Tameng Care Limited

St Catherines Care home

Inspection report

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Ratings

Overall rating for this service	**Good**
Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

We carried out this unannounced 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, and to pilot a new inspection process being introduced by CQC which looks at the overall quality of the service

St Catherine's Care Home provides residential, nursing and dementia care for up to 60 people and is owned by Tameng Care, which forms part of Four Seasons Health Care. There is a separate area of the home to care for people who are living with dementia known as Pike View. On the day of our inspection there were 60 people living at St Catherine's Care Home.

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 and shares the legal responsibility for meeting the requirements of the law; as does the provider.

People told us they felt safe at the home and with the staff who supported them. However, we encountered several instances of uncleanliness in the dementia unit of

Summary of findings

the home. This included dirty window ledges and sticky floors in the communal area of the dementia unit. There were also drink stains on one cabinet where spillages had occurred and not cleaned up.

There were robust recruitment procedures in place and we observed their to be sufficient staff available to meet the needs of people who lived at the home.

We found the location to be meeting the requirements of the Deprivation of Liberty Safeguards (DoLS) with systems in place to protect people's rights under the Mental Capacity Act 2005. This legislation protects people who lack capacity and ensures decisions taken on their behalf are made in the person's best interests and with the least restrictive option to the person's rights and freedoms.

People received the information they needed to help them to make decisions and choices about their care. People's views and wishes were incorporated into their plans of care. Care plans showed they had been discussed with the person or their representatives at regular intervals and were updated as required.

We observed the lunch periods in each of the three units of the home and observed good interactions between staff and people who used the service. We saw that staff understood people's care requirements and there were sufficient numbers of staff available to assist people with their nutrition and hydration.

Summary of findings

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. Whilst undertaking a tour of the building, we encountered several instances of uncleanliness in the dementia unit of the home. There were also several maintenance issues, these were addressed during the inspection.

People told us they felt safe at the home and with staff who supported them who acted professionally at all times. Staff were clear about what may constitute a safeguarding and how they would report concerns. The staff we spoke with were confident that any concerns raised would be fully investigated to make sure people were protected.

CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). We found staff to be meeting the requirements of DoLS with systems in place to protect people's rights under the Mental Capacity Act 2005.

Is the service effective?

Good

The service was effective. People who were able to express their views verbally and their relatives told us they felt they received effective care and support to meet their needs. The care plans we looked at showed people who lived at the home, or their representatives, were involved in the assessment of their needs and the planning of their care. We saw people had detailed care plans in place outlining the care they would like and where they wished to receive care.

We saw people had access to healthcare professionals to make sure they received effective treatment to meet their specific needs. Each person's care plan contained a record of the professionals involved such as GPs, dentists, district nurses and opticians.

We observed the lunch periods in each of the three areas of the home and observed good interactions between staff and people who used the service. We saw that staff understood people's care requirements and there were sufficient numbers of staff available to assist people with their nutrition and hydration.

Is the service caring?

Good

The service was caring. Staff responded to people's needs in a kind and caring way. People we spoke with told us they felt valued and cared for. We saw staff spoke with people in a positive manner and demonstrated respect for them. People's views were respected and listened to.

During the inspection we observed staff interacting with people in a caring, polite and friendly way. We observed staff transferring people from wheelchairs and onto chairs in a correct and professional manner. Staff knew people well and there was a friendly atmosphere between people who lived at the home and the staff.

People told us they were involved in making choices about how their care and support was delivered.

Is the service responsive?

Good

The service were responsive. People's views and wishes were used to inform the way the service was delivered. Each person had a care plan that was personal to them. Care plans we saw showed they had been discussed with the person or people who were important to them.

Summary of findings

People told us they knew how to make a complaint and were confident that any issues raised would be dealt with. We saw records of complaints that had been made. All had been thoroughly investigated and responded to with a written response given to the complainant.

Is the service well-led?

Good

The service was well-led. There was a registered manager in place who was open and approachable. The manager demonstrated a good knowledge of the people who lived at the home. During the day we saw the registered manager talking with people who lived at the home and staff. Everyone looked very comfortable and relaxed with the home manager.

