

GCH (St Katharine's) Limited

# St Katharine's House

## Inspection report

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## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

### About the service

St Katharines House is a residential care home providing personal and nursing care to up to 76 people. The service provides support to older people across 3 wings, some of who lived with dementia. At the time of our inspection there were 61 people using the service.

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

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. Staff understood when the principles of the Mental Capacity Act should be applied. However, we found recording of mental capacity assessments could be improved.

We have made a recommendation about recording in line with the principles of the MCA.

People told us they felt safe living at St Katharines. Staff knew how to identify and report any concerns. The provider continued to recruit staff and had safe recruitment and selection processes in place.

Risks to people's safety and well-being were managed through a risk management process. There were sufficient staff deployed to meet people's needs. Medicines were managed safely, and people received their medicines as prescribed.

People received personalised care, tailored to their individual needs and preferences, and staff supported people and their relatives to be involved with decisions relating to their care. People were supported to take part in a variety of activities and hobbies both internal and external. People's communication needs were known and met by staff who knew people well. People, their relatives and staff were asked for their opinions of the service and action was taken to make improvements. Complaints were recorded and investigated.

The home was well-led by a registered manager who was committed to improving people's quality of life. They, and the provider had made significant improvements and had further plans to continuously improve people's care. There was a clear management structure in place and staff worked well as a team. The provider had clear oversight of the service and effective quality assurance systems in place that they used to monitor the quality and safety of the service. Staff worked well with external social and health care professionals.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection and update

The last rating for this service was requires improvement (Published 18 July 2019)

### Why we inspected

This inspection was prompted by a review of the information we held about this 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.

We carried out an unannounced comprehensive inspection of this service on 30 May 2019.

We undertook this focused inspection to check the provider had made improvements. This report only covers our findings in relation to the Key Questions Safe, Responsive and Well-led. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. 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 St Katharines House on our website at [www.cqc.org.uk](http://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 safe.

Details are in our safe 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** ●

# St Katharine's House

## 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

The inspection team consisted of 4 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

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

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

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. 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 (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. This information helps support our inspections. We reviewed the provider's last inspection report. We looked at notifications received from the provider. A notification is information about important events which the provider is required to tell us about by law. This ensured we were addressing any areas of concern. We used all this information to plan our inspection.

### During the inspection

We spoke with 6 people who used the service and 7 relatives. Some people living in the home could not verbally give us feedback. As such we looked around the home and observed the way staff interacted with people. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We received feedback from 2 healthcare professionals. We looked at 12 people's care records and 9 medicine administration records (MAR). We spoke with the regional manager, registered manager, deputy manager and 11 members of staff including carers, the chef, kitchen staff, domestic staff, maintenance person and activities coordinator.

We reviewed a range of records relating to people's care and the way the service was managed. These included staff training records, 5 staff recruitment files, quality assurance audits, incidents and accidents reports, complaints records, and records relating to the management of the service.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe from abuse living at St Katharines House. They made references to good numbers of staff and the environment which made them feel safe. Relatives equally felt their loved ones were safe and commented, "Yes, I believe that St Katharine's is a safe environment. Residents [people] are checked on frequently and there is always someone around if help is needed. Exits from the building are always secure and corridors, open areas and residents' rooms are always kept clear of clutter to avoid trips and falls."
- People were supported by staff that knew how to raise safeguarding concerns. One member of staff said, "I can report any concerns to the nurse, manager or safeguarding." Records showed staff had received regular safeguarding training and updates.
- The provider had a safeguarding policy in place which staff followed. Where concerns had been identified, the registered manager had raised these issues with the local authority safeguarding team and worked to help resolve the issues.

Assessing risk, safety monitoring and management

- Staff regularly assessed risks associated with people's care and well-being and took appropriate action to ensure these risks were managed and that people were safe. The provider had recently introduced an electronic recording system which staff were still getting used to.
- People's risk assessments included areas such as weight loss, falls, skin integrity and choking. Where people had been assessed as requiring regular checks, records seen indicated that these had been completed.
- People felt safe and acknowledged that the team was meticulous in preventing infections and noted that extra regulations had been introduced to augment existing procedures. During the inspection we saw staff constantly cleaning and they followed good hygiene practice and used PPE correctly.
- People's environmental safety was maintained through the maintenance and monitoring of systems and equipment.

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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is

usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.
- However, we found some of the recording of mental capacity assessments on the dementia unit could be improved to ensure they were decision specific. There was lack of consistency in recording and we found 2 people had one assessment completed covering various decisions.

