Sanctuary Care Limited

Caton House Residential and Nursing Home

Inspection report

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Date of inspection visit:
10 October 2023
16 October 2023

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15 November 2023

Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
Is the service well-led?	Good

Summary of findings

Overall summary

About the service
Caton House Residential and Nursing home is a residential and nursing home providing personal and nursing care for up to 62 people. The service provides support to older people including people living with dementia. At the time of our inspection there were 52 people using the service.

Caton House Residential and Nursing Home is split across two floors. People have access to their own personalised bedrooms and en-suite toilets and share communal areas such as lounges, dining areas, bathrooms and a garden.

People's experience of using this service and what we found
Some people expressed their personal care needs were not always being met in a timely manner, resulting in some people waiting prolonged periods for staff availability.

The service had a dedicated activities team made up of volunteers to provide opportunities for engagement and interaction and reduce isolation. However, comments we received from people and observations made during the inspection indicated some people's social needs were not being met.

Staff competency to perform their job roles was monitored effectively. People's medicines were safely managed, although one person's care records did not have specific details on how staff were to administer their medicines via a Percutaneous Endoscopic Gastrostomy (PEG) feeding tube. This was addressed immediately during the inspection.

Staff were recruited in line with current legislation. Safeguarding incidents and accidents were reported to the correct authorities and actions taken were effective.

Care plans and risk assessments identified individual risks, for people and how they were to be managed. For example, risks of falls, skin pressure damage and poor nutrition and hydration. Staff supported people in line with the guidance in their care plans and risk assessments.

Infection control systems were in place to reduce the risk of transmissible infections.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People and relatives were asked for feedback about the service and staff worked with other professionals to help people achieve good outcomes.

The registered manager completed audits on all aspects of the service that were overseen by senior

management.

The registered manager and provider were passionate about the service and supporting people in the best way they could. We discussed our findings with the registered manager who said they would immediately review people's care plans, staffing levels and staff deployment throughout the home. With the aim to ensure people's personal preferences, social and emotional needs were met.

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

Rating at last inspection
The last rating for this service was good (published 18 June 2018).

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

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Caton House Residential and Nursing home on our website at www.cqc.org.uk

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

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 well-led? The service was well-led. Details are in our well-led findings below.	**Good**

Caton House Residential and Nursing 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
The inspection was carried out by 2 inspectors and 2 Experts 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
Caton House Residential and Nursing home 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. Caton House Residential and Nursing Home 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
The first day of inspection on 10 October 2023 was unannounced. The second day of inspection on 16 October 2023 was announced.

What we did before the inspection
We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority who work with the service and Healthwatch Milton Keynes. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

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. We used all this information to plan our inspection.

During the inspection
We spoke with 12 people who used the service and 2 relatives about their experience of the care provided. We spoke with 7 staff, which included care staff, nursing staff, catering staff the registered manager and the deputy regional manager.

We reviewed a range of records. This included 4 people's care records and numerous medication records. We looked at 3 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed. 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.

Requires Improvement

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 good. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe. There was a risk of people's needs not being met timely, due to staff being under time pressure.

Staffing and recruitment

- We received mixed comments from people about the availability of staff. Some people raised concerns of having to wait prolonged periods for staff to assist them getting up washed and dressed. We observed the care staff were busy throughout the mornings providing personal care tasks, up until lunchtime.
- We received the following comments from people using the service: "I don't think there are enough staff, sometimes they are late getting me ready, the other morning it was 10am, I get up at 8am." "The staff are supposed to be getting me up, but they haven't yet, I haven't had a wash either." "I would like to get a wash earlier." At 11:45am the person asked a staff member 'why they had not been got up yet.' The staff member said, "We will get you up for lunch."
- One person said, "I feel very isolated, it's very boring in this room all day with no TV or radio. They [staff] said the TV doesn't work."
- On the first day of our inspection, during 10:45 – 11:45 we observed the experience for 3 people within the first-floor lounge/diner. Throughout the period all 3 people were in a light sleep, one person experienced intermittent periods of uncontrollable jerking, we noted the person was sat in a chair out of view of staff passing in the corridor. No staff entered the lounge to check on the person's safety or offer people opportunities for social interaction. We brought our observation to the direct attention of registered manager.
- On the first day of our inspection, in the morning 3 (volunteer) activity assistants facilitated a group of people on the ground floor in a game of Bingo. On the second day of the inspection, in the morning 2 (volunteer) activity assistants facilitated a group of people on the ground floor in a sing a long session. People enjoyed the activities and the social interaction this brought to them.
- The provider told us in their Provider Information Return (PIR) that staffing levels were reviewed on a daily, weekly, and monthly basis as part of the operational quality of care, to ensure the correct skill mix of staff was allocated to each floor and all staff allowed extra time to help people to feel less isolated. It also told us, the activities team worked closely with all residents, to support and provide opportunities for engagement and interaction.
- From the comments we received, and observations made we concluded for some people especially those with limited mobility and bedbound, their experience of using the service did not always match their expectations and preferences or satisfy their social needs.
- We discussed our findings with the registered manager who said they would immediately review people's care plans, and the staff deployment throughout the home, especially at peak times of the day. They told us some of the activity volunteers were new to the home and undergoing induction training and they were hopeful once the volunteers felt confident enough that activities would be spread more evenly across the home.

● Staff were safely recruited. This included Disclosure and Barring Service (DBS) checks, for all new staff prior to them starting work. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions. Records showed staff completed induction training and on-going refresher training.

Using medicines safely

● Medicines were administered and managed safely. Nursing and senior care staff received medicines training and had their competency to safely administer medicines assessed. Staff effectively followed the medicines policy for receiving, storing, administering, and returning medicines.