Accidents and incidents were monitored closely. The home learnt from mistakes and made changes to ensure continual improvement. There was a system in place to audit care practices and make adjustments in accordance with the findings.

St Catherines Care home

Detailed findings

Background to this inspection

We visited the home on 30 July 2014. On the day of the inspection there were 60 people living at the home.

This inspection was carried out by an adult social care inspector from the Care Quality Commission 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 . We also used a specialist advisor who specialised in dementia care for older people.

We last visited the home on the 13 August 2013 and found that the service provider was meeting the requirements of the regulations.

During the day we spoke with 12 people who lived at the home, 12 relatives, nine members of staff and a visiting professional. We were able to look around the building and viewed records relating to the running of the home and the care of people who lived there.

We were able to speak with people in communal areas and their personal rooms. Throughout the day we observed care provided in all areas of the home. We observed the main meal of the day in each of the three dining rooms of the home.

We carried out a Short Observational Framework for Inspection over the lunch time period in the nursing unit of the home. SOFI is a specific way of observing care to help us understand the experience of people using the service who could not express their views to us.

Before the inspection we reviewed all the information we held about the home including the provider information return (PIR). We also liaised with external providers including the safeguarding and commissioning at Bolton local authority. We also reviewed notifications which had been sent to CQC either from, or about the home.

This report was written during the testing phase of our new approach to regulating adult social care services. After this testing phase, inspection of consent to care and treatment, restraint, and practice under the Mental Capacity Act 2005 (MCA) was moved from the key question 'Is the service safe?' to 'Is the service effective?'

The ratings for this location were awarded in October 2014. They can be directly compared with any other service we have rated since then, including in relation to consent, restraint, and the MCA under the 'Effective' section. Our written findings in relation to these topics, however, can be read in the 'Is the service safe' sections of this report.'

Good

Is the service safe?

Our findings

People told us they felt safe at the home and with the staff who supported them. One person told us; "I've been here a long while. I feel safe here. I've got a bell I can push. They come to me. They look after me well and I think there is enough staff. If I have to wait, I tell them. I'm not frightened of anybody".

We observed that staff used safe moving and handling procedures when assisting people with poor mobility. We observed two members of staff using a hoist to move a person from a chair to a wheelchair. The transfer was carried out safely and sensitively with staff members ensuring the person was told what was happening throughout which kept them calm.

Whilst undertaking a tour of the building, we encountered several instances of uncleanliness in the dementia unit of the home. This included dirty window ledges and sticky floors in the communal area of the unit. There were also drink stains on one cabinet where spillages had occurred and not cleaned up. We raised these issues with the manager who informed us that an additional member of domestic staff was due back from annual leave the following week and that the issues would be addressed. We observed a toilet seat to be broken and the wall of one small toilet to be in a state of disrepair. We alerted this to the manager and these concerns were addressed during the inspection by the homes handyman. The other areas of the home we looked at were clean and tidy on the day of our inspection.

People who used the service, or their representatives, were involved in the assessment of risk and were able to make choices about how risks would be managed. We saw risk assessments had been completed to make sure people were able to receive support and care with minimum risk to themselves and others. The risk assessments in place covered falls, nutrition, moving and handling and mobility. One of the risk assessments we looked at stated how this person was at risk of choking. We found an appropriate referral had been made to the Speech and Language Therapist (SaLT) and a choking risk assessment in place to provide guidance for staff to follow.

Staff were aware of risks to people and the plans in place to keep people safe. Individual care plans described how these risks should be minimised such as referring to the district nurse or tissue viability nurse if they were at risk of developing pressure sores.

On the day of our inspection we observed there were sufficient staff to meet the needs of people who used the service safely. Staff included the registered manager, nurses, care assistants, a handy man and kitchen and domestic staff. During the inspection we observed staff assisting people to stand and walk, administering medication, assisting people to eat and taking people to the toilet. A visiting relative said to us; "My relative has been here twelve months. He's well looked after. I come up every week and staff always know where he is in the home. He wanders around. From what I've seen there's enough staff to look after him. There are plenty of staff knocking about. His room is clean. I haven't used any of the toilets here. If my relative spills anything they clean it straight away".