We recommend the provider consider the principles of the MCA when completing mental capacity assessments and take action to update their practice accordingly.

#### Staffing and recruitment

- People told us staff were available but busy. They said, "Lots of staff but depends on time of day" and "Staff are ok, they chat a bit but busy."
- We received mixed feedback from relatives who told us there were times staff rushed around and there had been high use of agency staff, which was now improving. Relatives said, "Mom has never said to me that she has had to wait for a significant period of time. Sometimes when I visit there is a short wait to meet mom's immediate needs" and "The staff are lovely, but I feel there are not enough, sometimes I come and there are staff in the lounge but sometimes no-one around. They are busy doing care, have less time to chat and they are doing their best."
- Staff told us planned staffing levels were often met and they used agency staff to cover unplanned absences. Comments included, "Staffing levels are getting better, we hardly use agency staff. We have a lot of new staff going through induction", "We hardly use agency staff but could do with more staff on the nursing unit as it's a lot of double handed" and "We need more staff in the morning and during lunch, its heavy."
- On the day of the inspection we saw planned staffing levels were met and staff were continuously busy. However, we saw staff deployment could be improved on the nursing unit during busy periods. The registered manager told us they had a high number of new staff who were still undergoing induction period.
- Following the inspection, the registered manager told us they had introduced initiatives such as 'tools down' protected mealtimes, supernumerary hours for coaching staff and changed handover times for staff to earlier. This had had a positive impact and the registered manager assured us that staff deployment had been improved.

#### Using medicines safely

- People received their medicines as prescribed and the service had safe medicine storage systems in place. We observed staff administering medicines to people in line with their prescriptions. There was accurate recording of the administration of medicines.
- Staff met good practice standards described in relevant national guidance, including in relation to non-prescribed medicines. Staff had been trained in administering medicines and their competence regularly checked.
- The provider had a medicine policy in place which guided staff on how to administer and manage medicines 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 supporting people living at the service to minimise the spread of



infection.

- 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 responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- 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.
- On the day of the inspection we found the home had a Covid 19 outbreak on the residential unit. We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed. The provider had effective infection control practices to contain the outbreak.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance. People and relatives told us visits were facilitated and encouraged. We evidenced that St Katharines House had taken many steps throughout the pandemic to ensure that people and visitors were kept safe during visiting, with outdoor garden meetings taking place in good weather

Learning lessons when things go wrong

- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses; they were fully supported when they did so.
- The registered manager ensured they reflected on where things could have been improved and used this as an opportunity to improve the service for people and staff. For example, where people had fallen as a result of other health issues such as urine infections. Staff had received further training in signs and symptoms to look out for at an earlier stage to prevent falls.
- Discussions with staff showed there had been learning following shortfalls. Records of staff meetings also highlighted where learning and change had been implemented.

# Is the service responsive?

## Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed 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

- People received personalised care and support specific to their needs, preferences and routines. Care plans reflected people's individual needs with clear guidance for staff to follow to ensure person centred care. Staff were still getting used to the provider's new electronic records system.
- Staff knew people very well, had a good understanding of their individual needs and made sure those needs were met. People's care plans were regularly updated to reflect people's changing needs.
- The management team ensured people's needs and any changes were communicated effectively amongst the staff. Information was shared between staff through daily handovers and update meetings. This ensured important information was acted upon where necessary and recorded to ensure monitoring of people's progress.

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.

- The provider complied with the Accessible Information Standard by identifying, recording, flagging, sharing and meeting the information and communication needs of people with a disability or sensory loss.
- People had communication needs assessments completed as part of the care planning process. For example, some care plans guided staff to anticipate needs, observe facial expressions and listen to sounds such as groans which could indicate pain.
- Information was accessible to people in different formats such as audio, pictorial, large print as well as in different languages.

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 had access to activities led by an enthusiastic activities coordinator which included walks and strolls outside in good weather and a sensory garden. People also enjoyed pet therapy, exercise classes, arts and crafts as well as fun games. People who were unable to join in group activities had access to one to one interaction in their rooms.
- People told us they were involved with the activities and said, "We go in the garden when it is nice" and "I join in whenever I can, I like the pet dog."

- Relatives told us people had access to activities. They said, "There is wide range of stimulating activities for the residents and the activities coordinator is a very friendly and fun lady, and it is obvious that the residents get lots of enjoyment from the things that they do, ranging from musical bingo to cream teas and craft activities" and "I think that the activities coordinators are fantastic. They certainly do inject fun into the home and residents respond positively to their interactions."

