

Regal Care Trading Ltd

St Catherines Nursing Home

Inspection report

152 Burngreave Road
Sheffield
South Yorkshire
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Tel: 01142723523

Date of inspection visit:
04 February 2020

Date of publication:
04 March 2020

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

About the service:

St Catherine's is a 'care home'. People in care homes receive accommodation and nursing or personal care. The service has two separate buildings. The service can support up to 67 older people, some of whom may be living with dementia. There were 48 people living at the service at the time of the inspection.

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

There was a strong, visible person-centred culture. All the people, relatives and staff spoken with gave us positive feedback about the caring nature of the service, quality of the staff and thoughtful support they received.

People spoken with told us they felt safe. People had individual risk assessments in place so staff could identify and manage any risks appropriately.

Safeguarding procedures were robust and staff understood how to safeguard people. Systems were in place to make sure managers and staff learned from events such as incidents, concerns and investigations.

There were enough staff to ensure people's care and support needs were met. Staff told us they had training to enable them to perform their roles and were able to improve and develop new skills. Staff felt supported and told us they received regular supervision. The provider completed appropriate pre-employment checks for new staff, to check they were suitable to work at the service.

Medicines were managed safely at the service. We saw infection control audits were undertaken which showed any issues were identified and acted upon.

People and relatives made positive comments about the quality of care provided at the service. 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.

People made positive comments about the quality of food provided and told us their preferences and dietary needs were accommodated. Some people required their fluid intake to be monitored to minimise their risk of dehydration. Some people's records had been completed appropriately and monitored. However, we found few people's records had not been fully completed or sufficiently monitored. We have recommended the provider considers current guidance for the prevention of dehydration in older people.

Respect for privacy and dignity was at the heart of the service's culture and values. People and staff felt respected and listened to. The service promoted people's wellbeing by taking account of their needs including activities within the service and community.

Complaints were recorded and dealt with in line with organisational policy. There were planned and regular

checks completed at the service to check the quality and safety of the service provided.

Staff spoken with made very positive comments about the staff team and registered manager.

Rating at last inspection

The last rating for this service was good (published 4 November 2017). There was also an inspection on 7 November 2018 however, the report following that inspection was withdrawn as there was an issue with some of the information that we gathered.

Why we inspected

This is a planned re-inspection because of the issue highlighted above.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

St Catherines 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection was carried out by two inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type:

St Catherine's is a 'care home'. People in care homes receive accommodation and nursing or personal care. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

Before this inspection we reviewed the information we held about the service, which included correspondence we had received and any notifications submitted to us by the service. Statutory notifications are information the registered provider is legally required to send us about significant events that happen within the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We contacted social care commissioners who help arrange and monitor the care of people living at St Catherine's. We also contacted Healthwatch Sheffield. 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 all of this information to plan our inspection.

During the inspection

We spent time observing the daily life in the service. We observed how staff interacted and supported people and spoke with nine people and three relatives. We spoke with eight members of staff including the registered manager, the deputy manager, a nurse, a team leader, a care worker, the activities coordinator, the cook and an administrator. 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 reviewed a range of records. This included reviewing people's care records and multiple medication records. We looked at two staff files in relation to recruitment. A variety of records relating to the management of the service including staff training and supervision. We looked around the building to check the service was safe and clean.

Is the service safe?

Our findings

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

At the inspection on 4 November 2017 this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Systems were in place to safeguard people from abuse.
- People were supported to raise any concerns with staff. People told us they felt safe. Comments included, "I feel really safe here" and "I always sit here and I feel secure."
- Relatives spoken with did not express any concerns about their family member's safety. Comments included, "I am very happy with the balance between protection and freedom my [family member] receives here" and "She [family member] is so much safer here than the last place."
- Staff had undertaken safeguarding training and were knowledgeable about their roles and responsibilities in keeping people safe from harm.

Assessing risk, safety monitoring and management

- There were effective systems in place to assess, monitor and mitigate the risks relating to the health, safety and welfare of people who used the service.
- People's care records included assessments of specific risks posed to them, covering areas such as their physical and mental health. Care plans contained appropriate guidance for staff about how to support people to reduce the risk of avoidable harm.
- Risk assessments were regularly reviewed or more frequently if a person's needs changed. This supported staff to take appropriate action to reduce risks as risk levels changed.
- Regular checks of the building and the equipment were carried out to keep people safe and the building well maintained.

Staffing and recruitment

- There were enough staff to keep people safe and meet their needs. During this inspection, we saw staff were available to meet people's needs in a timely manner.
- People, relatives and staff spoken with did not express any concerns about the staffing levels at the service.
- The provider completed appropriate pre-employment checks for new staff, to check they were suitable to work at the service.