The staff we spoke with were clear about how they would report abuse and the signs they would look for. Staff were confident any allegations would be taken seriously and fully investigated to make sure people who lived at the home were protected. One member of staff told us; "If there was a safeguarding issue, staff would speak with me and I would then discuss the issue with the nurse and the manager. I have reported incidents to the Social Services. I've also contacted GP's where needed. I automatically inform relatives. We've had a few incidents recently concerning one resident. We've involved the dementia outreach team of four recent incidents with this particular person".

Staff told us they had received training in recognising and reporting abuse. Records seen confirmed all staff received this training during their induction and also undertook a refresher course to maintain their knowledge in this area.

The service had a clear policy and procedure regarding safeguarding vulnerable adults. The registered manager had informed the Care Quality Commission and other relevant authorities where safeguarding concerns had been raised. The registered manager had worked in co-operation with the appropriate agencies. This was to ensure full investigations had been carried out and action to minimise further risks to people living at the home.

Good

Is the service safe?

The home had a robust recruitment procedure in place. During the inspection we looked at the personnel files of four members of staff including care staff, kitchen staff and domestic staff. The files showed that there was a recruitment process which ensured that new staff had the relevant skills. The recruitment procedure minimised the risks to people who lived at the home by making sure all staff were thoroughly checked before commencing employment. We saw all potential employees completed an application form which gave details about the person and their previous employment. The home carried out interviews, sought references from previous employers and carried out DBS (Disclosure Barring Service) checks before people started work. Nurses who worked at the home are required to be registered with the National Midwifery Council (NMC) in order to provide care in a nursing role. We found there was an appropriate system in place to monitor when their personal identification number had expired and needed to be renewed with the NMC.

Staff had received training in the Mental Capacity Act 2005 and most staff had an understanding of people's legal rights in relation to this. Training records seen showed staff had completed the appropriate training in line with this topic.

CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). This legislation protects people who lack capacity and ensures decisions taken on their behalf are made in the person's best interests and with the least restrictive option to the person's rights and freedoms. We found the home to be meeting the requirements of the Deprivation of Liberty Safeguards with systems in place to protect people's rights under the Mental Capacity Act 2005.

Good

Is the service effective?

Our findings

We undertook a tour of the building to ensure it was fit for purpose and had been adapted to meet the needs of people who used the service effectively. There was an attractive, well maintained, sensory garden area, which was accessed through the conservatory in the dementia unit. Paths were laid between the garden areas to help people navigate around whilst outside with various war memorial display units on show. There was also a pond and various plants and flowers on display, which were grown by people who lived at the home. There was a smaller garden area at the side of the home, which we observed to be overgrown, with some stray bricks on the grass. We raised this issue with the manager.

The dementia unit had been designed using various objects on the walls of corridors which people could touch and explore. These included garden tools, plug sockets, door locks and door handles. These were for people to touch as they manoeuvred around the unit. In addition, there were pictured walls of people or events from the era people grew up in such as famous singers, actors or football players which people could try and relate to.

People who were able to express their views told us they felt they received effective care and support to meet their needs. The care plans we looked at showed people who lived at the home, or their representatives, were involved in the assessment of their needs and the planning of their care. We saw that care plans were reviewed each month by staff along with any updates about people's care.

People were able to make choices about how they spent their time. We saw some people chose to socialise in communal areas whilst others preferred to stay in their rooms. One person told us: "The food is nice. It was very nice today. You can choose from different food. It's mostly nice and hot. You get enough food and drink. I know what some of my medicines are for. I soon get off to sleep at night. I think the medicine helps. The girls know what they are doing with the hoist. They are careful and good really".

People had access to healthcare professionals to make sure they received effective treatment to meet their specific needs. Records showed people were seen by professionals including GPs, community nurses, chiropodists and opticians. This meant people had access to a variety of services outside the home to maintain their general health.

