

***We are the regulator:** Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

## St Catherine's Care Home

1 East Lane, Shipton by Beningborough, York,  
YO30 1AH

Tel: 01904470644

Date of Inspection: 01 November 2012

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We inspected the following standards as part of a routine inspection. This is what we found:

<b>Respecting and involving people who use services</b>	✓ Met this standard
<b>Care and welfare of people who use services</b>	✓ Met this standard
<b>Safeguarding people who use services from abuse</b>	✓ Met this standard
<b>Safety and suitability of premises</b>	✓ Met this standard
<b>Staffing</b>	✓ Met this standard
<b>Supporting workers</b>	✓ Met this standard
<b>Complaints</b>	✓ Met this standard

## Details about this location

Registered Provider	Wellburn Care Homes Limited
Registered Manager	Mrs. Judith Elizabeth Scurr
Overview of the service	<p>St Catherine's Care Home provides residential and nursing care, including a specialist dementia unit and respite and personal care, for up to 55 residents. The home is located in Shipton-by-Beningbrough, just off East Lane. It is close to local amenities and York is just a short drive away by car or public transport. The home has two distinct units, Harewood and Mews. The Mews unit provides accommodation for people with dementia.</p>
Type of service	Care home service with nursing
Regulated activities	<p>Accommodation for persons who require nursing or personal care</p> <p>Diagnostic and screening procedures</p> <p>Treatment of disease, disorder or injury</p>

## Contents

*When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.*

	Page
<b>Summary of this inspection:</b>	
Why we carried out this inspection	4
How we carried out this inspection	4
What people told us and what we found	4
More information about the provider	5
<b>Our judgements for each standard inspected:</b>	
Respecting and involving people who use services	6
Care and welfare of people who use services	8
Safeguarding people who use services from abuse	10
Safety and suitability of premises	11
Staffing	13
Supporting workers	14
Complaints	15
<b>About CQC Inspections</b>	16
<b>How we define our judgements</b>	17
<b>Glossary of terms we use in this report</b>	19
<b>Contact us</b>	21

## Summary of this inspection

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### Why we carried out this inspection

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This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

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### How we carried out this inspection

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We looked at the personal care or treatment records of people who use the service, reviewed information sent to us by other organisations, carried out a visit on 1 November 2012 and observed how people were being cared for. We talked with people who use the service and talked with staff.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

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### What people told us and what we found

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People were supported to make decisions and choices regarding their care and treatment. They told us that they were treated with dignity and respect. People told us they could make choices in all aspects of daily living. People told us "I can choose when I get up and go to bed, I can discuss my care." We observed people on both units being offered choices.

People said they were well cared for and liked living at the home. One person said "I get well looked after and my family visit." Although we observed some very positive interactions during our SOFI observations. We also found that some people experienced fewer interactions than others, staff should be mindful of this as this could have a negative impact on an individual's wellbeing.

The home had systems in place to help safeguard people and people told us they felt safe. One person told us "I feel safe and well cared for."

People told us that they liked the staff who supported them. Comments included "I like all of the staff who work here" and "All of the staff are kind, I like them all." Staff were recruited safely with relevant checks being completed before they started work and they received regular training to help keep their knowledge and skills up to date.

All of the people we spoke with said that they would feel confident in raising any concerns. People told us that they could attend meetings and were asked for their views and opinions. They told us that staff were friendly and approachable.

You can see our judgements on the front page of this report.

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## More information about the provider

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Please see our website [www.cqc.org.uk](http://www.cqc.org.uk) for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

## Our judgements for each standard inspected

**Respecting and involving people who use services** ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

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### Our judgement

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The provider was meeting this standard.

People's privacy, dignity and independence were respected.

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### Reasons for our judgement

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People told us they could make choices and decisions in all aspects of daily living. Comments included "We get a choice of food", "I choose to get up early but I don't have to" and "I can choose what I want to do in my free time."

During our SOFI observations on the 'Mews unit' we observed staff encouraging people to make choices. We observed that staff respected people's right to make decisions of their own choice.

People who use the service were given appropriate information and support regarding their care and treatment. People we spoke with said that their care and support needs and choices were discussed with them by the staff and they confirmed that a full assessment of their needs had been undertaken. This ensured that the manager and staff knew people's needs. We looked at three people's care records we saw that pre admission assessments included information about people's health, social and religious needs and preferences. One person we spoke with said "My daughter came and looked at the home first. I think I would recommend it as a good home."

People were supported in promoting their independence and community involvement. We saw a monthly list of activities was produced; this was displayed within the home and informed people about events, quizzes and social activities which were taking place. The manager told us that relatives were invited to events to make sure everyone felt included. People commented: "I can choose what I want to do during the day. I can spend time alone in my room or I can join in with activities or have my meals with others." People told us they really appreciated the support the manager and staff provided to them which helped them to enjoy their life at the home.