● We saw that one person had their medicines administered via an enteral feeding tube, PEG feed, (a tube specially designed to give you nutrition, food, fluids, and medicines in a liquid form directly into the stomach). The information on the medicines administration record (MAR) stated 'follow specialist advice.' Not having specific instructions on how the medicines needed to be prepared and administered posed a potential risk of the person being given them orally, if administered by unfamiliar staff. The registered manager said they would immediately arrange for detailed instructions to be included in the person's care plan and MAR chart.

● Diabetic care plans relating to the management of this condition were concise and contained the required information.

● Staff consulted with people around their medicine and met their preferences wherever possible. Protocols were in place for administering medicines that were prescribed to be given 'when required' (PRN), for example, pain relieving medicines. This meant staff understood when to administer this medicine, and how to monitor its effectiveness.

● Staff had good links with the GP and local pharmacy which helped to make sure people's medicines remained safe and effective.

Assessing risk, safety monitoring and management; Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

● During our inspection we saw 3 people did not have access to their call bells in their bedrooms. In the case of an emergency this had the potential to place people at risk of staff not being aware and /or responding in time.

● Most people said that staff answered the call bells within a reasonable length of time. A relative said, "I visit almost every day, I think there's enough staff, I see them around the service, they answer the call bells, and are quick at responding."

● Individual risk assessments contained information on how to reduce identified risks, for example, people at risk of falls, skin pressure damage, and poor nutrition and hydration. Staff supported most people in line with the guidance in their care plans and risk assessments.

● People with swallowing difficulties had assessments completed relating to their eating and drinking needs. Staff followed the guidance from other healthcare professionals involved in their care, such as dieticians and speech and language therapists.

● Systems were in place to record accident and incidents and records showed they were regularly reviewed. A monthly analysis of all accidents and incidents was completed which allowed themes and trends to be identified so action could be taken to prevent reoccurrence.

● Regular maintenance and safety checks were completed on equipment and the environment. People had clear and up to date personal emergency evacuation plans (PEEP) in place. PEEP's detail how to support someone safely in the event of an emergency.

Systems and processes to safeguard people from the risk of abuse

● People were protected from the risk of abuse. People and family members told us they felt safe, and staff

treated them well. One person said, "I'm very safe, staff are never rough with me." Another person said, "I feel safe, one of the staff puts a 'Do not disturb' sign on my door, the staff lock my door at night with my consent." The relatives we spoke with confirmed they felt their family members were safe at the home. One relative said, "They [staff] always keep me updated with [Family members] care. I'm happy with the care here."

● A safeguarding policy was in place, and safeguarding referrals were made where required. The registered manager worked alongside the local authority to investigate safeguarding concerns.

● Staff received training in safeguarding and understood how to recognise and report any concerns about abuse.

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.

Visiting in care homes

People were supported to receive visits from friends and family in line with current government guidance. There were no restrictions on visitors to the home.

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.

Good

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 good. At this inspection the rating has remained 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

- The registered manager was committed to driving change at the service in order to improve the lives of people living there. We observed staff demonstrated kindness when interacting with a person that was showing signs of distress. They calmly spoke with the person to help ease their anxiety.
- A relative said, "This home is a miracle, what they have done for [Family member], I can't praise them [staff] enough, nothing is too much trouble. The staff are always here, the door is open, they keep an eye on [Family member]." Another relative said, "[Registered manager] is very good, they keep us up to date and they are very approachable."

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

- The registered manager understood their responsibilities under duty of candour. They apologised when things went wrong and understood their regulatory responsibilities to submit notifications to inform the CQC when significant events had occurred within the service.
- The registered manager completed a range of monthly audits which supported oversight of key risk areas within the service. In response to the outcomes, action plans were created and monitored to ensure areas identified improvements were made. Audits and action plans were reviewed and signed off as being acceptable by the provider once completed.
- The registered manager demonstrated a commitment to continuous learning. Accidents and incidents were audited, and action plans were implemented to mitigate the risk of repeat incidents. The registered manager met with staff to discuss actions needed to drive continuous improvement of the service. This approach helped to ensure all staff were fully aware of their responsibilities to deliver high quality care.
- The ratings from the last CQC inspection were on display within the home and on the provider website.

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

- Systems were in place to seek feedback from people, relatives, and staff. Through regular face to face meetings, formal surveys and reviews on the provider website.
- Resident and relatives' meetings took place regularly. One relative said, "I think the meetings are every 4 or 6 weeks, I have been to some. We asked if they had noticed any changes in response to things discussed in the meetings." This relative also said, "Nothing I can think off hand, but I have no reason to think otherwise."

● A relative said, "They have a resident of the day, they phone you, and ask if there is anything you want to say, or anything you want to be done, I like this idea." Another relative said, "I would say they [staff] are doing quite a good job, I know [Family member] can be difficult. One of the staff speaks the same language as [Family member], which is very helpful."
● One person, with a hearing deficit told us the staff used a small marker board to communicate with them. But the person said, "There really is no need, as I understand perfectly what they [staff] are saying by lip reading." This person told us they would prefer the staff spend more time talking with them.

Working in partnership with others
● The service worked with a range of external stakeholders and agencies. Such as, the local authority, commissioners and health and social care professionals, to effectively share information where appropriate. This helped to ensure people received the right care and treatment.
● People told us they had access to healthcare professionals, such as the GP, district nurse, speech and language therapist, dieticians, chiropody, and optician. One person said their relative helped them attend hospital and dental appointments. A relative said, "The nurses here liaise with the GP, the Mental Health consultant came in to see [Family Member] to review their medicines."
● The registered manager was open to our feedback and said they would review people's care plans, staffing and staff deployment throughout the home. With the aim to meeting people's individual preferences, their social and emotional needs.