

St Catherines Care Centre Limited

# St Catherine's Care Centre Limited

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

St Catherine's Care Centre Limited is a care home with nursing for a maximum of 34 people, including people with physical disability, sensory impairment, and people living with dementia. There were 29 people living at the home at the time of our inspection.

People's experience of using this service:

There were not always enough staff available to meet people's needs. Some people told us they often had to wait for care when they needed it, and several relatives said staffing levels were not sufficient to ensure their family members received support in a timely way.

Staff told us they found it difficult to respond to people promptly when they needed care. Three of the 7 relatives who returned satisfaction surveys in 2023 said the home was not well-staffed. Call bell records showed people sometimes had to wait a significant period of time for staff when they needed them.

Risks to people were assessed but not always managed effectively. We found no action had been taken when weight charts demonstrated a person had lost a significant amount of weight. Some people's care plans stated they needed to be repositioned regularly as they were at risk of pressure damage. However, care records did not demonstrate that repositioning was being carried out as often as it should be.

Medicines were not always managed safely. Guidance regarding the administration of 'as required' and variable dose medicines lacked sufficient information to support staff when administering these medicines. There was no guidance for staff about how often emollients should be applied and body maps were not in place to show where barrier creams should be applied.

Professionals had raised concerns about standards of hygiene in the home in October 2023. We found some improvements had been made in relation to this, however concerns around cleanliness remained. Some communal toilets and the sluice rooms were not adequately clean, and some people's bedrooms smelled of urine.

Quality assurance systems had not been effective in identifying shortfalls. The management team had not always worked effectively with other professionals to ensure people received safe, high-quality care. Some relatives and staff told us their views and suggestions were not listened to or acted upon, including if they raised concerns.

Some risks were managed effectively, including where people had been identified as at risk of aspiration and people with diabetes. Staff used nationally-recognised tools to identify if a person's health was deteriorating and made referrals to healthcare professionals when necessary.

Staff were recruited safely and understood their role in safeguarding people from abuse. People told us the staff who supported them were kind and caring. Relatives said staff understood their family members' needs

and demonstrated a caring approach in their work.

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

The provider had developed a service improvement plan (SIP) in response to concerns raised by professionals in October 2023. This detailed the actions the provider planned to take to address the concerns, and timescales within which improvements would be achieved. In addition to responding to the concerns raised, the SIP outlined plans to improve communication amongst managers and staff, review and update people's care plans, and to develop risk management plans where necessary.

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

The last rating for this service was good (published 29 March 2022).

Why we inspected

Professionals had raised concerns in October 2023 regarding staffing levels, moving and handling practice, cleanliness, medicines management, and a lack of responsiveness from the management team.

As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

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 good to requires improvement. This is based on the findings at this inspection.

We found evidence that the provider needs to make improvements. Please see the safe and well-led sections of this report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for St Catherine's Care Centre Limited on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

Enforcement

We have identified breaches in relation to safe care and treatment, staffing and good governance at this inspection. Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. 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 not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# St Catherine's Care Centre Limited

## **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 4 inspectors, a pharmacy specialist and a regulatory co-ordinator.

Inspection activity started on 16 November 2023 and ended on 23 November 2023. We visited the home on 16 and 17 November 2023.

#### Service and service type

St Catherine's Care Centre Limited 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 Catherine's Care Centre Limited 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, although they were not at the home during our inspection.

#### Notice of inspection

The first day we visited the home was unannounced. The second day we visited the home was announced.

#### Before the inspection

We reviewed information we had received about the service since the last inspection, including notifications of significant events and concerns raised by professionals. We used all this information to plan our inspection.

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

#### During the inspection

We spoke with 8 people who lived at the home, 2 professionals who worked with the home, and 11 members of staff, including care staff, ancillary staff, and a nurse. We also spoke with the clinical lead, the regional manager, and the provider's quality assurance and compliance manager. 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 spoke with 5 relatives to hear their feedback about the care their family members received at the home.

