Colten Care (2009) Limited

St Catherines View

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?	Outstanding

Summary of findings

Overall summary

About the service
St Catherines View is a care home providing nursing and personal care for up to 56 people with dementia. At the time of our inspection there were 49 people using the service.

People's experience of using this service and what we found
Staff received safeguarding training and knew how to report concerns. People and their relatives told us they felt safe with staff who treated them well. The provider had robust recruitment processes to ensure staff were suitable to work with people. Medicines were managed safely and processes were in place to ensure medicines prescribed 'when required' were not overused. There were effective systems and processes in place for infection prevention and control. There was an open culture of learning when things went wrong.

Care plans were person-centred and the service used nationally recognised tools to inform assessments. Staff demonstrated knowledge and skills and felt supported in their roles. People's nutritional needs were met. The service was purpose-built with specialist equipment to meet people's needs. People were supported to access healthcare services in a timely way. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were supported by staff who were kind, caring and spoke about people in a compassionate way. Staff respected people's privacy and dignity and promoted their independence. People and relatives told us they were involved in planning and reviewing their care and we observed positive interactions between staff and people.

Staff knew people well and provided person-centred care. People's communication needs were assessed, and care plans detailed sensory needs and how they liked staff to communicate with them. People were supported with activities that were planned in line with their interests and reflected their wishes. The provider had, and followed, a robust complaints procedure. There was a clear end of life pathway to support people to have a comfortable, dignified and pain-free death.

The home was exceptionally well led by a dedicated and passionate leadership team. The registered manager led by example and had developed a staff team who were proud to work at the service and put people at the heart of everything they did. Without exception, feedback about the registered manager, leadership team and culture they fostered was overwhelmingly positive. Governance and quality assurance processes were robust, well-embedded and used to monitor and improve quality. There was a clear focus on learning, improvement and innovation to promote empowering outcomes for people.

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

Rating at last inspection

The last rating for the service under the previous provider was Good, published on 12 November 2019.

Why we inspected
This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service was safe. Details are in our safe findings below.	**Good**
Is the service effective? The service was effective. Details are in our effective findings below.	**Good**
Is the service caring? The service was caring. Details are in our caring findings below.	**Good**
Is the service responsive? The service was responsive. Details are in our responsive findings below.	**Good**
Is the service well-led? The service was exceptionally well-led. Details are in our well-led findings below.	**Outstanding** ☆

St Catherines View

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 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 an inspector, an operations manager, a specialist nurse advisor and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

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

Registered Manager
This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection
We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We looked at information we held about the service, such as notifications about significant events. We used all this information to plan our inspection.

During the inspection
We spent time observing care and support. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We spoke with 4 people living at the service and 7 relatives. We spoke with 21 staff members across all departments, including the registered manager, clinical manager, registered nurses, care assistants, housekeeping staff, kitchen staff and companionship staff. We looked at a range of records. This included people's care and medicines records, staff files in relation to recruitment and training, and records relating to the management of the service.

Good

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 good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse
● People and their relatives told us staff treated them well and they felt safe. We observed positive interactions and people appeared relaxed and comfortable around staff.
● Staff received regular safeguarding training, knew how to raise concerns and were confident the provider would take action to keep people safe. Staff comments included, ''I will immediately tell the nurse if I have any concerns about safety'' and ''The manager will make time and act immediately if I needed her to."
● The provider had a safeguarding policy. When concerns were identified, the registered manager made appropriate referrals to the safeguarding team and completed robust investigations.

Assessing risk, safety monitoring and management
● Risk assessments were completed to identify and reduce risks to people such as falls, skin breakdown and choking. Staff understood risks that people may face when distressed, both to themselves and others, and knew how to safely support people in relation to these risks. A person told us, "The staff and the building make me feel safe".
● Systems were in place to monitor the safety of equipment. For example, hoists, call bells and fire safety equipment were checked and serviced regularly.
● People had personal emergency evacuation plans. These recorded what support people would need to safely evacuate the premises in an emergency.

Staffing and recruitment
● People and their relatives told us they felt there were enough staff to support people safely. During the inspection we saw people were supported in a timely way and staff did not appear rushed. There was a relaxed atmosphere and staff were engaged and present when interacting with people.
● The provider had robust recruitment processes to ensure all required pre-employment checks were completed to ensure staff were suitable to work with people. Their recruitment processes focused on staff values to make sure they would be a good fit with the culture in the home.

