

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

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2014

We inspected the following standards to check that action had been taken to meet them. This is what we found:

Care and welfare of people who use services	✓	Met this standard
Meeting nutritional needs	✓	Met this standard
Cleanliness and infection control	✓	Met this standard
Management of medicines	✓	Met this standard
Staffing	✓	Met this standard
Assessing and monitoring the quality of service provision	✓	Met this standard

Details about this location

Registered Provider	Wellburn Care Homes Limited
Registered Manager	Mr. James Boyd Stevens
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
<hr/>	
Summary of this inspection:	
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
<hr/>	
Our judgements for each standard inspected:	
Care and welfare of people who use services	6
Meeting nutritional needs	8
Cleanliness and infection control	10
Management of medicines	12
Staffing	13
Assessing and monitoring the quality of service provision	15
<hr/>	
About CQC Inspections	17
<hr/>	
How we define our judgements	18
<hr/>	
Glossary of terms we use in this report	20
<hr/>	
Contact us	22

Summary of this inspection

Why we carried out this inspection

We carried out this inspection to check whether St Catherine's Care Home had taken action to meet the following essential standards:

- Care and welfare of people who use services
- Meeting nutritional needs
- Cleanliness and infection control
- Management of medicines
- Staffing
- Assessing and monitoring the quality of service provision

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 13 December 2013, observed how people were being cared for and talked with people who use the service. We talked with carers and / or family members, talked with staff and used information from local Healthwatch to inform our inspection.

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.

What people told us and what we found

During our previous visit we identified a number of concerns. This was a follow up visit to check that the actions recorded in the providers action plan had been carried out.

People told us they were well cared for. Care records were being reviewed and updated to make sure that people's care needs were appropriately met. One person said "I am well looked after here."

People told us that they liked the food. They said they received a choice and we saw that appropriate advice from professionals was sought where concerns had been identified.

The home was clean and smelt pleasant throughout. We saw that a major programme of redecoration and refurbishment had been completed since our last visit. This helped to ensure that the home was pleasant for those living there.

Medication was given to people safely. All of the medication had been reviewed since our last visit and regular checks were now completed. One person told us "I get my medication when I am meant to."

In the main we found there were sufficient staff on duty. We identified some issues with staffing on the Mews unit, however the manager agreed to increase staffing in response to

our concerns immediately. People told us they liked the staff. Comments included "I feel there are enough staff to meet my needs if I want something."

Quality monitoring systems were in place so that people could be assured that their views and wishes were taken into account in the way the service was managed and ran.

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

More information about the provider

Please see our website 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

Care and welfare of people who use services

✓ Met this standard

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

Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

We carried out this visit to check that previously identified concerns had been addressed. During our visit we looked at the care plans, risk assessments and daily records relating to six people receiving care. We spoke with the manager and staff. We also spoke with people using the service and with visiting relatives.

People told us "I have been here for a few weeks. All the staff are very helpful. They do everything they can for us." And "I feel there are enough staff to meet my needs if I want something."

All of the people we saw during our visit, looked well cared for with their personal care needs appropriately attended to. We observed staff interacting with people in a calm and pleasant manner.

We were unable to talk with some people living on the Mews unit so we carried out some formal observations. This enabled us to observe practice and look at staff interactions so that we could understand people's experiences. During our observations on the Mews unit we observed that staff were not always available. This meant that people sometimes had to wait to have their personal care needs attended to. We shared this with the manager during our visit who agreed to increase staffing numbers with immediate effect so that staff would be readily available.

We observed that staff were present in lounges on the Harewood unit. We found on this unit, that there were sufficient staff to provide care and support to people in a timely manner.

We spent time looking at care records. The manager told us that all of the care records on the Harewood unit had been reviewed and updated and there were six left to be updated on the Mews unit. Care records were greatly improved. Each person had a detailed admission assessment and care plans which focused on how their individual needs should

be met. They contained 'Who am I, thanks for asking' and 'Five things you should know about me' which contained specific information which was important to each individual.

Care plans contained risk assessments and monitoring forms which focused on areas such as falls, nutrition and pressure care. These helped to identify potential risks and reflected how these risks should be monitored. We saw that charts to record how often people were turned or to record how much fluid they had taken were now being completed accurately. This meant that people's changing care needs were recorded and meant that care records were accurate and up to date which helped to promote people's safety and welfare.

We saw that care records were being regularly reviewed and updated with input from the individual or their family where appropriate. We saw that input from other health professionals was sought where necessary, for example, dieticians. This showed that people's health needs were monitored and that care was provided safely.

Food and drink should meet people's individual dietary needs

Our judgement

The provider was meeting this standard.

People were protected from the risks of inadequate nutrition or hydration.

Reasons for our judgement

People told us there was a choice of food. Comments included: "The food is good. There is a choice of meals and I can have my meals in my room if I choose but I prefer to come to the restaurant." And "You can not complain about the food at all. We get a choice of meals. I choose to come to the dining room and I sometimes have my evening meal in my room."