Using medicines safely

- Medicines were managed safely at the service. People were receiving their medicines as prescribed. Staff kept records about what medicines they had administered to people and when.
- Staff who administered medication had received training and their competency had been checked.
- Regular checks of medicines were undertaken to identify any issues and improve the management of medicines.

Preventing and controlling infection

- St Catherine's was clean on the whole and regular infection control audits were undertaken by senior staff. We noted some malodours in two people's rooms and shared this feedback with the registered manager. They told us they would speak to the housekeeper and arrange for the rooms to be deep cleaned.
- Staff had access to personal protective equipment (PPE) such as gloves and aprons. We observed a staff member using PPE appropriately during our inspection.

Learning lessons when things go wrong

- The service had a process in place for staff to record accidents and untoward occurrences. The registered manager told us they were notified of any occurrences. These were monitored to identify any trends and prevent recurrences where possible.
- Staff handovers and team meetings were used to discuss learning points from incidents and changes to people's care plans, so that people were supported safely.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the inspection on 4 November 2017 this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's physical, mental and social needs were holistically assessed before they started using the service. Protected characteristics under the Equality Act were considered. For example, people were asked about any religious or cultural needs so these could be met.
- People and relatives spoken with made positive comments about the quality of care provided. Comments included, "The staff really know what they are doing and know about my various health needs," "I can't imagine anywhere better than here. The staff here know me really well and look after me really well" and "They [staff] are effective at meeting her [family member] needs. The carers let us sit by ourselves in the small lounge where I can help her eat and spend quality precious time together."

Staff support: induction, training, skills and experience

- Staff induction procedures ensured staff were trained and knowledgeable about the people they supported. Staff told us they had training to enable them to perform their roles and were able to improve and develop new skills.
- Staff were supported to undertake the Care Certificate. The Care Certificate is an identified set of standards that health and care professionals adhere to in their working life.
- The nursing staff had received training to meet the needs of the people such as syringe driver and end of life training.
- Staff told us they were well-supported by the registered manager and received regular one-to-ones and appraisals.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported with their health and dietary needs, where this was part of their plan of care.
- We found a varied and nutritious diet was provided to support people's health and meet their preferences. People and relatives made positive comments about the food options at the service. Comments included, "Nice food, it is very good, not had a bad meal and it is well presented" and "The food is great, well prepared and cooked and there is plenty of choice. I'm sure I am much healthier as a result."
- People were offered a choice at mealtimes. Staff used show plates to help people choose what they would like to eat.
- Some people required their fluid intake to be monitored to minimise their risk of dehydration. We checked a sample of people's records. Some people's record had been completed appropriately and monitored. However, we found a few people's records had not been completed appropriately or sufficiently monitored.

For example, two people's fluid charts did not have a target. We shared this feedback with the registered manager. They told us care staff would be provided with further training and guidance. People's fluid charts would be checked and monitored by senior staff to ensure people were provided with enough to drink, and to maintain their health.

We recommend the provider consider current guidance for the prevention of dehydration in older people in long term care.

Staff working with other agencies to provide consistent, effective, timely care

- The service had clear processes for referring people to other services, where needed.
- The service worked closely with health professionals to support people's health needs. For example, the local GPs visited the service regularly.

Supporting people to live healthier lives, access healthcare services and support

- In people's records we found evidence of involvement from other professionals such as doctors and specialist nurses.
- People were supported to attend appointments.

Adapting service, design, decoration to meet people's needs

- The service has two buildings which share the kitchen and laundry facilities. There are communal areas within both buildings. There are quieter areas for people to sit in or meet with family members. There is dementia friendly signage to help people to navigate around the home.
- The registered manager told us staff worked across both buildings so they got to know all the people living at the service.
- People had access to a garden with tables and chairs. The registered manager told us people liked to watch the squirrels coming into the garden.

Ensuring consent to care and treatment in line with law and guidance

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. People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. 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 good practice guidelines.
- People we spoke with confirmed staff sought their consent. During the inspection we observed care staff obtaining consent from people before providing support.
- Staff had received training in the MCA and DoLS. Care staff told us people were promoted to be as independent as possible and to make decisions for themselves.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

At the inspection on 4 November 2017 this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff were sensitive to times when people needed support. Staff demonstrated a good knowledge of people's personalities, individual needs and what was important to them.
- People appeared comfortable in the presence of staff. Staff provided lots of reassurance and encouragement when people were being hoisted or supported to move.
- People and relatives spoken with made positive comments about the staff. Comments included, "She [team leader] is very nice, they all are," "The staff are brilliant here, really caring and helpful. They look after me well. My daughter comes to see me and is made welcome," "The staff are lovely and can't do enough for me. I feel I can contribute to my care if I have anything to say I feel the staff would listen" and "The carers [staff] are so helpful, caring and kind as well as being good at their job."
- Care and support was delivered in a non-discriminatory way and the rights of people with a protected characteristic were respected. For example, one of the protected characteristics is religion or belief.
- Staff told us they enjoyed caring for people living at St Catherine's. One staff member said, "As a carer the job is demanding, but it's also rewarding seeing residents with a smile on their face."