People's diversity, values and human rights were respected. We observed that the manager and staff put people's needs first. Residents meetings were being held. One person said "We have meetings and I go to them, they listen to what we say." People we spoke with confirmed they could choose when to get up and go to bed and confirmed there was a choice of food available to them. One person we spoke with said "There are generally two or three choices at mealtimes. I like to get up early but I could stop in bed if I

wanted too." We saw staff spending quality time with people and treating them as individuals with dignity and respect.

**People should get safe and appropriate care that meets their needs and supports their rights**

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**Our judgement**

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The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

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**Reasons for our judgement**

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People told us that they were well cared for. Comments included "Bells are answered quickly", "The staff are very good and very caring, they look after me" and "The staff are very kind and very helpful." Although we observed some very positive interactions during our SOFI observations. We also found that some people experienced fewer interactions than others. Staff should be mindful of this as this could have a negative impact on an individual's wellbeing.

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. We saw that before people moved into the home an assessment of their needs was undertaken to ensure staff could meet their needs. During our visit we looked at three people's care records. We observed that care plans and risk assessments were in place. Each care plan had a 'five things you should know about me' card. This helped to remind staff to see people as individuals with different likes and dislikes. These cards were sent with the person if they were admitted to hospital. People we spoke with said "The staff come when I ring my bell. I am well looked after here."

Care and treatment was planned and delivered in a way that ensured people's safety and welfare. We looked at three people's care records we saw that there were risk assessments in place for the risk of falls. We saw that this information was updated periodically and as people's needs changed. We saw that as people's needs changed their care records were updated and action was taken to gain help and advice from other health care professionals. This ensured that people's health and wellbeing was being maintained and protected. The provider may like to note we observed one person struggling to transfer from a wheelchair to a lounge chair. We asked the manager if this person had been referred to an occupational therapist as they were refusing to transfer using manual handling equipment. We were told that it was very difficult for the home to gain support from occupational therapists. They told us that some days the individual would transfer happily with equipment and other days they refused. The home respected their right to make a choice, however professional advice should be sought to ensure that this persons needs continue to be met.

There were arrangements in place to deal with foreseeable emergencies. We spoke with the manager about this. They told us that in an emergency the person's 'hospital passport' which contained information about their care and support was taken to hospital along with

medication information. This helped to make sure that the person's needs could continue to be met. The manager told us that people were always accompanied by the management team, staff or relatives to help relieve their anxiety.

**People should be protected from abuse and staff should respect their human rights**

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**Our judgement**

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The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

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**Reasons for our judgement**

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People told us that they felt safe and well cared for. They told us they could speak at any time with the manager or staff if they had any concerns. One person said "I would go to the manager if I had any worries. Another person said "If I wanted to complain or raise an issue I would. I do feel safe here."

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening. We saw the provider had confidentiality and safeguarding policies and procedures in place for staff to follow. These helped to inform the staff about the action they must take if abuse was suspected to be occurring. The manager told us how issues would be reported appropriately to the local authority for them to be considered under their safeguarding of adults procedures. This helped to protect people.

During our visit we spoke with six staff who confirmed that they had received safeguarding training. The staff told us about the different types of abuse that may occur and said they would report issues straight away. One member of staff said "I have received safeguarding training updates regularly. I definitely feel able to raise any issues with my manager." All staff spoken with confirmed that they would whistle blow (tell someone) if they saw or heard anything inappropriate. This helped to keep people safe from harm.

**People should be cared for in safe and accessible surroundings that support their health and welfare**

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**Our judgement**

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The provider was meeting this standard.

People who use the service, staff and visitors were protected against the risks of unsafe or unsuitable premises.

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**Reasons for our judgement**

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People told us that they liked their rooms and were able to personalise them to make them feel homely. We observed some of the rooms during our visit they were all individually furnished.

We had received some concerns prior to our visit about water temperatures in showers and bathrooms being too cold. We carried out a random sample of water temperatures throughout the home with a probe to ensure they were warm enough. All those which were checked showed a reading of between 37 and 43 degrees which is based on guidance for safe temperatures.

We spoke with staff who told us that there had been some issues with temperatures fluctuating and that the boiler had recently been replaced but that this was an ongoing problem. We were told that if any problems were identified with heating or water then a plumber would be called out. We were also told that only one bath was available. There was a bath for communal use in each of the two units and nineteen of the 31 rooms on the Harewood unit had ensuite shower or bath facilities. This was in addition to bathing and showering facilities on the Mews unit.

