

Catherine House Limited

Catherine House Care Home

Inspection report

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Frome
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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?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Catherine House Care Home is located in the market town of Frome in North Somerset and is a detached building over 4 floors, with offices and storage on the ground floor and people receiving support on the first floor and second floor. At the time of the inspection, the third floor was undergoing a major refurbishment and was not being used. The service provides accommodation and nursing and personal care for up to 67 older, people, including people living with dementia. At the time of the inspection there were 51 older people living at the home.

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

People were not always protected from the risk of harm. The provider's systems to audit the quality of the service were not robust or sufficient to alert the provider of concerns and issues within the service. The provider had failed to consistently identify risks to people's safety and wellbeing.

People's personal records were not always stored securely. Staff had not understood their responsibilities for keeping personal information about people confidential.

After the first day of our visit one of the directors and the provider's quality team visited the home to support the registered manager and identify any further shortfalls and risks. They took action and were transparent in sharing their findings.

People did not always have a good mealtime experience. We have made a recommendation that the provider continue to review and implements best practice guidance relating to person-centred support around mealtimes and choice of food.

On the first day of the inspection there were not always sufficient, trained staff deployed to meet people's needs across the home. The provider reviewed the staff levels and increased the staff numbers by the second day of our visit.

Some aspects of medicines management were not always being managed safely. Action was taken to improve medicine management during the inspection.

Staff did not always use PPE effectively and safely; we found some areas of the premises were not clean with unpleasant odours. Improvements were made to the infection prevention and control measures in place at Catherine House following our feedback on the first day.

People were protected from the risk of abuse. Staff had received safeguarding training and were confident to raise concerns.

People had their needs assessed before they moved to Catherine House and had care plans personalised for their needs. Improvements were made to people's oral health care and personal care needs during the inspection. Staff identified people's information and communication needs by assessing them when they came to the home. Staff monitored people's on-going health conditions and made sure they had access to the local GP's and other healthcare services as needed.

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.

Improvements were made to ensure people's social needs were being met. End of life discussions were taking place and were being documented.

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

Rating at last inspection

This service was registered with us on 5 November 2021, and this is the first inspection.

The last rating for the service under the previous provider was good, published on 15 October 2020.

Why we inspected

This inspection was carried out as it is a newly registered service.

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.

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

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was not always caring.

Details are in our caring findings below.

Requires Improvement ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Catherine House 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 Health and Social Care Act 2008.

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 undertaken by three inspectors and an 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

Catherine House Care Home is a 'care home' with nursing care. People in care homes receive accommodation, personal and nursing care as a single package under one contractual agreement dependent on their registration with us. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since it was registered under the current provider. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 18 people and 5 of their relatives. We also spoke with 16 staff including the registered manager, the lead nurse, nursing and senior care staff, care staff, activity lead, housekeeping, the cook, administrator and the maintenance person.

We reviewed a range of records. This included 14 people's care records and a sample of medication records. We looked at a variety of records relating to the management of the service, including training records, recruitment, incident records, complaints, compliments, quality assurance processes and various policies and procedures.

During the inspection we had 2 video calls with the nominated individual and 2 of the directors to discuss our findings and the actions they were taking.

After the inspection the registered manager and the provider's senior management team sent us additional information about the service provided at Catherine House Care Home.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated 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

- People said they felt safe. Comments included, "Yes, (I am safe) they (staff), know the lifting process. They help me" and "Yes, (I am safe). This is my new home now. The staff are good to me. I have no worries".
- People did not always have detailed care plans and risk assessments in place and there was a risk they would not always be protected from harm. Not all pressure relieving mattresses were set according to people's weight in line with the manufacture's guidance. One person's mattress was set to twice their weight, which could cause harm. The registered manager said the person adjusted the dial and said they would look into the concern.
- Some risk assessments and care records were well developed and confirmed most risks to people had been identified. For example, where people had specific health conditions, such as diabetes, care plans and risk assessments were in place to manage these.
- Not all environment risk had been considered. Several bedrooms had free standing radiators which were not tethered, posing a potential hazard. The registered manager explained these were used as a temporary measure where people had requested additional warmth. On the second day of our visit these had been removed and staff were monitoring the temperatures in people's rooms.
- The kitchenette on the first floor, had signage stating, 'very hot water' and had cleaning products and electrical equipment easily accessible which posed a risk to people. There was no risk assessment in place to ensure people were safe. After our feedback the provider took action and completed a full risk assessment regarding the risks and took action to minimise risks to people.
- A sluice door, which should have been locked, was open. This area contained several chemicals harmful to health and posed a possible risk to people living at the service. Staff acted once brought to their attention.
- People did not always have access to call bells which meant they were unable to call for help when needed. We heard one person calling for staff, they told us, "I have to call but they walk past. If there is a good one on duty, they come in." The registered manager said people who were unable to use a call bell had regular checks. They said they would review call bells and ensure people who were able to use a call bell had access.

