Catherine Care Limited

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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

The service was registered to provide accomodation for up to five adults with a learning disability. At the time of our inspection four people were using the service. The service was also registered to provide personal care in people's homes, at the time of the inspection one person was receiving this service.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us they felt safe at the service and staff knew how to recognised and report any concerns. Staff told us they had received training and an induction that had helped them to understand and support people better. The provider was implementing the care certificate as part of people's inductions. We found risks to people were managed in a way to keep people safe. There were enough staff to support people and they worked flexibly to meet people's needs. People received their medicines safely and they were stored so people were protected from the risks associated with them. At mealtimes there were choices for people and they told us they enjoyed the food.

The principles of the Mental Capacity Act 2005 were followed. There were capacity assessments and best interest decisions in place for people who needed them. The provider had considered if people were being restricted unlawfully.

Staff had developed positive relationships with people and they knew about their life and daily choices. People were encouraged to be independent and their privacy and dignity was respected. People made choices about their day and had support from advocates when needed. When people needed support from professionals referrals were made and the actions were implemented within the service.

Checks were completed by the provider and the service to bring about improvements. Staff felt they were listened to and were given the opportunity to raise concerns. We found there was a complaints procedure in place and people and relatives knew how to complain.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.
People told us they felt safe and staff knew how to recognise and report potential abuse. Risks were managed in a way to keep people safe. There were enough staff available to meet people's needs. Medicines were managed in a way to protect people from the risks associated with them.

Is the service effective?

Good

The service was effective.

The principles of the Mental Capacity Act 2005 were followed. When needed, mental capacity assessments were completed and decisions made in people's best interests. Staff received training and an induction that helped them to support people. People could access sufficient food and drinks. Referrals were made to health professionals when needed.

Is the service caring?

Good

The service was caring.
People were happy with the staff that supported them. People were encouraged to be independent and make choices about their day. They were supported to maintain relationships with people who were important to them.

Is the service responsive?

Good

The service was responsive.
People participated in activities they enjoyed outside the home. People were involved with planning and reviewing their care and relatives were updated. Staff knew about people's preferences and there were systems in place to manage complaints.

Is the service well-led?

Good

The service was well led.
Quality checks were in place to bring about changes to the service. The provider sought the opinion of people and relatives to being about improvements. There was a whistleblowing procedure in place and staff felt confident concerns would be dealt with.

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Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on the 1 June 2016 and was unannounced. The inspection was carried out by one inspector. We checked the information we held about the service and the provider. This included notifications the provider had sent to us about significant events at the service and information we had received from the public.

On this occasion we did not ask the provider to send us a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. However we offered the provider the opportunity to share information they felt relevant with us.

We spoke with two people who used the service, two relative and two members of care staff. Staff we spoke with also provided support to the person who was living in their own home. We also spoke with the registered manager, the home manager and the director of quality and performance. We did this to gain people's views about the care and to check that standards of care were being met.

We looked at the care records for three people. We checked that the care they received matched the information in their records. We also looked at records relating to the management of the service, including quality checks and staff files.

Good

Is the service safe?

Our findings

People told us they felt safe. One person said, "I'm not worried". A relative told us, "I know [person] is very safe there, they have never come to any harm". We saw when people needed specialist equipment to keep them safe it was provided for them. For example, one person had a monitor which was used through the night. Staff told us this was used so they could hear if the person needed support. The staff member said, "This way we don't have to keep going into the room and waking [person] but we know they are safe". This demonstrated people were supported in a way to keep them safe.

People told us and we saw there were enough staff to care for them. One person said, "The staff are always here". A relative of the person who was supported in their own home told us, "There's no problem with staffing, there is a great skill mix that really gel together well". People received one to one and two to one support flexibly throughout the day so they could participate in activities they chose.

People told us and we saw medicines were managed in a safe way. One person said, "My tablets are locked in there". We saw staff administer medicines to people individually. Time was taken to explain what the medicines were for. Our observations and records confirmed there were effective systems in place to store, administer and record medicines to ensure people were protected from the risks associated with them.

Staff we spoke with knew about people's individual risks and the actions they would take to keep people safe. For example, staff told us how one person had a health condition they needed support with. They told us how they managed the person's health to ensure they were safe. We looked at the person's records and saw when risks had been identified the care plan showed how the risks could be reduced. We saw records and staff told us they had specific training around medicines for this person to ensure they were safe. This demonstrated staff had the information available to manage risks to people in a safe way.

