Park Homes (UK) Limited

St Catherines Care Home

Inspection report

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Date of inspection visit:
11 January 2022
26 January 2022
27 January 2022

Date of publication:
08 March 2022

Ratings

Overall rating for this service	Inspected but not rated
Is the service safe?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

About the service
St Catherines Care Home is a care home providing personal and nursing care for up to 40 people across two units, with one specialising in providing care to people living with dementia. At the time of the inspection there were 27 people using the service.

People's experience of using this service and what we found
The service was registered under a new provider; Park Homes (UK) Ltd in October 2021. The transfer had not been well planned. The manager was new to the role and during this period there had been a lack of engagement from senior managers with limited induction for some staff. Governance and monitoring systems had not effectively identified the issues we found during the inspection. A recent COVID- 19 outbreak and staff shortages had significantly impacted on the service.

Whilst some risk assessments for people were in place, there was a risk people may be exposed to harm, as risks were not always fully considered and mitigated. When plans were in place to manage risk, it wasn't always clear these plans were being followed.

The provider was unable to demonstrate staff had been recruited safely in line with requirements. We could not be sure agency staff had the appropriate recruitment checks, competency and experience required to carry out their roles, as records were insufficient.

There were several staff vacancies and there had been staff absences, which were covered through a high usage of agency staff. The provider was actively recruiting for staff and the manager had recently arranged more consistent agency staff, which staff felt had been beneficial.

Risks in relation to COVID-19 had not always been effectively managed and we were not assured the provider had a robust system in place to check the vaccination status of staff and visiting professionals in line with government guidance. During the inspection the provider took immediate action to improve practice in relation to aspects of infection prevention and control (IPC).

People felt safe and able to raise any concerns. Staff told us they had received training in safeguarding; however, records were not up to date. The new provider had implemented eLearning and all staff were in the process of completing safeguarding training via this system.

People received their medicines safely and systems were in place to ensure medicines were ordered, administered and audited regularly.

Relatives had raised concerns about effective contact and communication with the service. The new provider had resolved some practical issues and the manager was working to improve communication.

People were involved in reviews of their care plans, which were being carried out. They told us care was provided in a way that suited their individual needs. Staff understood people's care needs.

The registered provider and manager took responsive and prompt action during the inspection to mitigate risk and developed a detailed service improvement plan, to make the necessary improvements. They were open and transparent during the inspection.

Managers were working in partnership with other professionals such as the local authority and health colleagues to improve practice.

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

Rating at last inspection
This service was registered with us on 10 October 2021 and this is the first inspection.

The last rating for the service under the previous provider was requires improvement, published on 22 October 2020.

Why we inspected
We undertook a targeted inspection to follow up on specific concerns which we had received about the service. The inspection was prompted in part due to concerns received about the management of risk, staffing and infection control. A decision was made for us to inspect and examine those risks.

We inspected and found there was a concern with infection control and the management of the service, so we widened the scope of the inspection to become a focused inspection which included the key questions of safe and well-led.

As this is the first inspection under this provider, for those key questions not inspected, we have not awarded a rating and there is no overall rating. We have found evidence that the provider needs to make improvements.

Please see the safe and well-led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for St Catherines Care Home on our website at www.cqc.org.uk.

Enforcement
We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to the governance of the service, safe recruitment, the safe management of risk and COVID-19 vaccination as a condition of deployment.

The registered provider took responsive and prompt action during the inspection to mitigate risk and start to address the areas to improve the quality of the service.

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?

Requires Improvement

The service was not always safe.

Details are in our safe findings below.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Details are in our well-led findings below.

St Catherines Care 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 included checking the provider was meeting COVID-19 vaccination requirements. 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 three inspectors.

Service and service type
St Catherines Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service did not have a manager registered with the Care Quality Commission. This means the provider is 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. Inspection activity started on 11 January 2022 and ended on 31 January 2022. We visited the service on 11, 26 and 27 January 2022.

What we did before inspection
We reviewed information we had received about the service. We sought feedback from the local authority and professionals who work with 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 used all of this information to plan our inspection.