Using medicines safely
● Staff administered people's medicines as prescribed, and the service had safe medicine storage systems. The provider used an electronic system to manage medicines, which helped to reduce the risks of medicines errors. We observed staff administering people's medicines and saw they followed good practice and had a person-centred approach.
● Staff received training and had their competency to administer medicines regularly checked.
● When people were prescribed 'as required' (PRN) medicines, there were protocols in place to guide staff

and ensure they were not overused. A relative said, "[Person] has had a lifetime of minimal medication. They really listened to us and kept [person's] medication to a minimum".

Preventing and controlling infection

● We were assured that the provider was preventing visitors from catching and spreading infections.
● We were assured that the provider was supporting people living at the service to minimise the spread of infection.
● We were assured that the provider was admitting people safely to the service.
● We were assured that the provider was using PPE effectively and safely.
● We were assured that the provider was responding effectively to risks and signs of infection.
● We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
● We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
● We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

●In line with current government guidance the home was fully open to visitors. Relatives visited people within their bedrooms and any of the many communal areas. People could also visit outside of the home if they wished to with no restrictions.

Learning lessons when things go wrong

● The service had an open culture, and any concerns raised were valued as opportunities to learn and improve. For example, when concerns were raised about the provision of care and support at night, the provider investigated and held an additional meeting with night staff to seek their feedback. They explored what a 'good' night looked like and what a 'bad' night looked like. This meant they were able to learn from positive feedback, while also identifying areas to improve. We saw evidence suggestions made by staff were being trialled, such as a new night communication form.
● Staff understood and fulfilled their responsibilities to raise concerns and report incidents and 'near misses'. Staff told us when any shortfalls were identified, learning outcomes were communicated to them in a timely way.

Good

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- The service assessed people's needs before they moved into the home, shortly after moving in and 6 weeks after. This meant they could ensure they were able to meet people's needs effectively.
- The provider used nationally recognised assessment tools and involved the person and their relatives to make sure they had detailed information about people's likes, dislikes, and preferences for care. We saw this information was used to create care plans and saw staff used this information to provide person-centred care.
- The registered manager told us how they considered compatibility with people living at the service when considering potential new admissions.

Staff support: induction, training, skills and experience

- Staff received training and told us they felt supported in their roles. All staff we spoke with were knowledgeable and confident.
- The provider had introduced a new induction programme enabling staff to do protected classroom training before working in the home. Staff spoke positively about this training.
- Training records showed staff had training specific to people's individual needs. This included in depth training designed by the provider's specialist dementia nurse. Staff spoke highly of this training and told us how it helped them to better understand how to support people with dementia.

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

- The service assessed people's needs and preferences around eating and drinking, and food was prepared in line with this. Kitchen staff were familiar with people's dietary requirements and communication systems were effective in keeping the chef up to date if these changed. A relative said, "[Person] requires a puree diet and thickened fluids. I am very happy with the quality, quantity and variety of food on offer. I can see that thought and care goes into the presentation of the food, particularly with puree diet"
- We observed lunch and saw meals looks appetising. When offering choices, staff showed people plated meals so they could see and smell their options. This supported people's decision making and encouraged conversation.

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

- The service was a purpose-built building in a residential area. People's rooms were personalised, and they were able to have them decorated to their taste. People had their personal belongings and family photos in their rooms. A person told us, "I love my room".
- The service had specialist equipment to meet people's needs, such as, specialist bath and shower rooms.

Doorways and hall areas were wide enough for wheelchairs. There were communication aids such as date boards to enable people's orientation to date and time.

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

● Staff supported people to access healthcare as needed. Staff worked with a range of professionals, such as dieticians, tissue viability nurses, speech and language therapists, social workers and the mental health team. Referrals were made promptly when required to make sure people received effective and consistent care.

● There was effective communication between staff and visiting professionals and staff followed the guidance they provided to ensure people's healthcare needs were met. Health care plans reflected this guidance and there were processes in place to ensure these were reviewed and updated when required.

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 MCA 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 when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

● Staff understood the principles of the MCA. People's capacity to consent to specific decisions was considered and reflected in their care plans. People were supported to express their views and make choices about their care to give them maximum choice and control.

● When staff completed mental capacity assessments, records were detailed and showed these had been completed in line with the principles of the MCA. Best interest meetings were held when someone lacked capacity to make a specific decision. These involved people who were important to them, such as their relatives, and made sure to consider the person's past decisions and lifelong views and wishes.

● The service applied for DoLS where appropriate. Where relatives held Lasting Powers of Attorney, the registered manager obtained copies to assure themselves they had the legal authority to make decisions on behalf of their loved one. We saw the service supported people's relatives to understand best interest decision making processes, to make sure people were at the heart of any decisions made on their behalf.