We spoke with staff during our inspection to ensure they received sufficient support to help them carry out their job role effectively. We looked at the staff induction which focussed on the common induction standards for care (CISC). This covered the role of a support worker, personal development, communicating effectively, equality and inclusion, principles of care, health and safety safeguarding and person centred support. Each member of staff we spoke with confirmed they undertook the company induction when they first started working at the home. One member of staff commented; "It gave me a good introduction to working in care". During our inspection we observed there were several 'new starters' who had recently started working at the home. We noted they were able to observe and shadow more senior member of staff to gain an understanding of what the job entailed and areas of good practice they could learn from.

We looked at the training available to staff to support them in their job role. Training undertaken by staff included moving and handling, safeguarding, mental capacity act, DoLS, health and safety and dementia practice. Overall the staff we spoke to said they were satisfied with the training and support on offer whilst working at the home. The training available consisted of both elearning and class room based subjects. One member of staff said; "I have training regularly. We have a trainer come in all the time" and "The training is very good. The manager encourages us to put and training requirements forward which are provided where possible". Another member of staff told us; "I'd like more training in DoLS to get more understanding and this will make me a better care worker" and "We do get dementia training although it is quite basic. I would like something more advanced to help me to understand people's needs better".

The staff we spoke with during the inspection confirmed they received regular supervision and appraisal to support them in their development. We looked at some of these records, which provided a focus on care skills, competence, communication, reliability, workload and training requirements. One member of staff said to us; " We have supervision regularly. The manager asks us about any training we might like to undertake".

We observed the lunch periods in each of the three units of the home and observed good interactions between staff and people who used the service. We saw that staff understood people's care requirements, with sufficient

Good

Is the service effective?

numbers of staff available to assist people with their nutrition and hydration. People ate well and we noted people were able leave the dining room when they chose or stay as long as they wanted in order to finish their meal at their own pace which was respected by staff. We saw where people chose to eat their meals in their bedroom, this was taken in to them by a member of staff.

Good

Is the service caring?

Our findings

People told us staff were always caring and kind when they assisted them. One person said: “The staff are very polite and nice. I’m happy here. It’s fine.” Another person said “The staff are friendly. They are respectful to me at all times”.

We spoke with relatives during the inspection who felt the care at the home was good and that their family members were always well treated. Comments included; “Whilst I’m here staff seem kind to my relative. I’ve never seen staff speak untoward to people.” and “My dad was 80 last month and staff made a fuss of him. They had artists singing old songs and everybody enjoyed it. Some staff even came in when they were off duty to see him.” and “Staff do treat my relative with respect and dignity. The staff cannot be faulted. They are kind and patient”.

On the day of our inspection we observed people were smartly dressed and had been able to choose their own clothes. People’s hair was brushed and each of the people we spoke with looked clean and well cared for.

Throughout the day we observed staff moving and interacting with people in a caring, polite and friendly way.

We saw staff transferring residents from wheelchairs and onto chairs in a correct and professional manner. Staff appeared to know people well and there was a friendly atmosphere between staff and people living at the home.

People we spoke with felt valued and cared for. We saw staff spoke to people in an adult manner and demonstrated respect for people. Staff we spoke with were positive about their role and had a good knowledge and understanding of people’s needs and preferences. We saw there was good humoured banter and laughter between people who lived at the home and staff. One person told us about an important birthday they had just had. This person told us; “They made such a fuss of me. But that is just what they are like here”.

Staff we spoke with understood how to maintain people’s privacy and dignity at all times. One member of staff said to us; “I always ensure doors are closed when delivering personal care. I also always make sure people are covered up when I’m washing them to maintain their dignity and not allow them to become embarrassed”. Another member of staff said to us; “I always ensure I knock before entering someone’s room”.

Good

Is the service responsive?

Our findings

During the inspection we observed positive interactions between staff and people who lived at the home. Staff demonstrated they knew residents and their families well and understood the things that were important to them. The staff spoke kindly to people and asked them if they needed anything. There was an activity schedule in place within the home. We observed the activity coordinator painting some of the female residents' nails and the hairdresser doing hair in the residential unit. We were told the bus driver was on holiday as they usually have a trip out most days, which was confirmed by people and relatives we spoke with.