During the inspection-
We spoke with six people who used the service and a visiting relative about their experience of the care provided. We spoke with nine members of staff in addition to the manager and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We also spoke with a visiting social care professional.

We reviewed a range of records. This included eight people's care records and multiple medication records. We looked at records in relation to recruitment and a variety of records relating to the management of the service

After the inspection
We continued to seek clarification from the provider to validate evidence found.

Requires Improvement

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated 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.

Assessing risk, safety monitoring and management

- Whist some risk assessments for people were in place, there was a risk people may be exposed to harm, as risks were not always fully considered and mitigated.
- Some people required modified diets due to the risk of choking. However, snacks and various drinks were accessible to people in communal areas of the home. For people living with dementia there were no risk assessments in place to consider if this was safe.
- One person chose to store unsecured personal items in their bedroom, which could pose a risk if accessed by others. There was no risk assessment in place to consider this. The manager took immediate action to secure the items with the person's consent.
- When plans were in place to manage risk, it wasn't always clear these plans were being followed. One person required regular safety checks, however records did not always evidence these were taking place.
- Two people had pressure relieving mattresses which were set higher than their weight, this may have put their skin at risk of pressure damage.

We found no evidence that people had been harmed. However, risk assessments were either not in place or had not been followed to effectively manage risk. This placed people at risk of harm. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The service had systems to carry out regular health and safety checks including checks on gas and electrical appliances safety. Water temperatures were monitored regularly.
- The fire service had issued an action plan in October 2021 for some actions and remedial work. The fire service confirmed significant progress had been made, with an extension given for an outstanding action.

Staffing and recruitment

- The provider was unable to demonstrate staff had been recruited safely in line with requirements.
- There were gaps and omissions in staff recruitment records, including some DBS checks, references and full employment history.
- The service used agency staff. The provider did not have profiles in place for all agency staff working at the service. This meant they could not be assured such staff had the appropriate recruitment checks, competency and experience required to carry out their roles. The manager had requested this information from the agencies; however these had not been provided.

We found no evidence that people had been harmed, however, the provider was unable to demonstrate safer recruitment procedures had been followed. This was a breach of Regulation 19 Fit and proper persons employed of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● During the inspection, we observed there were enough staff to meet people's needs. People told us staff responded to their needs. One person told us staff were "Very nice and obliging."
● The provider had a dependency tool to help assess the staffing levels required, which had not been used recently. Staff were updating peoples' care plans and, we were told this would enable managers to complete the dependency tool.
● There were several staff vacancies, which were covered through a high usage of agency staff. Staff felt this had impacted on the service, as these staff were not as familiar with people's needs. However, the manager had recently arranged for consistent agency staff to support the home. Staff told us this had been beneficial.
● The provider was actively recruiting staff, especially nurses and domestic staff. They had recently implemented strategies with the aim of attracting applicants.

Preventing and controlling infection
From 11 November 2021 registered persons must make sure all care home workers and other professionals visiting the service are fully vaccinated against COVID-19, unless they have an exemption or there is an emergency. We checked to make sure the service was meeting this requirement.

We identified a breach of Regulation 12(3), but the Government has announced its intention to change the legal requirement for vaccination in care homes.

● We were not assured the provider had a robust system in place to check the vaccination status of staff and visiting professionals in line with the COVID-19 government guidance. The manager was unable to demonstrate checks in relation to the vaccination status of agency staff working at the time of inspection, had been made.
● Where appropriate, people had allocated 'essential care givers'. Whilst these visitors were asked to undertake some COVID -19 testing, this was not fully in line with current guidance.
● Staff had not always used PPE in line with guidance. Since the inspection the local health protection team had supported with training and infection prevention and control (IPC) champions had been identified.
●. The manager was unable to evidence checks had been made of a negative COVID-19 test for an agency staff member working at the time of inspection. The manager took immediate action to address this.
● Domestic staff vacancies had impacted on the service, and some areas needed cleaning. The provider arranged for an external agency to undertake a deep clean of the premises and implemented cleaning schedules straight away.