We observed people in the dining room at breakfast on both units. Menus were displayed on tables. Staff were available and we observed them assisting people providing help and support where necessary. Music was playing and as people were brought to the tables a dedicated member of staff asked people what they would like for breakfast. We saw that some people were given newspapers at the breakfast table and people were asked if they would like more to eat or drink.

We saw that choice was offered and people were shown what was available, for example, a choice of fruit. When people had finished their breakfast they were asked where they would like to go and staff attended to them in a prompt and caring manner.

The home had implemented a smoothie programme. This provided people with additional high calorific snacks which helped to support people who may have lost weight. They had also put in place an arrival programme which informed the kitchen of people's individual needs, for example, those requiring plate guards, high calorie diets or those with food allergies. Support was provided to those who required assistance with their meal in a dignified manner. People were encouraged to eat and drink independently where possible.

We spoke with the chef who told us "We now have a dietary file. This tells us everything about people's dietary needs. There is a much better routine now. People finish their breakfasts earlier so they eat more at lunch." The chef also told us that as well as offering smoothies mid morning an afternoon trolley with cakes, fresh fruit and crisps was available. Supper was also provided.

Specialist diets were catered for and people's nutritional needs were monitored. Advice was sought from a dietician or GP where concerns had been identified. The provider may like to note that not all staff seemed clear of the guidance to be followed for people on thickened fluids and not all staff were aware of those with allergies. It may be useful for the

provider to see if this information can be made readily available to all staff in an easy format as the information was recorded in individual care records.

We carried out a some observations of the dining experience on the Mews unit at lunchtime. The provider may like to note that the dining area was very busy and there was very little space for people to move in or out between tables. We saw that some people who had been sat waiting for their meal got up and left the dining room before lunch was served. We observed that not all people on each table were served at the same time. We shared this with the manager and staff on this unit who agreed to look at this to see if improvements could be made.

People should be cared for in a clean environment and protected from the risk of infection

Our judgement

The provider was meeting this standard.

People were protected from the risk of infection because appropriate guidance had been followed.

Reasons for our judgement

During our last visit we identified significant concerns regarding standards of cleanliness and infection control at the home. We issued a warning notice. This was a follow up visit to check that the actions we had required within our warning notice had been addressed. We were accompanied by North Yorkshire and York Community Infection Prevention and Control team.

Following our last visit the home had arranged for a deep clean of the home to be completed by an external agency. New equipment including beds and commodes had been purchased.

The home was clean and welcoming. A major programme of refurbishment, redecoration and replacement of carpets and soft furnishings had taken place. We looked at communal areas and found they were clean and pleasant for people living there.

Equipment such as hoists, wheelchairs and pressure relieving cushions were clean. Hoist slings were now allocated to individuals this meant that the risk of infection was reduced.

Tables and chairs had been replaced and were now clean and pleasant for those using them. New soap, gloves, apron and hand towel dispensers had been installed in all bathrooms and toilets.

We looked at sluice rooms and found that they had been deep cleaned. They were no longer full of clutter, and waste was now being disposed of effectively. The manager told us that new flooring was being purchased for the sluice rooms. New shelving had been put in place and they were better organised and being used effectively.

We looked at several mattress covers and bed rail cushion protectors throughout the home. In the main these were clean and well maintained. Bedrooms were clean and smelt fresh. Some of the bedrooms had been redecorated. We could see that cleaning standards throughout the home were improved.

Clinical areas had been cleaned and were now well organised. Alcohol gel, soap and a

hand washing sink were now available. There were no communal creams. The sharps bin was being used appropriately. Any out of date items had been disposed of. Standards were much improved. We spoke to one of the nurses on duty who said "The home is much cleaner, things have totally changed. I helped to clean the treatment room on my day off. I wanted to do this. We have worked together to put everything right."

Cleaning records were up to date and regular audits were now completed to make sure good standards of cleanliness and infection control were in place. The manager carried out regular checks of the home and all staff had responsibility for making sure the home remained clean and tidy.

We spoke with relatives who told us "We have seen improvements to the environment, particularly on the nursing unit."

The manager told us that further work to the Mews was planned which included some structural changes. Once this work was completed further redecoration and refurbishment work was planned which will provide more space for people and make the environment more homely for those living there.

People should be given the medicines they need when they need them, and in a safe way

Our judgement

The provider was meeting this standard.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to safely manage them.

Reasons for our judgement

People told us they received their medication when they should. One person commented "I get my medication when I am meant to. Nurses give this to me regularly."

At our last inspection in September 2013 we found concerns with the arrangements for handling medicines. The provider wrote to us and told us that they had taken action to address the concerns. At this visit we saw that this plan was being acted upon and medicine handling had improved.