We looked at care records for 8 people, including their risk assessments and support plans. We checked records of accidents and incidents, health and safety records, 4 staff recruitment files, the staff training record, quality checks and audits, surveys, and the arrangements for managing medicines.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated good. At this inspection this key question has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Staffing and recruitment

- There were not always enough staff available to meet people's needs. Some of the people we spoke with told us they often had to wait for care when they needed it. One person said of staff, "They are always very busy; you often have to wait a while if you need them." Call bell records showed people sometimes had to wait a significant period of time for staff to attend when they needed them.
- Several of the relatives we spoke with told us staffing levels were not sufficient to ensure people received support in a timely way. One relative said, "I think [family member's] care is okay, but there could be more staff around. She is upstairs and it seems there is nobody permanently on that floor. Last time I visited, she was calling out for someone to help her get off her bed. She needed to go to the bathroom and there was no one around at all. My husband and I helped her in the end."
- Another relative told us in their written feedback, 'St Catherine's has a lovely team of carers and nurses who are friendly and caring, however when they are short staffed or have other incidents to deal with, this can result in residents waiting longer for calls to be answered, especially on the upper floor i.e. half an hour or more to be seen to or changed.'
- Three of the 7 relatives who returned satisfaction surveys distributed by the provider in 2023 said the home was not well-staffed. When asked whether there was anything the home could improve, one relative commented, 'More staff in view so you can get help when needed.'
- A professional who visited the home in October 2023 reported that people's choices were restricted by the availability of staff. The professional noted, 'We spoke to a lady in bed on the top floor who advised that she rarely goes downstairs to sit with others because she is often then left to wait too long to be returned to her bed. One resident advised that he is often woken at 6.30am by the night staff. He doesn't choose to wake up at this time but is also conscious that if he doesn't accept the support, he will be waiting long periods of time to be supported by the day team.'
- Staff told us they found it difficult to respond to people in a timely way when they needed care. They said many people needed 2 staff to support them with personal care and when transferring, as they required a hoist to mobilise safely.
- One member of staff told us, "We don't have enough staff at all. We are short-staffed. You have to get up 7 or more people in the morning, which causes some problems. Maybe it doesn't give them the quality care which we are supposed to give the residents." Another member of staff said, "I think sometimes we don't have enough staff. The needs are very high here and their demands are very high, like the hoisting. We need more staff to take better care of them."

Failure to deploy sufficient numbers of staff to meet people's needs was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- People told us they liked the staff who supported them. They said staff were kind and caring and understood their needs. One person told us, "I get along with all of them. I've only got to ask for something and they'll do it for me." Another person said of staff, "They are friendly and respectful."
- These views reflected in the surveys returned in 2023. All the people who had returned surveys said staff were friendly and approachable, and that staff understood their preferences about how they liked to be supported.
- Relatives also provided positive feedback about the staff team. They said staff understood their family members' needs and demonstrated a caring approach in their work. One relative told us, "The staff are lovely." Another relative said of staff, "They all work really hard and are a very good team."
- The provider's recruitment procedures helped ensure only suitable staff were employed. The provider obtained proof of identity and address, references and a Disclosure and Barring Service (DBS) check in respect of staff. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks to people were assessed but not always managed effectively. For example, one person's care plan stated they needed to be weighed weekly as they were at risk of failing to maintain an adequate weight. Weight charts demonstrated the person had had lost 11.8% of their body weight between May 2023 and November 2023. However, there was no evidence that action had been taken in response to the weight loss.
- Some people had been identified as at risk of pressure damage as they could not mobilise independently. These people's care plans stated they should be repositioned regularly by staff to reduce the risk of pressure damage occurring. However, care records did not demonstrate that repositioning was being carried out with the required frequency.

