

Catherine Care Limited

# Catherine Care

## Inspection report

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## Ratings

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

# Summary of findings

## Overall summary

About the service: Catherine Care is a domiciliary care service registered to provide personal care to people who have dementia, learning disabilities or autistic spectrum disorder, older people, physical disability, sensory impairment and younger adults. It provides personal care to people living in their own properties and specialist housing.

Not everyone using the service received a regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. At the time of this inspection nine people were receiving assistance with their personal care needs.

The service provides care and support to people living in three 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

People's experience of using this service:

Although the registered manager was committed to improving people's care, systems to provide oversight and to monitor and improve the quality of care people received needed strengthening.

We have made a recommendation about documenting when assessing people's capacity.

Staff were aware of their responsibilities in keeping people safe. Recruitment processes meant that staff were recruited safely. There was enough staff to meet people's needs. People received their medicines. People were protected from cross infection as suitable measures were in place.

People received personalised care that was responsive to their needs and had access to healthcare professionals when needed. The principles of the Mental Capacity Act (2005) were being followed.

People receiving support said that staff were nice and kind. People had a choice about their care whilst being supported to remain independent.

There was a registered manager in post who was approachable and supportive. The provider worked in partnership with other agencies and sought feedback from people who used the service to make improvements.

Staff were provided with relevant training and supervision so they had the skills to support the people they worked with.

Rating at last inspection: This is the first time Catherine Care have been inspected since registration.

Why we inspected: This was a scheduled inspection based on when they registered with us.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Requires Improvement ●

The service was not always well-led

Details are in our well-led findings below.

# Catherine Care

## 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.

**Service and service type:** This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It provides a service to adults with a learning disability and physical disability.

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:** We gave the service three days' notice of the inspection visit because it is small and we needed to be sure that the manager would be in. Inspection site visit activity took place on 24 January 2019. We then continued the inspection with follow up phone calls to family members and professionals on the 29 January 2019.

**What we did:** Prior to the inspection we gathered information from a number of sources. We looked at information we held about the service, which included any notifications submitted to us by Catherine Care. A notification is required to be sent to CQC by law and should be sent every time a significant event has happened.

We contacted Staffordshire local authority and Staffordshire Healthwatch to gather their views of Catherine Care. Healthwatch helps people speak up about health and social care services in the Staffordshire area.

During the inspection we spoke to three people who used the service, four staff members, one relative, the registered manager and provider. We looked at four people's support plans, two staff recruitment files and other information relating to the running of the service, including audits.

After the inspection we spoke to two relatives by the telephone to gather their views about the service and two health and social care professionals. We also received information from the registered manager that we had requested such as staff training information and their statement of purpose.

# Is the service safe?

## Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Learning lessons when things go wrong

- The registered manager told us that although staff were completing incident forms, staff were putting them into people's files meaning that the registered manager had not always seen them and reviewed them to ensure appropriate action had been taken. The registered manager recognised this and implemented a new process with staff that all forms need to come to them first before being filed.

Using medicines safely

- People could be assured that their prescribed medicines would be managed safely.
- We checked three people's medication administration records (MAR). Some people were prescribed medicines to be taken on an 'as and when needed' (PRN) basis, for example pain relief. Whilst we found staff were aware of the circumstances when the PRN medication was required, there were not always written protocols in place. We discussed this with staff and the registered manager who developed written protocols following our feedback. This meant that written information was available so that safe procedures were adhered to.
- We saw medicine stock levels matched the records, which showed people were getting their medicines as prescribed.
- Staff told us that have received medication training and records confirmed this.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of potential abuse. People told us they felt safe. Staff told us that they had received safeguarding training and the action that they would take to protect somebody from harm. For example, one staff member told us "I would report it to [registered manager] or call the safeguarding number." Policies on safeguarding vulnerable adults and whistleblowing procedures were available to provide guidance to staff.

Assessing risk, safety monitoring and management

- People's risk to safety had been recognised and planned for. For example, some people had epilepsy, and care plans were in place which showed what actions staff should take to reduce the risk to the person.
- Staff were aware of people who presented with behaviours that challenged. Plans of care were in place to support people with this behaviour. Health professionals told us Catherine Care worked in partnership with them to ensure people's safety and risks were managed.

Staffing and recruitment

- There were sufficient numbers of staff available to keep people safe. Staff told us that, "Rotas are done three weeks in advance and sent to family so that they are aware who is supporting them." A relative confirmed this and told us that, "Times are always arranged before, if staff are off sick they will ring or email

to let us know."