As part of our review we looked at medicines records and supplies in detail for eleven people using the service. We spoke with both nurses on duty during our visit. They told us that medication systems and practices had improved. One commented "The medication systems are much better. We have better handovers which keeps us up to date with everything in the home."

All of the people who used this service had their medicines given to them by the staff. We watched a member of staff giving people their medicines. They followed safe practices and treated people respectfully. People were given the time that they needed to take their medicines.

We checked the medicine administration records (MAR) together with receipt records and these showed us that people were receiving their medicines correctly.

We looked at the information kept about how 'when required' medicines should be offered to people. Additional guidance was kept in MAR file to help staff administer these medicines in a safe, consistent and appropriate way.

Medicines were kept safely. Records were kept of room temperature and fridge temperature. Medicines that are liable to misuse, called controlled drugs, were stored appropriately. Appropriate records of the use of these medicines were kept and regular stock checks had been carried out to make sure they were managed safely.

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

During our last visit we identified concerns in relation to staffing. This was a follow up visit to see if the actions recorded in the providers action plan had been addressed.

People told us that they liked the staff who cared for them. Comments included "The staff are all very pleasant." And "There are always staff available. I have never had to shout for help."

The home now has a new manager and staff and visiting relatives spoke highly of the changes which had taken place since they had commenced work. Comments included "The manager's door is always open. You can approach them at any time. It is a much better place to work." Another person told us "It's changing, we are going through transition but its well organised."

We observed a number of positive interactions between staff and those living on both units of the home. However, the provider may like to note that during our short observational framework for inspection (SOFI) on the Mews unit, we noted that the majority of people were asleep and were not receiving sufficient interactions from staff. This may be due to a lack of meaningful activity taking place. We shared this with the manager who agreed to increase staffing numbers on that unit so that people could receive sufficient support and meaningful activity to help keep them stimulated, therefore increasing their over-all well-being.

We spoke with staff who told us "We now have senior carers on each unit which has taken some pressure off the nurses." Staff working on the Mews said that when staffing numbers were one nurse, one senior carer and two carers there was more opportunity for activity. They said when staff numbers dropped down to one carer (with a senior and a nurse) that this was more difficult to manage. We observed people on the Mews asking for drinks or for help with personal care and we had to find staff to relay this information. This meant that people's care needs may not be being addressed in a timely manner.

During our last visit we saw that routines of the day were delayed. This included getting people up, giving medication; helping people to and from the dining room and supporting people with their meals. We noted improvements in this area. The increase in staffing

meant that people were supported much more promptly and those who were being cared for in bed were being checked frequently. This meant that people experienced better care and better interactions from staff.

Staff on the Mews said that they would like to see more permanent staff working on the unit. Although there were some core team members, we were told that any agency hours tended to be worked on that unit which did not provide continuity of care for the people living there. The unit had two permanent nurses during the day and staff spoke highly of them. One person said "The nurses are brilliant, they help out but it is a busy unit."

Staff on the Harewood unit said "Since your last visit things have improved. It is now a much better place to work. We have regular meetings and shift handovers which keeps us up to date. Staffing is marvellous now. We have enough staff over here, it is great." On the Harewood unit we saw that staff were always available in communal areas. This included allocated staff for lounges, dining areas and to carry out checks on those who were being cared for in bed. This meant that the shift was more organised and people were attended to promptly.

Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

Reasons for our judgement

People told us that they felt able to share their views and opinions or raise any issue of concern. Comments included "I have no concerns here about the staff or the care" and "I have no issues of concern at all."

We spoke with staff who told us "Since your last visit it is now a much better place to work. The manager's door is always open. You can approach them at any time. We have been shown how to do things and we are kept up to date with everything in the home."

The provider had a range of policies and procedures in place to support the safe running of the home. Staff told us that had been asked to read and discuss policies to ensure that they were being followed.

We looked at meeting minutes and saw that regular staff meetings were held. Resident and relative meetings were planned and the manager had spent time talking with a number of relatives and people using the service to address any issues or concerns they had.

We looked at incident and accident recording. There was a record of falls, weights and accidents and we could now see that any action taken in response was also being recorded. This helped to analyse trends and minimise the risk of reoccurrence.

We saw that clinical meetings and management audits were now taking place. Any issues which were identified were recorded and the date of any action taken to resolve any issues was recorded. Audits included weekly medication checks for every person, mattress audits, audits of the premises and audits of care records. Audits were also completed by senior management. This helped to ensure that the home was running effectively and in the best interests of those living here.

The provider took account of complaints and comments to improve the service. We saw that the complaints procedure was displayed in the entrance foyer of the home. One complaint had been received and we saw that the manager was taking appropriate action

to address the complaint in line with their policy. Relatives spoken with during our visit said that the manager was approachable and that they felt able to raise any issues and felt confident that these would be addressed appropriately.

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 other services less often. 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.

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. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

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.

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.

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

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)

(Registered) Provider

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'.

Regulations

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

Responsive inspection

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

Routine inspection

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

Themed inspection

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

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