The provider had failed to assess, monitor and manage risks to service users' health and safety and provide safe care and treatment. This is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Preventing and controlling infection

- We were not assured that the provider was promoting safety through the layout and hygiene practices of the premises. People were not always assured of being protected by safe infection control practices. We

found areas of the premises that were not clean. For example, bedside tables, floors and en-suite facilities. The kitchenette on both floors were in a very poor state of repair, with the work surfaces being chipped and damaged. Areas of the laundry room were not clean and rubbish behind the machines also posed a fire risk. Improvements were seen in these areas on the second day of our visit.

- Bedrail covers were used to reduce the risk of entrapment. However, some covers were damaged with holes and small tears, meaning they could present an infection control risk as they were difficult to keep clean. These were replaced by the second day of our visit.
- A communal toilet on the first floor did not have a tap on the sink so there were no hand washing facilities although the toilet was in use. This meant people were unable to wash their hands and may not be fully protected from the spread of infection. A tap had been fitted by the second day of our visit.
- There were unpleasant odours in some bedrooms on the first day of our visit. A staff member told us, "The home is not very clean... We try and keep it clean but... we are always busy... I am not impressed with the standard of cleaning here." The registered manager told us they had arranged a cleaning company to undertake a deep clean.
- We were not assured that the provider was using PPE effectively and safely. There was an ample supply of PPE for staff to use and staff informed us they had received infection control training. However, staff were noted not to wear PPE throughout the first day of inspection, including when dealing with soiled linen or providing personal care. One member of staff told us, "It is our policy that we can wear PPE if we want to, but we don't have to." After our feedback the registered manager met with staff to remind them of good infection control practice.
- PPE trolleys were not clean and were stored in the first-floor bathrooms. One member of staff told us, the provider did not want them to take the trolleys around the unit. Another said, "Evolve policy is not to wear a uniform and they also don't want trollies in the corridor, so we now keep them in the bathroom." This meant PPE was not always easily available to for staff to access.
- We were somewhat assured that the provider was preventing visitors from catching and spreading infections. People and visitors gave us mixed feedback about the cleanliness of the home. Comments included, "They keep everything clean. I do see them cleaning, they vacuum round and that", "Masks are optional now, they don't need to, but some choose to wear them. I'd say they absolutely pay enough attention to cleanliness... they're almost neurotic about it" and "Today is the first day it doesn't smell of 'wee' in here, it's absolutely reeked every day. The cleaning leaves a bit to be desired."

The provider had failed to ensure infection control practices were safe. We found no evidence that people had been harmed however, this was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was responding effectively to risks and signs of infection.
- 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.

Visiting in care homes

- In line with current government guidance the home was open to visitors. There were no restrictions to movement around the home.
- Relatives confirmed they had been able to visit their relatives.

Using medicines safely

- Some aspects of medicines management were not always being managed safely. For example, we found

topically prescribed creams in people's rooms that were not prescribed for them. Action was taken to remove these once brought to staff's attention.

- One person had a protocol for 'when required' medicines were used. However, the Medicine Administration Record (MAR) detailed that they were no longer prescribed this medicine. The registered nurse said they would remove the protocol so that records were accurate.
- The storage of an oxygen cylinder in the treatment room was not safe as it was not secured and could cause injury if it fell. Medical equipment, such as suction machines, had not been serviced or PAT tested and the equipment on both units was dirty. PAT testing had been completed by the second day of the inspection, but the equipment remained dirty, including the attached tubing.