There was failure to ensure appropriate infection control measures in response to the COVID-19 pandemic. This was a further breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● The provider was facilitating visits for people living in the home in accordance with the current guidance. Non-essential visiting had recently been paused due to a recent COVID-19 outbreak. However, people had been supported to maintain contact with relatives and visits continued in some cases in line with guidance.

Using medicines safely
● People received their medicines safely and as prescribed.
● Systems were in place to ensure medicines were ordered, administered and audited regularly.

● Staff had been trained to administer medication. However, the manager was in the process of introducing staff competencies to ensure practice remained safe.

Systems and processes to safeguard people from the risk of abuse

● People felt safe and able to raise any concerns. One person said, "The carers are very nice" and a relative told us "The staff are good."

● Staff told us they had received training in safeguarding; however, records were not up to date. The new provider had implemented eLearning and all staff were in the process of completing safeguarding training via this system.

● Overall, staff spoken with understood their responsibility and knew how to report any safeguarding concerns. However, the manager agreed to offer further guidance to staff about when to escalate relevant issues in line with local procedures.

● The manager was currently working with the local authority to investigate three safeguarding concerns raised in relation to aspects of care provided.

Learning lessons when things go wrong

● Accidents and incidents had been recorded and the manager told us these were reviewed on a case by case basis to look at how risks could be minimised in the future.

● The manager had not yet implemented a system to regularly analyse accidents and incidents to identify any themes or trends and told us they planned to do this.

Requires Improvement

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.

This is the first inspection for this newly registered service. This key question has been rated 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; Continuous learning and improving care

- The service was registered under a new provider in October 2021. The transfer had not been well planned, including the integration of new systems and procedures. This had caused some practical challenges.
- The manager was new to the role and had not yet registered with the CQC. During this period there had been a lack of engagement from senior managers with limited induction for some staff.
- Governance and monitoring systems had not effectively identified the issues we found during the inspection. Some audits had been carried out but had not been effective.
- The new provider had policies and procedures in place, however these were not yet accessible to all staff and had not been fully embedded.
- There were gaps and inconsistencies with the recording of care. Records did always evidence people's care was being provided in line with their assessed needs.

Systems and records were not always robust enough to demonstrate risks to people's health and safety were effectively monitored. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The nominated individual and manager were very responsive and took some immediate actions during the inspection. An updated and detailed improvement plan was put into place.
- The COVID -19 outbreak and staffing shortages had impacted significantly on management time. Extra management support was now being provided.
- The provider had introduced a new eLearning system and staff were undertaking relevant training.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Relatives had raised concerns about effective contact and communication with the service. The new provider had resolved some practical issues, an administrator was now in post and the manager was working to improve communication.
- Two people raised some issues about the temperature of the food provided. They had not been asked for any recent feedback about the service. The manager agreed to address this.
- Staff needed to ensure people's privacy was fully respected, as personal records were not always kept in a secure location.

●Staff were in the process of reviewing care plans to ensure they were up to date and reflected people's current needs. People were involved in these reviews and told us care was provided in a way that suited their individual needs.
● Staff views varied, some felt staffing shortages had impacted on the service, whilst others felt supported with a good staff team. Staff understood people's care needs and were kept up to date though a daily meeting.

Working in partnership with others; 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 provider and manager were open and transparent about the issues they faced and the improvements required.
● The manager had failed to notify CQC about three recent safeguarding enquiries, as legally required. This was an oversight and the manager submitted these notifications straight away.
● Managers were working in partnership with other professionals such as the local authority and health colleagues to improve practice.
● Staff had recently worked with the local medicines management team to review and improve practice. Any errors or omissions had been appropriately reported through local procedures.

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 Risk assessments were either not in place or had not been followed to effectively manage risk. This placed people at risk of harm. There was a Breach of Regulation 12(3),There was failure to ensure appropriate infection control measures in response to the COVID-19 pandemic. However, the Government has announced its intention to change the legal requirement for vaccination in care homes.

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 Systems and records were not always robust enough to demonstrate risks to people's health and safety were effectively monitored.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed The provider was unable to demonstrate safer recruitment procedures had been followed.