- The registered manager told us staffing levels were determined by the number of people using the service and their needs.
- People received support from safely recruited staff. The records evidenced that references had been sought and Disclosure and Barring Service (DBS) checks had been completed to ensure that potential staff were of good character to be able to work with people who used the service. The DBS helps employers make safer recruitment choices.

#### Preventing and controlling infection

- Relatives told us that staff personal protective equipment (PPE). For example, one relative told us "I've seen them with gloves, they are very hot on making sure they do everything correctly."
- Staff told us they received training in preventing and controlling infection control and food hygiene training and records confirmed this.



# 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.

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 needs were assessed to ensure that they could be met. Assessments were carried out to identify people's support needs and included information about their personal care and dietary requirements.
- The provider identified people's information and communication needs by assessing them. This is in line with the Accessible Information Standard. People's communication needs were identified and recorded in care plans.
- People were supported to access community health services to have their healthcare needs met. We saw support plans detailing input from different health professionals. For example, Speech and Language Therapists (SALT).

Staff support: induction, training, skills and experience

- Staff were supported to provide skilled and personalised care to people.
- Staff told us that they had a range of training to meet people's care needs. One staff member told us that they "Have genuinely never been to anywhere that has offered so much training and opportunities." Another staff member told us "I'm not academic naturally, but they have pushed me and it's nice. Not every company would do that for me."
- Staff received supervision and we saw records confirming this. One staff member told us that, "The registered manager does supervision with me and [also] as and when I request it, if I feel that I need to speak about something. I have never come to them where they haven't supported me."

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

- People told us that they liked the food and we saw that they had a choice of meals.
- One relative told us that their family member had "Identified that they wanted to lose weight, so they started a group in the home, and then started going to one [a weight loss group] in the community."
- We saw plans in place which detailed people's food preferences and their dietary requirements. For example, one person needed their food cutting up and support with choosing and preparing what food they would like to eat.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were supported to maintain their health and well-being. Records showed that people were supported to attend a range of health appointments including GP, SALT, dentist and the community learning disability team.
- One relative told us that their family member became unwell and "Straight away they [Staff] alerted us, they were really good and really efficient."

- Records that showed staff when people were in pain who couldn't verbally communicate and what do it.

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.
- We checked whether the service was working within the principles of the MCA. For people being supported in the community who need help with making decisions, an application should be made to the Court of Protection.
- Catherine Care was working within the principles of the MCA. For example, one staff member told when describing the MCA that "It is about being able to process the information to make a decision."
- Although on a day to day basis people's consent to care was sought and their capacity considered there was no documentation completed from the service relating to decision specific capacity or best interest decisions. We recommend consideration be given to assessing capacity of particular decisions.

# 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

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People were treated with kindness, respect and compassion by staff who knew them well. People told us that staff were kind and caring. One person told us that the staff "[Staff] Make me laugh and that they make me feel comfortable."
- One relative told us that, "Whatever process they go through with [person's name] they communicate what they are going to do next and where [person's name] is going to go. We are very happy about how [person's name] is looked after and [person's name] seems very happy to. I would know if they weren't. They [staff] are very caring and are nice people as well."
- Staff received supervision with equality being a specific agenda item on some supervisions. This ensured equality was always thought about and planned for. This meant that people's protected characteristics were considered.
- Support plans detailed people's preferences but also acknowledged that may wish to make another choice. For example, "[Person's name] usually likes a cup of tea in the morning but staff are to ask [person's name] what they would like." This encouraged staff to involve people in their care and to enable people to make choices about their day to day routines.

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

- People were supported to express their views about what kind of care they would like to receive and these were accommodated. For example, people were asked about what qualities they would like in somebody who supported them. One person preferred a female who was "happy, excited and fun."
- People's relatives were involved when necessary to help support people make decisions. One relative told us they were involved in the care planning for their family member, for example "We sat down and went through everything. Once it was typed up I read through it to make sure nothing was missing." Another relative told us that the service "Took on board everything that I was doing for [person's name] and they have incorporated that into the support plans."
- The service also invited people to take part in surveys, to ask for feedback from their care. This feedback showed that people were happy using the service.

Respecting and promoting people's privacy, dignity and independence

- People were encouraged to maintain and increase their independence. One person told us that they liked the "Cooking and independent living skills." Staff were focussed on supporting people to increase their independence.
- One relative told us that, "Staff seem very sunshiny, they are positive and friendly, [person's name] talks non-stop about them in good ways. It's been great for [person's name] their confidence has grown and I attribute that to the dignity and support the staff give them."