Risks to people were not always managed effectively. This was a breach of regulation 12(2)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Other risks were managed effectively. For example, people identified as at risk of aspiration had been referred to a speech and language therapist and guidance put in place about how their food and fluids should be prepared to minimise this risk. People's diabetes care plans included information for staff about when the person may be experiencing hypoglycaemia (low blood sugar) or hyperglycaemia (high blood sugar) and what action to take if this occurred.
- A professional had raised concerns about moving and handling practice and the equipment used to support people in October 2023. The professional reported that some equipment was not appropriate for people's needs, and that slings were not designated for use for specific people, which presented a risk of harm.
- We found the provider had begun to address these concerns. Additional moving and handling training had been provided for staff, which had included observations of staff using the equipment used in providing people's care. Slings had been labelled with the room number of the person for whom they were to be used.
- Following a visit to the home on 1 November 2023, the Fire and Rescue Service required the provider to make improvements to fire safety within 3 months. By the time of our inspection, the provider had begun to make improvements and assured us these would be completed with the timescale set by the Fire and Rescue Service.
- Lifting equipment and firefighting equipment was up to date with servicing, and there was documentary evidence of electrical and water safety.
- Staff used nationally-recognised tools to assess people who became unwell. These included the National Early Warning Score (NEWS2) and 'Situation, background, assessment, recommendation' (SBAR). These

tools enabled staff to identify if a person's health was deteriorating and to make referrals to healthcare professionals when necessary.

- Any accidents or incidents that occurred were recorded and reviewed to identify any learning or emerging themes.

#### Using medicines safely

- Medicines were not always managed safely. A professional had raised concerns about medicines management in October 2023, including that one person had not received a prescribed medicine for 8 consecutive days. While we did not identify any further, similar instances, we found other shortfalls in medicines management.
- Guidance for staff to follow regarding the administration of 'as required' and variable dose medicines were in place for most medicines. However, most of the guidelines lacked sufficient person-centred information to support staff when administering these medicines. For example, whether the person could express the need for the medicines or not, or where people were prescribed more than one medicine to treat a condition, which medicine to administer when.
- There were body maps in place for emollients used to treat dry skin showing where the emollients should be applied. However, the frequency of use was not described, and body maps were not available for barrier creams. Therefore, we were not assured that emollients and barrier creams would be used consistently as part of people's personal care.
- Two of the 3 sharps bins in use lacked dates of assembly, and one had not been assembled correctly. Some pathology sample tubes were out of date. When we raised this with staff, the sharps bins were rectified and out-of-date tubes were disposed of.
- Medicines, including controlled drugs, were stored securely. However, the controlled drugs storage was not in line with current legislation. We shared this feedback with the provider, who agreed to ensure controlled drugs were stored in line with legislation.

Medicines were not always managed safely. This was a breach of regulation 12(2)(g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People's medicines administration records (MAR), including allergy information, were complete. When medicines doses had not been provided, for example insulin, these were added by hand with supporting documentation, such as a hospital discharge summary, which was retained in the MAR.
- The service had a current medicines policy. Liquid medicines had dates of opening on the bottle to ensure they were not given beyond the safe date.

#### Preventing and controlling infection

- Professionals had raised concerns about standards of hygiene in the home in October 2023. They found some equipment used in people's care was dirty, and that some areas of the home were unclean and smelled strongly of urine.
- At our inspection we found some improvements had been made by the provider, but some concerns around hygiene remained. People told us the home was not kept adequately clean. One person said, "I find the toilets are not clean. They're quite grubby."
- Some of the relatives we spoke with also told us standards of hygiene and cleanliness at the home were not good. One relative said, "I think the cleanliness could be better in [family member's] room and in her bathroom. I have not seen a cleaner while I have been there. I have mentioned it to them, but it has not really got any better."
- Another relative told us their family member's bedroom was not kept clean. The relative said, "It does not

seem to be cleaned up if [family member] has spilt something on the floor, and because it is a hard floor it goes sticky. His tray is the same and can be very dirty and sticky."

- Four of the 7 relatives who returned surveys in 2023 said the home was not kept sufficiently clean. When asked in a survey whether there was anything the home could improve, one person who lived at the home commented, "Make sure the home is always clean."
- We observed during our inspection that some communal toilets and the sluice rooms were not adequately clean, and some people's bedrooms smelled of urine.

Standards of hygiene and cleanliness in the home were not adequate. This was a breach of regulation 12(2)(h) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse because staff attended safeguarding training and were able to describe the signs of potential abuse. Staff knew how to report abuse or poor practice, including how to escalate concerns with external agencies if necessary. One member of staff told us, "I would go to the management, and if they don't do anything, I would whistle-blow. They tell us that in the training." Another member of staff said, "First of all I would report to my manager, and if nobody is responding, I would contact safeguarding or CQC."
- When safeguarding concerns had been raised, the provider had cooperated with the local authority to investigate these concerns and contributed to safeguarding enquiries when requested to do so.