People received the information they needed to help them to make decisions and choices about their care. Each person who wished to move to the home had their needs assessed by the registered manager or the deputy. This enabled people and those important to them to meet with a member of the management team and ask questions to make sure the home was the right place for them to live.

People's views and wishes were incorporated into their care plans. Each person had a care plan that was personal to them. Care plans we saw gave evidence they had been discussed with the person or their representatives with individual comments captured during the care plan review stage as to how their care had progressed.

We found the staff were responsive to people's changing care needs. For example we saw people were referred to other professional teams if their level of risk had increased. These included referrals to the falls, speech and language therapy, and dietician teams. This meant staff sought further advice and guidance where necessary.

People told us they would be comfortable to make a complaint. The service user guide gave people information about the services and facilities offered by the home. It also gave information about how to make a complaint. People we asked all said they would be comfortable to make a complaint if they were unhappy with any aspect of their care. We looked at the complaints on file; this showed appropriate actions had been taken as well as any 'lessons learnt' to avoid repeat instances. One person said: "I would speak to the staff here if I had a complaint. I'm very confident it would get put right".

The relatives we spoke with told us they could visit at any time. Relatives said they were always made welcome. The manager told us the majority of people who lived in the home had friends or relatives who kept in touch. We saw information was available to people about the home and other services they may wish to access. For example, there was a copy of the last inspection report, the home's statement of purpose and leaflets and newsletters. This meant people were kept informed and could access information without having to request it.

Throughout the course of our inspection we saw people were offered choices about how to spend their time and what they would like to eat and drink. People told us they could get up and go to bed whenever they wanted, which was respected by the staff.

We saw records to show relatives had been involved in developing people's care plans wherever possible by providing information about preferences and the person's work, life and social history. This gave staff a good understanding of the person their background and what was important to them.

We spoke with relatives and asked them if they felt the home were responsive to the needs of their loved ones. One relative told us; "Staff tell us what they are doing for our relative. The management is responsive. I've mentioned about changing a doctor and they genuinely listen to what you have to say".

Good

Is the service well-led?

Our findings

There was a registered manager in place who was open and approachable. One member of staff told us: “The manager is really good. She worked here previously so knows everybody and all the systems well. She has brought so much to the home for the better”. Another member of staff told us; “The management is good. I get support from my manager. I’ve been here six years and think the current management is good. Her door is always open to us”. A relative added; “The home has steadily improved since this manager has been in the post”.

The registered manager was visible and demonstrated a good knowledge of the people who lived at the home. During the day we saw the registered manager talking with people who lived at the home and staff. Everyone looked very comfortable and relaxed with the home manager and the majority of people we spoke with were aware of who the manager was.

Staff told us there were opportunities to discuss issues and raise concerns with the registered manager. All staff were aware of the home’ whistle blowing policy and the ability to take serious concerns to appropriate agencies outside the home. One member of staff said; “I’m aware we can report concerns above the manager if needed”.

There was a system in place to audit practice and make adjustments in accordance with the findings. We looked at a sample of audits carried out and shortfalls were noted in one part of the home. An action plan had been put in place to make sure improvements were made. Some of the audits undertaken covered health and safety, medication, care plans and food. In addition, the area manager also undertook regular quality audits of the home.

The staffing structure in place made sure there were clear lines of accountability and responsibility. In addition to the registered manager, there were nurses and senior care staff who were also able to offer support to the home manager. They supervised the care staff and offered help and guidance where required.

We found there was always a handover meeting at the beginning of the shift. Staff told us the handover meeting gave them clear direction and kept them informed of any changes to people’s needs or wishes. Staff told us this information was verbally passed on between night staff and day staff.

Accidents and incidents were monitored closely. The home learnt from mistakes and made changes to ensure continual improvement. There was a system in place to audit care practices and make adjustments in accordance with the findings.

Staff told us that team meetings took place regularly at the home. We looked at some of the meeting minutes and saw they were attended by managers, nurses, care staff, maintenance and domestic. There was an agenda in place which briefed staff in areas such as eLearning, infection control, complaints and any changes to the staffing rotas. This meant staff were able to voice their opinion and raise any concerns which affected their work.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.