We looked at maintenance records and found that regular servicing of equipment was carried out. This included portable appliances, fire alarm, emergency lights, lifts, hoists and gas safety checks. Weekly environmental checks were carried out on water temperatures and heating to ensure they remained at safe levels.

We carried out a tour of the home. The mews unit had individually painted doors which resembled coloured front doors to houses and memory boxes were in place on the wall next to each room. This helped people with dementia to recognise and be comfortable with their surroundings.

We were told that plans had been submitted to extend and improve the environment. We asked for a timescale for this work to commence as some communal areas of the home looked tired and worn. The home was in need of a programme of redecoration and refurbishment to ensure that it remains homely and comfortable for those living there.

Following our visit we received confirmation from the area manager that decor to corridors

had commenced and that decor to lounges and dining areas would commence in November. We were also told that new carpets would be fitted following redecoration.

## Staffing

✓ Met this standard

There should be enough members of staff to keep people safe and meet their health and welfare needs

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### Our judgement

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The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

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### Reasons for our judgement

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People we spoke with said "The bells are answered quickly but there are not always enough staff, we have some days where there is not so many of them." Another person said "All the staff are very caring, they can be a bit pushed sometimes but they are all nice."

There were enough qualified, skilled and experienced staff to meet people's needs. We saw during our visit that there were enough staff to meet people's needs in a timely way. The manager gave us a copy of four weeks rotas which helped to demonstrate that there were enough suitably qualified and competent staff on duty to look after people. The manager told us that staff worked with the management team to cover shifts. One member of staff said "We have enough staff to meet people's needs. The manager organises the rota. We cover and pick up extra shifts." This ensured that people were being cared for by staff who knew their needs well and that continuity of care was provided. The provider may like to note that all of the staff we spoke with said that mornings were particularly busy and that an additional staff member would make it easier to care for people. We were shown a copy of the dependency levels and how staffing hours were allocated. The rotas showed that the home regularly staffed above the dependency levels. The manager confirmed that staffing levels were being reviewed as they acknowledged that the dependency levels of people living at the home were high.

The manager told us that the management team would work with the staff on the floor when people needed to be taken for appointments or when social events were being held. This ensured that people's health and social care needs could be met.

**Staff should be properly trained and supervised, and have the chance to develop and improve their skills**

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### **Our judgement**

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The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

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### **Reasons for our judgement**

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The staff we spoke with during our visit said they had received training to develop their skills. One member of staff said "I had an induction when I started, then I shadowed a member of staff until I felt confident. "Most people working on this unit have been here for quite a while. There is lots of different training on offer." Another member of staff said "I have had training in moving and handling, infection control, food hygiene, first aid, fire and safeguarding adults. We get regular updates." This ensured the staffs skills were kept up to date.

All the staff we spoke with said that they received good support from the management team which included the area manager, manager and deputy. One person told us "The manager has been brilliant."

Another member of staff told us "It's a nice place to work, I have done my dementia training and I went to a dementia congress, this helps keep my knowledge up to date."

**People should have their complaints listened to and acted on properly**

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**Our judgement**

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The provider was meeting this standard.

There was an effective complaints system available. Comments and complaints people made were responded to appropriately.

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**Reasons for our judgement**

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People told us that they had no concerns and that if they did they could raise them with the manager. One person said "I have been asked if I am happy and I have filled in a survey which asked for my views and opinions. I could talk to the manager, deputy manager or one of the nurses if I had a problem. I've no complaints at all."

The home had a comments/complaints log in the entrance foyer of the home. We asked to look at records of complaints and could see that the home had received four complaints during the last year. People's complaints were fully investigated and resolved, where possible, to their satisfaction. We saw evidence that the provider had a system in place for tracking and responding to any complaints received. We examined records which showed that all complaints had been fully considered, appropriately responded to and had involved all of the relevant people. The response was person centred.

Staff we spoke with understood the complaints procedure and said they would support people if they wanted to make a complaint or discuss concerns. This helped to ensure that people were supported to raise any concerns.

## About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of dentists and other services at least once every two years. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

## How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

**✓ Met this standard** This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

**✗ Action needed** This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

**✗ Enforcement action taken** If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

## How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

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**Minor impact** – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

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**Moderate impact** – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

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**Major impact** – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

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We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

## Glossary of terms we use in this report

### Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

### Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

## Glossary of terms we use in this report (continued)

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### **(Registered) Provider**

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There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

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### **Regulations**

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We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

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### **Responsive inspection**

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This is carried out at any time in relation to identified concerns.

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### **Routine inspection**

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This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

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### **Themed inspection**

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This is targeted to look at specific standards, sectors or types of care.

## Contact us

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