We found these issues placed people at risk of harm. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Other aspects of medicines management were satisfactory. The provider had a detailed policy for staff to refer to. The MAR showed people were receiving their medicines as prescribed.
- There were arrangements in place for the safe receipt, storage, and disposal of medicines.
- People who received their medicines hidden in food and drink, also known as covert administration, had been involved in the decision making where possible. Medicines prescribed to be given in this way had instructions from suitable healthcare professionals such as a pharmacist about how to safely administer them.
- A recent pharmacist advice visit from the supplying pharmacy showed satisfactory standards and had made some recommendations, which the registered manager and team were working to implement.

Staffing and recruitment

- There was not always sufficient, trained staff deployed to meet people's needs. The numbers of and the deployment of staff needed further review. Due to the high level of needs of people on the first floor there was a risk people were not always supported by staff who had time to be flexible or respond to changing needs. Staff were constantly busy, and task focused and did not have time to spend with people. On the first day of the inspection, we observed that for most of the shift the call bells were answered promptly. However, staff were assisting people with personal care tasks at lunchtime and staff were very busy during this period, which meant some people had to wait for assistance. This varied across the home with the second floor being more organised and a calmer atmosphere.
- Staff told us there was generally enough staff, unless there was short notice and unexpected absence. However, they said they were busy. Comments included, "We do manage but we want to give the best care, so we do need to be fully staffed. The manager will always try to get carers in to cover or use agency" and "It is busy as there are two people on one to one and most people are end of life, so we need two carers to support them...it is very busy."
- On the second day of our visit, the provider had increased the staff numbers on the first floor. Staff told us this had made things much better.
- They had also allocated an experienced member of staff to work with staff on the first floor to help support and guide staff regarding record keeping and supporting people.
- People gave us mixed feedback about how quickly staff responded to their call bells. Comments included, "I don't think that it is a problem (staffing), but I don't need much help" and "It can depend on the time of day and who is on duty, how quickly they come".
- During the first day of our visit, there was a lack of staff presence in communal areas to ensure people had the level of support they required. There was little social contact with staff and little stimulation and occupation for people to enjoy. Staff told us they had no time to provide social stimulation and emotional support. We raised this with the registered manager and on the second day of our inspection the staff levels

on the first floor had been increased and staff were in communal areas.

Systems and processes to safeguard people from the risk of abuse

- Staff confirmed they had received safeguarding training and felt confident to raise any concerns with the registered manager and they would be listened to. They were aware of some of the external organisations they could speak with should their concerns not be acted on.
- The registered manager told us they had been working closely with the local authority safeguarding team and were actioning their advice.

Learning lessons when things go wrong

- Accidents and incidents were managed appropriately. Records showed that appropriate actions were taken by staff following any accidents and advice was sought from other health professionals when needed.
- The registered manager and the providers senior management team reviewed accident and incident reports to ensure staff had taken appropriate action and to identify any themes or trends.

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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- People and visitors gave us mixed views about the quality of the food provided. On the first day of the inspection there was no menu for the main meal, and people told us there was no alternative choice apart from a vegetarian option. Some people said they didn't mind the lack of choice and others did. The homemade cakes and biscuits were highlighted as being very good. One person told us the food was sometimes cold.
- On the first day the lunchtime meal was not well-presented, and the dining experience would benefit from monitoring and improvement on the first floor. For example, there were no menu's so people did not know the meal choice, people sat together, did not have their meals at the same time, portions were all large and not specific to people's needs and the lunch period was chaotic and staff did not wear any form of PPE throughout the lunch period.
- On the second day of our visit there was a calmer atmosphere at lunchtime. Menus were on display and people were offered a choice. Staff showed people the two meal options so they could choose.
- We were not assured people received the support and encouragement they needed to maintain a healthy diet. One person's breakfast tray remained untouched on their table at lunchtime.
- Some people's diet and fluid records had not been fully completed to confirm what fluids and diet they had received.
- On the first day we did not see people receiving mid-morning drinks. One person told us, "The drinks trolley sometimes does not come around and today was one of those days...so no snack and I am fed up waiting for my dinner to come." Staff when asked did not know if a drink trolley had been around or was planned. The registered manager assured us that people had received their mid-morning drinks, but fluid charts did not support this. Improvements were seen in staff recording people's fluid and dietary needs and oversight management on the second day of our visit.
- Some people had meals served in their rooms and several remained in bed during mealtimes. One person was lying flat in bed as they said they were unable to sit up. However, they said they were uncomfortable, and it was a struggle to manage and enjoy meals in this way. Another person echoed this saying it was hard to manage meals in bed. As staff were busy, there was limited support for people and people were isolated when mealtimes should and could be a sociable part of the day. This was not consistent across the home. The registered manager told us on the second day that all staff were required to stop and help with supporting people with their lunch. We observed people on the second floor being supported safely with their meals. We observed staff assisting people to maintain a good sitting position; they used the correct cutlery and assisted at the person's pace.
- One person had very specific dietary needs in line with their faith. Staff ensured the person had

