and the equipment used by people and staff were checked and serviced regularly. This included lifting and fire safety equipment. People had plans in place for evacuating the service in the event of an emergency.

- We noted not all risks identified had been addressed in a timely manner. Risks of scalding to people from a lack of thermostatic valves fitted to showers which would maintain a consistent safe water temperature had been identified, however, those showers continued to be in use. In response to our concerns the provider took immediate action to have thermostatic valves fitted to all showers where people had access.

Systems and processes to safeguard people from the risk of abuse

- Staff had received training in safeguarding procedures and knew how to report any concerns relating to people's welfare.

- There were systems and processes in place to protect people from the risk of abuse and minimise the risk harm. A safeguarding log of incidents showed the registered manager responded to allegations appropriately.

- The registered manager had worked alongside the local authority to investigate and address any safeguarding issues raised.

- Everyone we spoke told us they felt safe with all staff who supported them. Comments included, "They [staff] are all very good. There isn't any of them I wouldn't want to help me." And, "They [staff] are all nice and good with you. It's OK here, satisfactory."

Using medicines safely

- Staff received training in medicine administration and their competency assessed.

- Care plans highlighted any risks associated with medicines administration, provided guidance for staff as to how people chose to take their medicines and what support was required.

- People told us they received their medicines as prescribed and at the time they expected.

- Management audits were carried out on a regular basis with systems in place to respond to medicines management errors. Where we identified discrepancies in two items of medicines where the stock did not tally with records, this was addressed immediately.

Learning lessons when things go wrong

- There were systems in place to ensure accidents and incidents were investigated to identify the cause and actions needed evident with timescales.

- The registered manager had systems in place to learn lessons when things went wrong. It was evident

from discussions with staff and a review of staff meeting minutes when things went wrong, lessons were learned, and shared with staff to improve the service.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Care plans were comprehensive and personalised. People's needs and choices were clearly identified, and guidance provided for staff on how to support people.
- People's care and support was regularly reviewed to ensure they were providing the right care and support in line with best practice and guidance.
- Staff understood how to support people and care records demonstrated people were treated as individuals and their choices assessed and respected.

Staff support: induction, training, skills and experience

- Staff spoke positively about the training and support provided. Comments included, "I have been involved in care for years but with the training here I have learnt things I didn't know before. The training is very good." Another said, "The training is mostly online. You have to complete an assessment to prove you understand what you have learnt its very good".
- The home used a matrix to monitor staff training completion. We noted the overall completion rate was in excess of 90 percent.
- Supervision meetings and provision of annual appraisal completion was also monitored by the registered manager to ensure these had been completed in line with the provider's policy.

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

- People were supported to eat and drink. People's comments were positive. We observed a mealtime experience on both units. There was a relaxed and social atmosphere with positive interactions between staff and people. However, we observed one member of staff standing over a person they were supporting to eat their meal as opposed to seated opposite face to face, as is good practice. We discussed this with the registered manager who said they would remind all staff of the need to support people in a more dignified manner.
- Staff offered people choices of food and drink.
- Where people had been identified as being nutritionally at-risk, additional monitoring and checks were in place.

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

- There was some signage throughout the service to help people orientate themselves and locate certain rooms. On one unit a communal area had been refurbished to create a replica train station to aid reminiscence and a pub which staff told us people enjoyed.

- Gardens provided a relaxing and inviting space for people and their relatives to enjoy.
- On the dementia unit, plain and different colours were used for decoration to provide contrast and minimise colours blending into one. This helps to create a dementia friendly environment that can minimise stress, agitation and anxiety.

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

- People had access to a variety of health and social care related services, such as general practitioners, speech and language therapists, tissue viability nurses and dieticians. Information following appointments or assessments had been documented in care records.
- Staff told us they would report any concerns in relation to the person's health to the management team and gave examples of when they had sought emergency support.
- One person who needed specialist clinical treatment over a significant period of time told us, "They [staff] have been good at making sure I get the support I need and access appointments made on my behalf. They check up on me and are on it. They have been brilliant."
- We noted for one person at risk of constipation there was a gap of two weeks before action had been taken to seek medical help. Without timely bowel monitoring people are at risk of serious health complications.

We recommend clinical audits include regular bowel monitoring to ensure timely access for people to clinical support.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff had received training in MCA and DoLS and demonstrated their understanding of both.
- DoLS applications had been submitted timely, with logs used both on each unit and centrally, to monitor applications and their outcome.
- Care plans contained information about people's capacity to make decisions, with reference to the MCA. Where necessary best interest meetings and decision making processes were followed.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Care plans considered the person's cultural and spiritual needs and wishes. One person's care plan described how they were supported to receive communion from a local priest.
- Our observations were of positive and warm interactions between staff and people. Staff were observed engaging in different styles of communication with people.