- Staff were able to give us examples of how they promoted people's privacy and dignity and this was confirmed by people's relatives who told that "They always shut [person's name] bedroom door when completing personal care. [Person's name] is very particular about their personal care and they have never complained about them undertaking it which tells me that they don't make [person's name] feel awkward in anyway."

# Is the service responsive?

## Our findings

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

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 had personalised care that was responsive to their needs. One person told us that they felt consulted and had choices, for example we observed people being supported to choose which food they wanted to eat.
- Care plans focussed on the persons whole life, including their goals, skills and abilities. Staff worked with people and enabled them to be in control of their care and accommodated people's preferences. For example, one relative told us that a person may pick an activity which may not be best suited to weather conditions on the day, staff will offer them an alternative but if they still want to do that particular activity then they will do it.
- Relatives felt that they and their family members were listened to, with one saying "[person's name] has been listened to as to what they wanted from their care. It fills me up with confidence and we would recommend them [Catherine Care] to anybody."

Improving care quality in response to complaints or concerns

- There had been no complaints regarding regulated activities; however, we saw an appropriate complaints policy in place and people could complain if they wished.
- One relative told us that they "Know how to and could complain to the registered manager, provider or could go to safeguarding or CQC."
- Staff actively sought out comments about the care of the people they support. For example, one relative told us they [staff] "always ask if there is anything they aren't happy with or can improve on. I would mention it as we have a good relationship. "

End of life care and support

- Although none of the people supported currently required end of life care, staff told us they would work alongside people's relatives and other health professionals to coordinate end of life care.

# 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

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

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

- Systems were in place to monitor people's care, however there were some shortfalls that had not been identified by the providers audits. For example, we saw that an audit had been completed with an action plan that stated all actions had been completed, however we found some issues remained unresolved. We discussed this with the registered manager who has reviewed and updated the audit paperwork and forwarded us a copy after the inspection along with other actions they had taken.
- Additionally, the lack of protocols for PRN medication had not been identified by the providers own systems.
- Although the registered manager was responsive to our feedback they had not recognised that there was no systematic approach in place to review accident and incident records to ensure that appropriate action was taken to reduce the likelihood of incidents occurring again. Following our inspection the manager introduced new system to do this however, the providers own audits had not identified that this area required strengthening.
- The registered manager was aware of their obligations for submitting notifications to the CQC as required by law. The registered manager confirmed any notifications required would be submitted.

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

- Catherine Care had a mission statement which stated that "Society both impacts on and is impacted by individuals with a learning disability. The views of the people with a learning disability should influence those around them ensuring that they have every opportunity to access the same citizenship rights of every other citizen within the community allowing them to achieve their dreams, aspirations and to fulfil their potential. This is the philosophy of Catherine Care; all staff aspire to ensure any person using our service will have every opportunity to achieve this." It was clear from our time spent there that this was embedded with all their staff and we observed a very open and honest culture.
- The registered manager told us "[Provider name] most supportive directors you could ask for." Relatives also told us that they had good relationship with the provider, with one saying, "They have always been very open and honest with us and we have a good relationship with them."

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

- People were asked about their care and the registered manager and provider were committed to considering and improving people's experience of receiving care. Surveys had been sent out and overall

people were happy with their care.

- Staff were encouraged to partake in surveys; questions included 'I have been informed, trained and supervised to work to the organisation's quality standards and outcomes'. Overall staff felt happy and supported in their roles.
- Staff told us that they felt the "Management are supportive" and they "Genuinely really enjoy working here[Catherine Care]." One member of staff told us "I love my job, it's one of the best jobs I have ever had in my life. The management are very supportive, I can turn to them whenever I need to."
- Records showed that staff had regular meetings, with agenda items such as the communication needs of the people they support. We also saw that there was a specific policy on diversity which covered all protected characteristics.

#### Continuous learning and improving care

- The management team were committed to ensure a culture of learning. Information provided by the provider after the inspection stated that they attend local Registered Manager's Support Meetings. They are also kept up to date with new advice by receiving emails from organisations such as CQC, the Health and Safety Executive, Skills For Care, and are members of the Staffordshire Association of Registered Providers.

#### Working in partnership with others

- The provider and registered manager worked in partnership with other agencies, such as health professionals. One professional, said "They always listened to what was said, they worked well, and I was able to put [health] recommendations in place."