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.
- People who lived at the home permanently had been asked to give consent to their care and any treatment they received. If people lacked capacity to give informed consent, mental capacity assessments had been completed and relevant people consulted to ensure decisions were made in people's best interests.

# 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 the last inspection this key question was rated good. At this inspection this key question has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Planning and promoting person-centred, high-quality care and support; Continuous learning and improving care; Working in partnership with others; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Quality assurance systems were not always effective in identifying shortfalls. For example, monitoring systems had not identified the concerns regarding staffing levels, medicines management, and hygiene raised by professionals. In addition, quality checks had failed to identify that action had not been taken when people were losing weight, or that people were not being repositioned in line with the guidance in their care plans.
- The management team had not always worked effectively with other professionals to ensure people received safe, high-quality care. A healthcare professional raised concerns about communication with the management team in October 2023, stating, 'We have tried to improve communication with the St Catherine's staff repeatedly but often have no response to emails from management. We tried to arrange a meeting to discuss our concerns which took weeks for a reply. Their nursing team regularly fail to answer the phone or call us back at pre-agreed times.'
- Staff feedback about whether their views were listened to were mixed. One member of staff told us, "The manager is very approachable. Anything I ask or require, she is very prompt." Another member of staff said, "We have anonymous questionnaires. We do that a couple of times a year. They do listen and we can email the head office if we don't feel the manager is listening."
- However, some staff spoke of their frustration that the concerns they had raised about staffing levels had not resulted in any additional staff being deployed. They told us current staffing levels prevented them from providing the level of care to people they wished to and that people deserved. One member of staff said, "We told them at the staff meeting that we have residents with a lot of needs. We explained to the management that we need more staff. They said that the [staffing] ratio according to the residents is fine."
- The results of staff surveys returned in 2023 confirmed that staff did not always feel listened to. A third of staff who returned surveys said concerns they raised had not been dealt with, and almost half said their suggestions were not listened to. Half the staff who completed surveys identified staffing as something the home could do better.
- Feedback from relatives about the response when they made suggestions or raised concerns was also mixed. One relative told us, "I have been to one meeting for families and we all had a chance to put ideas forward and tell the staff our feedback, it was nice to be able to do that and I am looking forward to the next one." Another relative said, "Staff do ask me if there is something that [family member] is unsure of and listen to me when I advise them how to help him."

- However, some relatives told us issues they had raised had not been addressed. One relative said concerns they raised about cleanliness had led to no improvements in this area. Another relative told us they had requested more events involving families but no action had been taken to implement this. When asked to rate 'How the manager responds to concerns' in a survey distributed in 2023, the majority of relatives answered, 'Can do better.'

Monitoring systems had not identified shortfalls in the delivery of care. The management team had not always worked effectively with other professionals involved in people's care. Feedback from relatives and staff had not always been acted upon. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Having been made aware of the concerns raised by professionals in October 2023, the provider's regional manager and the quality assurance and compliance manager had developed a service improvement plan (SIP). This outlined the actions the provider planned to take to address the concerns and timescales within which these would be achieved.

- In addition to responding to concerns raised, the SIP included improving communication amongst managers and staff through heads of department meetings and more detailed handovers, updating staff training, reviewing people's care plans and developing risk management plans where necessary.

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 registered manager was not at the home on either day of our inspection so we were unable to discuss the duty of candour with them. The regional manager and the quality assurance and compliance manager understood their responsibilities under the duty of candour and the need to be open and honest if adverse events occurred.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  The registered provider had failed to do all that is reasonably practicable to mitigate risks to people's health and safety, to ensure the proper and safe management of medicines, and to put adequate measures in place to prevent and control the spread of infections.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance  The registered provider had failed to monitor and improve the quality and safety of the service (including the quality of service users' experience), and to act on feedback from relevant people for the purpose of evaluating and improving the service.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 18 HSCA RA Regulations 2014 Staffing  The registered provider had failed to deploy sufficient numbers of staff to meet people's needs.