#### Improving care quality in response to complaints or concerns

- People knew how to give feedback about their experiences of care and support and could do so in a range of accessible ways, including how to raise any concerns or issues. The provider had systems in place to manage complaints. Since the last inspection, the provider had received two formal complaints which had been investigated and addressed in line with their policy.
- People and their relatives told us they knew how to make a complaint. One relative told us, "If I had any concerns, I feel confident that I could raise them with [Registered manager] or with one of the senior carers. I did have cause to complain when my mum told me that she was being got out of bed too early, on one occasion before 6 o'clock in the morning. My husband spoke to [Registered manager] about this, and it has been put right." There were many compliments received regarding care nature of staff and communication

#### End of life care and support

- People were supported to make decisions about their preferences for end of life care. This included funeral arrangements and preferences relating to support. The staff ensured these preferences took account of people's cultural and spiritual needs.
- The registered manager informed us one person was receiving end of life support at the time of our inspection. The team often worked closely with other professionals to ensure people a had dignified and pain free death.
- We saw many compliments regarding compassionate end of life care support for people and their relatives.

# 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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People and relatives felt the home was well managed. Relatives said, "St Katharine's house is well run and managed, for example, it is obvious from comments that the staff make that they work as a team and are well trained and very importantly, highly motivated to do their best. The manager is easy to get hold of if you need to talk to her and she seems hands on and very caring" and "I believe St Katharines is run very well. There is a feeling of calm confidence throughout the home and all staff are focused on their roles."
- The service had a positive culture that was person-centred, open and inclusive. People, relatives and staff acknowledged the provider's openness regarding challenges the home had faced. One relative commented, "I visited the home before deciding it was suitable for mom. The manager was very open about issues, such as the previous CQC report and things such as the use of agency staff, et cetera. I thought that this was very positive, and no attempt was made to avoid the issues. Openness of this kind is essential with the service and bodes well for the management and leadership of St Katharine's."
- Staff were complimentary of the support from the management team. They said, "We have a good team and we help each other. The deputy and manager are hands-on and not afraid to chip in when needed" and "The manager is very nice, approachable. They teach me a lot (the registered manager and the provider)."
- Healthcare professionals were equally complimentary of the management of the home. One healthcare professional told us, "This is one of my preferred care homes in the Wantage area. The manager has a very high standard, and I am impressed with the infection control."

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 met their responsibilities in relation to duty of candour. Duty of candour requires that providers are open and transparent with people who use services and other people acting lawfully on their behalf in relation to care and treatment.
- Services that provide health and social care to people are required to inform the Care Quality Commission (CQC), of important events that happen in the service. The registered manager was aware of their responsibilities and had systems in place to report appropriately to CQC about reportable events.
- The registered manager promoted a culture that was open and transparent in everything the service did. They recognised the importance of learning when things went wrong and sharing that learning with others.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The registered manager had been in post since just before the last inspection. They were supported by a knowledgeable deputy manager as well as a regional manager. There was a clear management and staffing structure and staff were aware of their roles and responsibilities, were motivated, and had confidence in the management team. They had made significant changes which had resulted in people's improved outcomes.
- There was significant emphasis on continuously improving the service. The staff team assessed the quality and safety of the service through audits. This provided effective oversight of what was happening in the service. Audits included all aspects of care including health and safety checks, safe management of medicines and people's care records.
- The management team and staff considered information about the service's performance and how it could be used to make improvements. Records showed there were discussions around how to improve people's care following audits and surveys as well as comments from meetings.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and relatives had had opportunities to raise any comments via an open-door policy at any time, through a suggestion box, surveys as well as meetings. The information gathered was used to improve the service. For example, people fed back there was lack of communication. The registered manager introduced weekly routine family calls, newsletters and more meetings. Relatives told us communication had improved.
- Staff told us they felt listened to, valued and able to contribute to the improvement of care. Records showed staff were constantly praised for their hard work and commitment. During the inspection we observed effective team working. The atmosphere was very pleasant.

Working in partnership with others

- St Katharines House was transparent and collaborative with all relevant external stakeholders and agencies. It worked in partnership with key organisations such as healthcare professionals to support care provision, service development and joined-up care.
- Records showed the provider also worked closely in partnership with the safeguarding team and multidisciplinary teams to support safe care provision. Advice was sought, and referrals were made in a timely manner which allowed continuity of care. One healthcare professional told us, "The senior carers are aware to contact district nurses for leg ulcer care when these unfortunately develop and are aware of the care home support service and community dietitians' referral pathways."