appropriate meals.

We recommend the provider reviews and implements best practice guidance relating to person-centred support around mealtimes and choice of food.

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

- People had their needs assessed before they moved to the Catherine House to ensure their needs could be met.
- Care plans were created on the providers electronic care system from the initial assessments. Staff told us the care plans gave them the information they needed.
- Care plans were personalised to each person which enabled staff to provide support to people which reflected their choices
- Care plans showed that good practice tools had been used when completing the assessments. For example, people's risk of developing pressure areas had been assessed using the Waterlow tool.
- Care records included oral healthcare assessments. These identified support people needed to maintain good oral hygiene and promoted independence by identifying what people could do for themselves. However, it was not always evident that staff were undertaking people's oral care needs as people's mouths were dry and toothbrushes had not been used. One relative told us, "There is individual care to their needs to an extent, but it's not perfection. I'd like teeth cleaning to be done, it often isn't." After the inspection the provider's management team put in place an action plan which included increased monitoring and staff recording of oral care being delivered.
- Staff had not always ensured people's personal care needs had been met. On the first day of the inspection, we saw that people looked unkempt. Peoples nail care was poor, their hair had not been brushed, people who required a shave had not received one and people's clothes looked creased and dishevelled. We saw improvements on the second day of our visit.
- A high number of people at the home were being cared for in their rooms, some remained in bed, and it was not always clear from some individual's records how this was determined. Some people were able to confirm this was their choice however, a relative remarked on the high number of people who remained in their room or in bed. The main concern was the possible social isolation of people. We discussed this with the registered manager and on the second day, people who were assessed as able had been supported to have periods of time out of bed.

Staff support: induction, training, skills and experience

- Staff received an induction when they first started to work at the home. The induction consisted of completing training and shadowing more experienced staff. The provider told us in the provider information return (PIR), 'Induction and 2-week supernumerary hours are provided during induction... The comprehensive induction programme focuses from basic care to safeguarding in a nutshell. International team members are being provided with a separate training programme.' This ensured staff had all the skills needed to provide safe care.
- The provider's training matrix showed that the majority of staff had completed the training the provider identified as mandatory. This included, fire safety, food safety, moving and handling, safeguarding adults, working in a person-centred way and Mental Capacity Act. We discussed that one member of staff had been working at the service since February 2023 and had not completed any of the online training. Although they had attended the provider's two-day face to face training and had a qualification in health and social care. Action was taken to ensure this staff member completed the required training.
- The registered manager told us the nurses at the home had undertaken training specific to their roles with the previous provider. We requested documentation to demonstrate this from the registered manager and providers senior management team, but it was not available.

- Staff on the whole were positive about the staff training they had received although some had felt the face-to-face training had not always felt relevant and always set at the right level. Comments included, "We have good training and go to Bristol (provider's main offices) for face-to-face training. I did pressure damage 2 months ago it was really informative it helps new staff to know what to look for" and "We train in Bristol every three months, training is good. We get regular supervisions. There are lots of different modules for training that we can do."
- Staff received regular supervisions and said they felt supported. Staff comments included, "Supervisions are done by head office. I do feel supported (registered manager) is really helpful she will do anything to help. She also pushes us to learn. She knows what she is talking about and will respond when we want her."