Good

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- All staff, without exception and across all departments, spoke about people in a compassionate way and were highly motivated. All people and relatives we spoke with provided positive feedback about staff. A person said, "They are very good, caring and have a good sense of humour which is vital" and another person said, "The staff are very nice, thoughtful and look after me very well". A relative said, "They are warm, kind, patient and funny".
- The staff team also ensured people's relatives were supported and well-informed, and relatives fed back how this had a positive impact on them and their loved ones. For example, when a person's relative asked for some additional guidance on what clothes they should pack for their loved one, a staff member offered to visit their home to support them. This meant the person had all they needed when they moved into the home, and showed care towards their relative. They said, "I feel that [staff member] acted beyond the bounds of her normal duties in this matter" and "it was [staff member] who made the path as smooth as possible". On another occasion, the provider's specialist dementia nurse provided advice and guidance to the relative of a person who was on the waiting list to move into St Catherines View, to help them support the person while still living at home.
- Staff received equality and diversity training and care plans explored people's needs in relation to protected characteristics, such as religion and race.

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

- People and relatives told us, and records showed, people were involved in planning and reviewing their care. A relative said, "They put [person] at the centre of [person's] care and drill right down to [person's] individual needs".
- When staff offered people choice, we observed them offer gentle prompts to support people to express their views.

Respecting and promoting people's privacy, dignity and independence

- Staff we spoke with demonstrated a clear focus on respecting privacy and dignity and promoting independence. We observed positive interactions between people and staff, and people told us staff respected their wishes.
- People were given adapted cutlery and crockery to promote independence with eating.

Good

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

● People's care plans clearly detailed what was important to them, included information about their life history and was reflective of the whole person. A relative said, "They provide very personalised care… They are very sensitive to [person's] needs and they respond accordingly" and another told us, "They know [relative] loves wearing trainers. They made sure they put in place instructions to put her trainers on in the morning straight away, they make sure she can wear them as often as she can… It's a proactive approach to what [person] likes and dislikes".

● Staff knew people well and we observed care that reflected people's recorded preferences and needs.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

● The service identified and explored people's communication needs in pre-assessments. Where needs were identified, information would be provided to people in a way that was accessible for them, for example large print. People had communication care plans which detailed sensory needs and how they liked staff to communicate with them.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

● The service had a companionship team who supported people with activities. We saw activities were planned in line with people's interests, and monthly meetings were held to make sure activities were engaging and reflective of people's wishes.

● A person had been supported to put together and complete a 'bucket list' with a range of different experiences and activities to complete before their 100th birthday. The companionship team took a creative and positive risk-taking approach to make sure the person was able to do everything on their list. For example, the person had enjoyed horse riding and wanted to ride a horse again but was not able to due to their mobility. Therefore, staff arranged a horse drawn carriage ride with an organisation who had an adapted carriage for wheelchairs. Other experiences ticked off their list were to go sailing and ride in a fast car at a race track. After their race car experience the person said, "It has been a wonderful day. Thank you for bringing me. I have had so much fun". After their sailing experience they said, "I feel so special. It's like

when I went sailing when I was younger. I can't believe this was all for me".

● We saw another person expressed a wish to revisit Bollywood dancing, as they had grown up doing and often tried to teach staff. Staff contacted a Bollywood dance teacher who visited the home, danced with the person and was able to connect with the person about their shared culture. The person and other people living at the home enjoyed it so much the service planned for the dance teacher to become a regular visitor.

● The provider's specialist dementia nurse explored the importance of meaningful activities with staff and reflective practice sessions were held to aid staff understanding, particularly around day-to-day tasks and environmental prompts. For example, leaving cutlery out ready to set the dinner table or opening magazines to colourful pages. A relative told us, "Today when I arrived [person] was busy lining things up on the window ledge… staff didn't try to intervene they just let her get on with it until she was ready for lunch". This can support people's feeling of purpose and structure, and therefore improve quality of life.

● However, this was an area of practice that was still being developed and embedded across the home.

Improving care quality in response to complaints or concerns

● The provider had a robust complaints procedure and we saw complaints were investigated and addressed in line with this. Analysis of complaints were completed to monitor for trends and areas for improvement.

End of life care and support

● The provider had an end of life care strategy and policy, put together by a steering group following a review of how end of life care was provided. There was a clear end of life pathway and people had detailed and personalised care plans. These included what was important to the person, things they would like their friends and family to know and remember, and their wishes for after death. For example, what they would like to wear. There was a detailed checklist for staff to follow after a person's death, which prioritised maintaining their dignity.

● Following a person's death, the service completed an 'After Death Analysis' which gave the staff team a chance to consider how things went, any areas of improvement, and the opportunity to reflect and pay their respects.