Respecting and promoting people's privacy, dignity and independence

- Staff were respectful of people's privacy and treated people with dignity and respect.
- Staff gave positive feedback about the caring nature of the service and the quality of care and support provided.
- People's confidentiality was respected and all personal information was kept securely. Staff were aware of issues of confidentiality and did not speak about people in front of other people.

Supporting people to express their views and be involved in making decisions about their care

- Care plans contained information for staff on how people expressed their views and how to support them to be involved in making decisions about their care.
- Staff supported and encouraged people to make decisions about their care.

Respecting and promoting people's privacy, dignity and independence

- Staff had undertaken equality and diversity training. This training helps ensure people are treated as equals, that people get the dignity and respect they deserve and that their differences are celebrated.
- People were encouraged to maintain their independence. People's care plans explained what they could do for themselves and what they needed staff to support them with.
- During the inspection staff respected people's privacy by knocking on doors before entering people's

rooms. Staff obtained consent from people before providing care.

Is the service responsive?

Our findings

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

At the inspection on 4 November 2017 this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control:

- People and relative's spoken with made positive comments about the care and support provided.
- Care plans were detailed and were centred on the person. We found there was a record of the relatives and representatives who had been involved in the planning of people's care. People's care plans and risk assessments were reviewed regularly and in response to any change in needs.
- Staff handovers enabled information about people's wellbeing and care needs to be shared with the staff coming on shift.
- The registered manager was aware of people's wellbeing and what action was being taken if they were unwell or becoming unwell. We observed them speaking with people to check how they were feeling and whether they felt any better.
- The service promoted people's wellbeing by taking account of their needs including activities within the service and community. There was a range of activities available at the service including arts and crafts, games and visiting entertainers. People spoken with described the different activities available. One person said, "I love the variety in the activities and I get involved quite a lot. We have been on trips to Doncaster, the Zoo, Skegness, Cleethorpes and even on a barge trip although there is nothing laid on at weekends." Another person described how much they enjoyed having the registered manager's dog visiting them in their room.

Improving care quality in response to complaints or concerns

- There was a robust system in place to respond to complaints and concerns.
- Resident meetings were held every week and people were encouraged to express any concerns they may have.
- People spoken with felt confident they could raise concerns and their concerns would be listened to. One person said, "I do not have any complaints at all, but if I did I would speak to a carer or even the manager."

The provision of accessible information

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Care records contained clear communication plans explaining how people communicated. For example, verbally, through hand gestures or using specific communication aids.
- We saw staff were able to communicate with and understand each person's requests and changing moods.

End of life care and support

- There was no one receiving end of life care at the time of our inspection. People's wishes and preferences had been explored and were included in their care plans.
- The nursing staff and registered manager had attended training at the local hospice. The registered manager told us they had established a strong link with the local hospice.

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 inspection on 4 November 2017 this key question was rated as requires improvement. At this inspection this key question has improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- We observed a positive, welcoming and inclusive culture within the service. One person said, "The thing I like best in this home is the atmosphere. I have a good room, but it's not like home. I need so much help now with everything and get it here."
- Regular checks were completed at the service by senior staff to identify any areas for improvements and to ensure it provided high-quality care and support. We have made a recommendation about the checks completed on people's fluid charts.
- The service had an open culture. Staff were committed to providing person-centred care and learning from any incidents.

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

- We received positive feedback from staff about the way the service was run. They told us the registered manager was approachable, supportive and proactive at dealing with any issues that arose.
- Staff at all levels were clear about their roles and responsibilities.
- Staff told us there was a good team of people working at the service and they worked effectively as a team.
- The registered manager was aware of their obligations for submitting notifications in line with the Health and Social Care Act 2008.

Continuous learning and improving care; Working in partnership with others

- The registered manager and provider had been working with the local authority and the Clinical Commissioning Group (CCG) to improve the service. The local authority and CCG action plans showed that improvements had been achieved.
- There were quality assurance systems in place to monitor the quality and the safety of the service provided.
- Staff meetings took place to review the quality of the service provided and to identify where improvements could be made.

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

- We saw evidence that the registered manager actively sought people's views by holding weekly residents meetings with the activities coordinator. These meetings included a discussion on activities and trips, quality of care and food provided. The service also produced a monthly newsletter which was available in

reception. Relatives meetings were also undertaken.

- The regional manager regularly visited the service to check the quality of care provided and the safety of the service. They also checked whether the action completed from their last visit had been completed.
- The service had developed strong links with the local GPs and pharmacy.