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

- People were supported to access healthcare. Relatives told us how staff were quick to react when they were not well. A relative told us, "Catherine House ensured that (person) was always seen promptly by a GP and given appropriate treatment."
- Records showed that healthcare advice and support had been sought for people when necessary. If needed staff were able to support people to their healthcare appointments such as hospital appointments.

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

- We looked at all parts of the premises, including people's bedrooms, communal areas, and bathrooms. We found areas of improvement were needed to enhance the environment, and some areas were tired and in need of redecoration. The registered manager confirmed the provider had a refurbishment plan in place.
- Storage was limited and impacted on accessibility to some areas. For example, hoists and wheelchairs etc were stored in two communal assisted bathrooms. This reduced the facilities available for use by people living at the service.
- There was a small courtyard area for people to enjoy some outside space, however, it needed attention. The raised beds were overgrown with weeds; some of the pathway was uneven, and there was lots of debris around including cigarette butts. Scaffolding had been erected at one end of the courtyard as work was being undertaken on the fourth floor. The maintenance person said there had been a leak from the roof and scaffolding was to be removed as work completed.
- A relative told us how important it was for their loved one to have access to outdoor space and fresh air, but the courtyard space was not attractive or safe. The registered manager explained there were plans to develop the courtyard space which was safe and accessible for people to use.
- On the second day of our visit a lot of work had been undertaken to improve the environment. The kitchenettes on the first and second floor had been refurbished and were no longer an infection control risk. Murals had been placed on the walls in the corridors along with items of interest.
- Some people's rooms were personalised but not all. Some rooms did not have any forms of identification such as names or memorabilia. The registered manager said this was an area they had been working on and they had ordered numerous items to improve people's rooms and make them more personalised.

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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- We found the service was working within the principles of the MCA. Staff had received training in the MCA and understood that people with the capacity had the right to make their own decisions.
- Mental capacity assessments had been completed where it was felt that people might lack capacity to make a specific decision, such as the use bed rails, use of sensor mats and sharing health information with professionals. When needed, best interest decisions had been made on their behalf in consultation with families, representatives and professionals.
- Where people may lack the capacity to live at the home the registered manager had submitted applications for them to be assessed under the Deprivation of liberty safeguards.

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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

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

- Some routines were not person centred. For example, several people remained in their bedroom or were cared for in bed, although it was unclear from records and speaking with people and staff, how this had been decided. On the second day of our visit, more people had been supported to spend time out of bed as able.
- We observed staff interacting in a kind and respectful way with people. However, staff were busy and did not always have time to sit and speak with people for a meaningful length of time.
- People's personal care was not always well attended to. Some people looked dishevelled and wore dirty clothes, stained with food debris. Some people's hands and fingernails were dirty, and they had not been supported with their oral care. We saw improvements on the second day.
- Some people did not have access to their call bells to alert staff to their needs. One person said they shouted at staff when they walked past if they required support.
- Staff worked to support people's care needs and their approach was friendly and kind. However, as staff were busy throughout the day, at times care appeared to be task orientated. This meant staff were continuously focused on their next duty and did not have quality time to spend with people and deliver individualised care and support. For example, one person needed support with their food supplement, and it was left on their table. They were also cold, and staff had not identified this. On the second day we were told the provider had increased the staff levels. Staff told us this had made a lot of difference and they had time to spend with people. The provider had also started monitoring the temperatures in people's rooms to ensure they were kept at a comfortable temperature.
- People's personal histories were not always in their care files. We looked at two files and noted they did not have personal histories. The registered manager said they were working on completing these.

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- A relative told us how staff had respected their loved one at the home. They had ensured doors were closed before giving care, used towels to preserve the person's dignity while providing care and encouraging people to do as much as possible for themselves.
- People's dignity was not always respected or promoted. Staff did not always knock before entering people's rooms. We observed some people struggling to eat their meals without assistance and staff did not offer support. On the first day of the inspection, we witnessed the lunchtime meal service. Staff had placed food protectors on people without asking if they were required or explaining why they might need them. Improvements were seen on the second day of our visit.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant people's needs were not always met.

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.