Staff knew how to recognise and report potential abuse or any concerns they had. One member of staff told us, "It's making sure people are safe in all aspects of their daily life". Another staff member said, "I would report any concerns to the manager or provider if needed, I know they would act. If I needed to I would report to CQC". We saw there were procedures in place to report any concerns to the local authority whenever necessary. .

We saw plans were in place to respond to emergency situations. Staff we spoke with were aware of people's emergency plans and the level of support they would need to evacuate the home in an emergency such as a fire. . The information recorded was individual and specific to people's needs.

We spoke with staff about the recruitment process. One member of staff told us, "I had to wait for my reference and DBS before I could start, it was pretty quick but I still had to wait till I could start here". The Disclosure and Barring Service (DBS) is the national agency that keeps records of criminal convictions. We looked at two staff recruitment files and we saw pre-employment checks were completed before staff were able to start working in the home. This demonstrated there were recruitment checks in place to ensure staff were suitable to work within the home.

Good

Is the service effective?

Our findings

People told us they were offered choices and enjoyed the food. One person said, "I'm having fish fingers for lunch. I can pick". Staff told us and we saw people accessed the kitchen to choose their meal. A member of staff explained that everyone had something different. They said, "People might choose a sandwich or a salad anything they like really". There were picture cards displayed on the kitchen cupboards so people could understand what was available. We observed people go into the kitchen at lunch time and make a meal of their choice. People were able to make drinks independently and during the morning we observed people doing this. This meant people were able to access food and drinks when needed.

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.

Some of the people living in the home lacked the capacity to make certain decisions for themselves. We saw when needed people had mental capacity assessments in place that were specific to the decision being made. For example, we saw a capacity assessment for one person around their finances. Staff we spoke with demonstrated an understanding of the Act and used their knowledge to assess people's mental capacity. One member of staff told us, "Yes we have learnt about this, we have had training it's about consent and people's understanding". When people were unable to make decisions we saw decisions had been made in their best interest. We saw staff explained to people what they wanted to do and checked with people they were happy for them to do this. This demonstrated that the principles of the MCA were recognised and followed.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).The provider had considered if people were being restricted unlawfully. The manager told us that no one was being restricted unlawfully. There were no DoLS authorisations in place and no application had been made.

Staff told us they received training that helped them to support people. This included an induction for new starters. One member of staff told us about their induction. They said they completed training and had the opportunity to shadow other staff members. The staff member told us, "Yes I think it's good, you get to know people, what they like and dislike. You get a really good understanding of what their needs are". This showed us that staff shared knowledge to offer care and support to people. Another member of staff explained how they had attended training to support people with behaviours that may challenge. They told us this had made them realise that every client is different. The staff member said, "It helped me a lot, especially to understand people, I give people more space now which is important". This demonstrated that staff were supported to receive training that was relevant to meeting people's needs.

The home manager told us how they were implementing the care certificate. The care certificate has been introduced nationally to help new care workers demonstrate key skills, knowledge, values and behaviours which should enable them to provide people with safe, effective, compassionate and high quality care. The manager told us there was an expectation that all new starters would undertake this as part of their induction. They told us five people were currently undertaking it.

Referrals to health professions were made when needed. For example, we saw people had assessments completed by speech and language therapists when concerns had been identified with their swallowing. We saw the recommendations made by this professional were followed. We also saw people received input from the GP, physiotherapist and occupational therapist when needed.

Good

Is the service caring?

Our findings

People and relatives told us they were happy with the staff. One person said, "They are great". A relative told us, "They are just wonderful". We saw the atmosphere was relaxed and friendly and observed staff laughing and joking with people.

People told us they made choices about their day. One person said, "I tell the staff what I want to do". We saw there was a weekly planner in place for each person. The staff told us that each week people would choose what they wanted to do for the week and what meals they would like to eat. People who used the service confirmed they were involved with this and made their own choices. We saw staff offering people choices about what they would like to eat and what they would like to do next. We saw that when needed people had access to advocates. An advocate is a person who is independent of the home and who supports a person to share their views and wishes.

People told us their privacy and dignity was promoted. One person said, "I can go in my room if I want it to be quiet". Staff gave examples of how they promoted people's privacy and dignity. One staff member said, "We knock people's door before we enter". This demonstrated that people's privacy and dignity was promoted.