Supporting people to express their views and be involved in making decisions about their care

- People told us they were able to express their views as to the care they received and were involved in their plan of care.
- Care plans described how people wished to have their care and treatment provided as well as what the person was able to undertake themselves and how the staff should support them to maintain their independence. People told us they were provided with choices as to how they wished their care to be delivered.
- One person said, "They [staff] do ask what I need help with, they don't just barge in, although some of the staff don't speak a lot of English and don't always understand me when I am trying to explain what I want."

Respecting and promoting people's privacy, dignity and independence

- Staff spoke with compassion when they described the people they cared for. Staff told us, "I love my job. I stumbled into this line of work and I love it. We are a great team who work well together and love what we do." Another said, "My mantra is always treat others as you would want to be treated yourself if you lived in a care home. It could be me one day. We do our best to make sure people don't let go of their independence."
- People confirmed that staff supported them to maintain their independence. One person said, "The majority of staff are helpful and kind. They know I try to do whatever I can without their help but when you get to my age you need some support and they provide what I need."
- We noted a number of people's rooms where continence equipment was on display, stored on floors and tops of wardrobes. We discussed this with the registered manager as this could impact on people's sense of dignity and privacy. The registered manager told us storage facilities throughout the service was a challenge, but they would address this immediately.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- An initial assessment of people's needs was undertaken, and specific areas of care were documented to provide staff with guidance in how to provide the care and treatment required.
- Care plans identified people's preferences as to how they wished their care to be delivered, what interests and activities they required support with.
- People's life histories and information as to what and who were important to them were documented.
- People and/or relatives had contributed to the initial assessment and review of care plans. Regular reviews took place to ensure care plans reflected people's current care needs.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People had communication care plans, which guided staff as to equipment needed such as hearing aids and spectacles with explanation as to how best to aid effective communication.
- Where people had impaired hearing, we observed staff using portable whiteboards to write on to aid communication.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People provided mixed feedback about activity provision, some were happy with what was offered, others felt more was needed.
- Recruitment for additional activity staff was ongoing, to enable the frequency of activities to increase across the service.
- We observed activity staff supporting people one to one providing nail care. We also saw preparations underway for a garden party scheduled for the following day.

Improving care quality in response to complaints or concerns

- People told us they had not needed to make a complaint but would speak to a staff member should they need to do so. One told us, "If I wanted to complain I would not hesitate to speak to the manager."
- The registered manager had a system in place to receive and respond to complaints. A review of complaints received showed these had been responded to in a timely manner with outcomes clearly

recorded with actions in response, if required identified.

End of life care and support

- Care plans contained advanced care plans, which were used to capture people's wishes for this stage of their life, providing they had chosen to discuss their wishes with the service.
- The service had received thank you messages from relatives in response to the care and support staff had provided to their loved ones at the end of life.

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 Requires Improvement. At this inspection this key question has now improved to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people;

- At our last inspection in 2019 there was no full-time manager in post which impacted on the management and oversight of the service. There was now a registered manager.
- Staff and relatives were positive about the registered manager. One member of staff told us, "The manager is very supportive, is hands on and we all work well as a team." Another said, "There is good communication with handover meetings, and we work well as a team together."
- There were clear and effective governance and accountability arrangements in place.
- The registered manager understood the importance of quality monitoring and how to use this information to drive improvement.
- There were systems in place to assess the quality and safety of the service and improve outcomes for people. Incidents and accidents were analysed for trends and any lessons learned shared with the staff team.

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

- The registered manager understood duty of candour and demonstrated awareness of their legal responsibilities. They knew when notifications were required to be sent to the Care Quality Commission [CQC] and how to make referrals in the event of a safeguarding concern.
- The provider had considered the impact of the pandemic on the service and had updated their policies to ensure compliance with government guidance.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- Due to the COVID-19 pandemic, relatives meetings within the home had not been possible. The registered manager told us they were in the process of setting these up again to encourage people to have opportunities to feedback on the quality of care provided.
- Surveys were circulated to people and their relatives, to gather their views as to the quality of care provided.
- We noted responses from the most recent survey and evidenced from our discussions with relatives, that communication needed to be improved.
- Relatives told us phone calls to the service were not always answered at weekends and details around

visiting was not always clear. In response to feedback received the registered manager installed an answer phone for when the office was not manned and planned to produce newsletters to improve communication.

- Regular staff supervision, appraisals and meetings were held which provided an opportunity for staff to receive information and give feedback.

Working in partnership with others

- The service worked effectively in partnership with others to improve outcomes for people. The registered manager and staff had good working relationships with other professionals.
- Partnership working included accessing support, advice and guidance from the Local Authority, GP surgeries, community nurses, dieticians and occupational therapists. This ensured people were referred appropriately to meet their health and welfare needs.