- The majority of people spent their time in their bedrooms, some were in bed. There was an activities coordinator in post, however, this one person was unable to meet the social needs of all the people living at the home. People spent prolonged periods of time without access to activity, occupation or social interaction. Care staff, were busy supporting people with their daily care needs so did not have the time or opportunity to spend with people for meaningful engagement.
- People told us there were very few activities at the home, although some told us they had gone into the town and in the providers minibus for outings, but these had been infrequent recently. Comments included, "They (staff) will take me out to town, or we go to a lunch club, which I really enjoy", "There's not much going on, the majority of people wouldn't be able to take part. TV is the main occupation. It'd be pleasant to go on trips again to local places", "I don't really know what goes on, I know they had some singers here once" and "A lady comes into chat."
- On the first day of our visit a pet therapy dog was being taken around to meet people. People enjoyed meeting the dog, one person told us, "I do love it when Milo comes (the therapy dog) and I'm able to have him on the bed with me, pat him and feel his fur. It's very therapeutic." However, there were no other activities taking place. We were told and saw photographs of a coronation celebration the weekend before our visit, which people had enjoyed.
- On the second day of our visit, improvements had been made and an activity program was being developed. Memorabilia and items of interest had been placed in the communal areas and in corridors for people to access as they chose. This was still very new to the staff, and they were being supported in how to use the items with people to stimulate interest and memories.
- People told us they had regular visits by local clergy and were able to have communion.
- People were supported to maintain relationships that were important to them, for example, with family members and friends.

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

- People's care plans were detailed and identified their needs and how the staff should support them. For example, there were detailed diabetic plans to guide staff. Staff were able to tell us about people's care needs and this matched the information in people's care plans. Staff told us they were kept up to date about people's needs. This included having a handover of any changes in people's needs when they came on shift.
- The provider's senior management team reviewed people's care records each day on the electronic care system. They produced a page of the day to remind and guide staff about checks and tasks which needed to be completed. Staff said they found the guide very helpful. One staff member told us, "We have 'page of the

day,' (Nominated individual)... will pick up on shortfalls and check we complete tasks we are asked to do or have missed."

- We discussed with the registered manager that it was not clear that tasks on the page of the day had been completed. For example, one person required a urine test after a fall in line with the provider's policy. This had been picked up in task for the day but had not been actioned or followed up. We were told this had been completed.
- We discussed with the registered manager that there was a bath list in use at the home, which is not personalised and did not demonstrate people being given a choice of when they would like a bath or shower. The registered manager assured us it was only a guide and people did have a choice. Staff told us, "They are trying to make it more person centred here."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Staff identified people's information and communication needs by assessing them when they came to the home. The provider told us in the provider information return (PIR), 'Communication with the family and the professionals helps to get a comprehensive view on resident's needs. Special individual needs are identified before admission and a care plan is developed post admission.'
- Care plans on the provider's electronic care system recorded people's abilities and needs and the support people needed. For example, one person did not speak English. Their plan identified they would need an interpreter to assist with communication. The registered manager explained they had several staff who were able to speak with the person and support their needs.
- Staff told us how they supported somebody who was unable to verbalise to communicate. They said "(Person) does not communicate so we have cards in her room to point things out."

Improving care quality in response to complaints or concerns

- The provider had a complaints policy in place which set out how to complain and the action they would take to investigate the concern and respond to the complainant.
- Records showed the registered manager had investigated complaints in line with the provider's policy and responded to the complainants.
- People and relatives said they would be happy to raise a complaint if needed. Comments included, "I am happy to be here...I have no complaints. Not sure about complaints process but would speak with one of the staff", "They are all ok. They behave and do as I ask, they do anything for me. I have no cause to complain" and "Not had to make one but would speak to my family, I could speak with (registered manager) too."

End of life care and support

- At the time of our inspection, three people living at the service were receiving end of life care. Only one had an end-of-life care plan which provided details of their preferred care and wishes. The registered manager said they would ensure these were completed.
- We received feedback from a family who had lost a loved one at the home. They told us about the person's time at the home and the way staff supported the person and them. Their comments included, "Thanks to the superb care received, (person) changed to being healthier, happier, responsive and more talkative...The staff all took the trouble to know and understand (person)... They never rushed (person) and looked after (person) in a way that might have been slower for them, but which was more reassuring for (person). We, his

family, always received phone calls to keep us updated about any changes in (person's) condition. We never had any safety concerns and knew that (person) was being cared for with dignity and respect."