Staff told us how they supported people to be independent. For example, one person could not previously access the worktops in the kitchen due to the height. The provider had fitted a lowered worktop so this person was able access the kitchen and to prepare their own meals. A member of staff said, "It's good, [person] can go in the kitchen now and be involved with mealtimes". This demonstrated that people were supported to maintain their independence.

People were encouraged to keep in touch with people that mattered to them. One person was supported by staff to meet their friend and people were supported by staff to family events such as wedding and party's. Relatives we spoke with told us the staff were welcoming and they could visit the service anytime. One relative told us, "I can come anytime; I always get a cup of tea".

Good

Is the service responsive?

Our findings

People told us they were involved with reviewing their care. One person said, "I pick what I like and want to do". Another person knew they had a file with information about themselves in. We saw records for weekly 'service user support' meetings where people had the opportunity to discuss all aspects of their care and life. People were asked questions including 'have you enjoyed what you have been doing' or 'what activities they have enjoyed this week'. A relative told us they were always invited to reviews and the service would keep them informed and updated. Staff knew about people's preferences and care plans were written to reflect people's like and dislikes. For example a member of staff told us that one person liked to have their breakfast before having a bath. We looked at the records for this person and this information was written as part of their morning routine. The care files we looked at had information stating what time people liked to get up and go to bed, what activities people enjoyed and what foods people liked.

People told us they enjoyed participating in activities outside the home. One person said, "I am going out today". Another person told us they were looking at holidays. Everyone participated in activities outside the home accessed the community during the inspection. We saw people had activity planners in place and people confirmed they had been involved with planning these. Staff explained to us how one person was employed as a handyman and was paid for this work. People and relatives spoke enthusiastically about activities at the home. A relative told us, "I am happy with what [person] does each day". The provider had day opportunities that people could access if they wanted to. This meant people had the opportunity to participate in activities they enjoyed.

People and relatives told us if they had any concerns or complaints they would happily raise them One person said, "I tell staff if I worry". We saw as part of the weekly 'service user support' meetings people were asked if they' were worried about anything' and 'how they were feeling'. The provider had a policy and a system in place to manage complaints. We saw when complains had been made the provider had responded to them in line with their policy and offered people and family the option of a meeting to discuss them further.

Good

Is the service well-led?

Our findings

Staff and relatives spoke positively about the registered manager and provider. One member of staff said, "They are always here, every day. I can go to them with anything. I know they would help me". A relative told us, "I have no hesitation in contacting the provider if needed, they would be happy for me to". We saw the provider was available and people who used the service knew who they were. There was a positive atmosphere at the home and staff told us they were happy and felt supported. Staff told us they had meetings to raise concerns. One member of staff said, "It's such a nice place to work, I am happy to come here". Another member of staff told us, "We are such a good team, we help each other out. If we need to go to the manager or provider with anything we can and they listen to us and put it right". The provider completed a staff satisfaction survey annually. The last survey showed that staff were happy with all areas they were asked about. The registered manager understood their responsibilities of registering with us. They had reported significant information about events in accordance with their requirements of registration.

We saw the provider had a whistle blowing policy in place. Whistle blowing is the procedure for raising concerns about poor practice. Staff we spoke with understood about whistle blowing and said they would be happy to do so. One staff member said, "I would whistle blow if I needed to, I would be supported by the provider". This demonstrated that when concerns were raised staff were confident they would be dealt with.

Quality checks were completed by the provider. These included checks of medicines, infection control, health and safety and care plans. Where concerns with quality had been identified we saw an action plan had been put in place and the required action was taken. For example, it was identified through an audit that some repairs needed to be completed. We saw evidence that an action plan had been completed for this with timescales for completion. The required repairs had been completed as required. This showed us when concerns were identified action was taken to bring about changes.

The provider asked people and relatives to complete annual satisfaction surveys. The last survey in 2015 had identified that some relatives were unhappy about communication. The provider had taken action and written to the relatives requesting a meeting. At this survey this concern was not raised. Staff told us how one person liked a bath. The provider had worked with an occupational therapist and it was agreed that this would be a good sensory experience for this person. We saw the provider had taken action on this and the person had a bath installed in their bathroom. This demonstrated the provider sought the opinions of others to bring about improvements to the service.