● We saw multiple letters of thanks from people's relatives with overwhelmingly positive feedback about the care provided by staff.

Outstanding ☆

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 outstanding. This meant service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager had developed a staff team who all displayed the provider's values and put people at the heart of everything they did. A relative said, "I have seen new carers arrive and slot straight into the home. They have an all-encompassing ethos which is good and a positive culture which is person centred and caring". The provider's values were also prominent through strategies such as end of life care and dementia care, which were used to inform policies and practices. Audits were completed against the strategy to monitor progress and inform areas of focus to ensure they were achieving their aims and having a positive impact for people.
- The service promoted a positive risk taking approach and staff were encouraged to be creative and think 'outside the box', to ensure people were empowered to fulfil their goals, for example riding a motorbike.
- The provider held a yearly awards event to promote a culture of excellence. A relative nominating the home said, "The teams are all exemplary in their dedication and professional support to residents and families… Each individual team is influenced and guided by the overall leadership of [registered manager]". Leadership understood and promoted the importance of celebrating staff success to support morale, instil pride and inspire collaboration and continuous improvement.
- The provider had a leadership programme with a wide and comprehensive curriculum to support development. They also had a 'leadership exchange' programme, which was a platform for leaders across the provider to share knowledge and develop their skills. This was used by the service to implement learning from other care homes and improve outcomes for people.
- Staff demonstrated a deep sense of pride in their roles, and their passion and depth of knowledge was evident through our conversations, observations and in feedback from people, relatives and peers.

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

- The service's leadership was exceptional. The registered manager was passionate, experienced, knowledgeable, and dedicated and was highly praised by people, relatives, and staff. A staff member said, "She is always available to listen and will leave everything to help if you have a serious issue" and another said, "The manager is fantastic, always available and very supportive". A relative said, "I have every confidence and trust in the manager and the way the home is managed. The manager is very approachable. I am so grateful [person] is here". They were supported by the provider's management team who were a visible presence in the home and demonstrated a determination to ensure people received high quality care.

● Governance and quality assurances systems were extremely robust, well-embedded and were used to inform continuous improvement. Extensive audits were completed, which were followed up by visits from the provider's support team if areas for improvement were identified. This meant continuous monitoring and feedback was provided and progress was monitored to ensure a focus on people's experiences.
● The leadership team followed performance management processes to support staff to improve. For example, when staff were identified as having difficulty in aspects of their role, performance improvement plans were developed. The registered manager picked up on staff strengths and was able to offer alternative roles to ensure the service, and people, did not lose valued staff members who excelled in other areas.
Continuous learning and improving care
● There was a clear focus on learning and improvement. A staff member said, "There is never blame, it is always about learning and improving". The provider identified themes when their other homes were inspected and used this to help inform action plans and promote good practice.
● The service was implementing an improved analysis of their call bell system to enable more effective monitoring. Although there hadn't been specific concerns raised, they felt the previous system could be better. The new system enabled more effective analysis of calls, such as identifying peak call times and exploring reasons for this. This gave a clearer overall picture of how responsive the service was to people's needs, and records showed call times had decreased. This indicated people were receiving care more promptly.
● A member of staff from the provider's support team was undertaking a qualification in music therapy. They told us they were drawn to approach St Catherines View as they found the whole home, but particularly the registered manager, was incredibly interested in anything that had the potential to enhance people's quality of life. They said, "They're [the staff team] so engaged, always asking what can we learn, what can we do, they want to know because they want to learn". The registered manager worked with the staff team to identify people who they felt would benefit the most from the music therapy and we saw evidence of the positive impact this had for people. For example, 2 people had started to build a friendship through music and 1 person's motor skills had started to improve.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
● The provider sought feedback from people and their relatives, which was collated, analysed and used to assess and improve quality.
● We saw feedback from a person's relative stating they would not be able to attend a relative's meeting as they couldn't participate in online meetings. The registered manager offered to arrange a meeting in person to ensure the relative was not restricted from having their views heard. Relative's meetings are now hybrid, so they can attend in person or online.
● The service was a valued part of the local community and were actively involved in local events. For example, they had linked with another 2 of the provider's homes to form a choir for people who enjoyed singing and held a community charity concert. They also had links with local children's groups to help people feel connected to different generations.

Working in partnership with others
● The service worked collaboratively with other agencies and professionals to support care provision. A social care professional said, "We work well with the care staff at St Catherine's View, the manager and staff are open to working with us when there are any safeguarding concerns".

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 had a duty of candour policy and demonstrated they understood and met their

responsibilities.

● The registered manager notified the CQC of significant events as required, and a system was in place to ensure these were submitted in their absence.