- Treatment Escalation Plans (TEP) were in place, which recorded important decisions about how individuals wanted to be treated if their health deteriorated. This meant people's preferences were known in advance, so they were not subjected to unwanted interventions or admission to hospital at the end of their life, unless this was their choice.

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.

This is the first inspection for this newly registered service. This key question has been rated 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 requirements

- The provider's systems to audit the quality of the service were not robust or sufficient to alert the provider of concerns and issues within the service. The registered manager and staff completed audits required by the provider. These audits were then reviewed by the provider's quality team. However, these audits had not always identified shortfalls in practices in relation to risks, medicines management and infection control. Therefore, actions had not been taken to address concerns.
- People's personal records were not always stored securely. Staff had not understood their responsibilities for keeping personal information about people confidential. The designated archive room where people's archive care records were stored was unlocked and easily accessible to people who do not require access. The nurse's office on the second floor which had people's personal information was not locked and information was easily accessible. We found one person's care records on the side in the main lounge on the first floor. We discussed this with the registered manager, who took immediate action to remove the records, lock the archive room and arranged to have keypads for the office. They told us on the second day that they were working with staff around the need to keep people's information private.

Systems and processes had not been operated to ensure robust governance and oversight of the service. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider and registered manager responded promptly to our feedback during and after the inspection. After the first day of our visit one of the directors and the provider's quality team visited the home to support the registered manager and identify any further shortfalls and risks. They took action and were transparent in sharing their findings. On the second day we saw improvements and the registered manager was very excited about the changes and told us about further changes which were planned.
- The registered manager had taken action to comply with the regulatory requirements. They had notified us about events which happened in the home. This allowed us to monitor the home for any concerns.
- In May 2023 the service was inspected by an environmental health officer to assess food hygiene and safety. The service scored the highest rating of five, which confirmed good standards and record keeping in relation to food hygiene had been maintained.

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

- People living at the home and relatives told us that the registered manager and staff were kind and approachable. Comments included, "(Registered manager) is a really lovely person; we get on well. She is the sort of person you can talk to." However, one relative told us they did not know who to speak with regarding how their loved one had settled in at the home. We fed this back to the registered manager. On the second day they told us they had contacted all the relatives of new people at the home to discuss with them how they were settling in and answer any questions.
- We observed that the registered manager knew people well, people stopped and chatted with them and staff confirmed the registered manager provided support to people when required.
- Staff were positive about the registered manager and felt that they had the skills needed to manage the home. Staff comments included, "The (registered) manager is being very supportive" and "It is very good leadership here, if you are poorly or not feeling well the (registered) manager will do hands on, she is very supportive."
- The registered manager told us how they had been building the team at Catherine House and giving them confidence in their roles.
- People and relatives had been given opportunities to provide feedback about the service. The registered manager was very active within the service and met with people regularly. We also saw records where they had telephoned relatives to ask their views.
- Staff attended regular meetings and a handover meeting at the beginning of their shift to share information about people. They had regular supervisions where they could discuss their development opportunities and any concerns.
- People and visitors told us they were not always sure who staff were as they did not wear uniforms or name badges. We discussed this with the registered manager. On the second day of our visit a staff photo board had been put in place with staff photographs and their job role to guide people.

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 provider understood their duty of candour responsibilities. The registered manager had been open and honest with people and relatives about incidents which happened in the home. They had ensured that relatives were kept up to date with any concerns about people's care needs.
- The registered manager reviewed all accidents and incidents and ensured people and their relatives were informed.

Continuous learning and improving care; Working in partnership with others

- The registered manager was working collaboratively with health and social care professionals to ensure people received care which met their needs. For example, they were in discussions with the local GP surgery and pharmacy providing medicines to the home.

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
Treatment of disease, disorder or injury	The provider had failed to ensure that people's care and treatment was always provided in a safe way

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	Systems and processes had not been operated to ensure robust governance and oversight of the service.