

Park Homes (UK) Limited

St Catherines Care Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Inadequate 

Summary of findings

Overall summary

St Catherines Care Home is a care home providing nursing and personal care for up to 40 people, some of whom are living with dementia. There were 20 people living in the home at the time of the inspection.

People's experience of using this service and what we found

Improvements were needed to the governance systems within the service. There were failings by the provider in the way the service was led and managed. The systems in place for monitoring the quality and safety of the service were inadequate. They failed to identify and mitigate risk and bring about improvements to the service people received.

Records used to monitor, and review people's care had not been fully completed and kept up to date. We found examples where sections of care plans and care records had not been updated to reflect changes in their needs.

Staff were not recruited safely. Recruitment processes were not robust enough, staff files were disorganised and not always kept in one place; the registered manager told us they would work to improve the system.

Infection prevention and control practices were not always safe and did not protect people from the risk of infections. The kitchen was unclean and not well maintained.

Staff had not received all the training they needed to support people safely, for example safeguarding people from harm, infection prevention and control and managing fire safety.

We recommended the provider review their documentation in relation to end of life care and for the provider to ensure they support people to express their views and be involved in making decisions about their care.

We recommend the provider review how people are supported to maintain contact with relatives to avoid social isolation.

We received mixed feedback regarding staffing levels at the service. People, relatives and staff told us staffing levels were not always effective, particularly at weekends, to ensure people's needs were met in a timely way.

People and relatives told us staff were kind and caring and they treated them with dignity and respect.

People received their medicines as prescribed.

The registered manager was receptive to the inspection findings, they told us they were willing to learn, improve and share the actions that had taken or would take to address the issues found at this inspection.

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.

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

This service was registered with us 12 October 2021 and this is the first inspection.

Why we inspected

This was a planned inspection.

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.

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

Enforcement and Recommendations

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

We have identified breaches in relation to monitoring and assessing risk, training, staff recruitment, infection prevention and control and oversight of the home.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was not always caring.

Details are in our caring findings below.

Requires Improvement ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not well-led.

Details are in our well-led findings below.

Inadequate ●

St Catherines Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

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 one inspector.

Service and service type

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

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. 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 reviewed information we had received about the service since the last inspection. We gathered feedback from the local authority and other professionals who have visited the home since our last inspection.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with two people who used the service and five relatives about their experience of the care provided. We also spoke with 11 members of staff including the registered manager, clinical lead, nominated individual, nurse and five support workers.

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 for this newly registered service. This key question has been rated requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- Risks had not been sufficiently assessed or mitigated and care plans were not always in place to guide safe practice.
- There was an inconsistent approach to managing some of the risks to people's health and wellbeing. Risk assessments were not routinely monitored or reviewed, and care plans contained limited guidance for staff on how to maintain people's safety.
- People's support needs were not always monitored accurately. For instance, some people's daily care notes were not updated accurately. There were gaps in ongoing monitoring from the previous 12 months throughout care and monitoring records.
- The registered manager had completed a recent review of all care plans and risks and was aware of the issues we identified and was taking appropriate action.
- Fire safety was not robust. There was low compliance in basic fire safety training (71%) and moving and handling training (61%) for staff.

The provider had failed to appropriately assess, monitor and manage risks to people's health and safety. This was breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager was aware of the concerns highlighted and had been taking action prior to this inspection to make improvements.

Staffing and recruitment

- Staff were not always recruited safely. We found that recruitment processes were not robust. For instance, some staff had been interviewed by the provider and started at the home without meeting the registered manager. This meant that people and staff at the service could not be assured that the provider had recruited competent staff.
- The provider carried out Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- Despite having the DBS information available on the system, storage of information was disorganised. On day two of the inspection we could not locate 12 staff DBS records. These were located by the registered manager as requested the following day.
- Staff gave mixed reviews about how staffing levels were managed. Some told us it was a continuous problem which created extra work for them, others said regular agency staff were helpful and recent

changes introduced to staff deployment had been helpful.

The provider had failed to operate robust recruitment procedures and ensure that relevant pre-employment checks for new staff were undertaken. This was a breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Concerns regarding recruitment were raised with the provider during and after the inspection. The provider gave assurances their recruitment processes would be revised and implemented immediately to mitigate the risks identified.

Preventing and controlling infection

- The provider failed to ensure safe infection prevention and control were in place.
- We found substandard kitchen hygiene standards. Kitchen utensils, personal items behind kitchen units and levels of grease and oil suggested the kitchen had not been cleaned for a long period of time. Concerns were highlighted with the provider. However, the kitchen remained unclean around and behind the kitchen units.
- Cleaning records were not readily accessible, and we could not find the most recent records or schedules.

Systems were not effective to ensure the prevention and control of infection. This placed people at risk of harm. This was a breach of regulation 12 (1) (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded immediately during and after the inspection. They confirmed immediate work was undertaken to clean the kitchen to improve the quality of equipment and environment in the kitchen area.

- We were assured that the provider was preventing visitors from catching and spreading infections.
- 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 making sure infection outbreaks can be effectively prevented or managed.

Visiting in care homes

- The provider's approach to visiting was in line with current government guidance.

Systems and processes to safeguard people from the risk of abuse

- Systems to safeguard people from the risk of abuse were not always effective.
- Staff did not always receive safeguarding training. There was low compliance for safeguarding vulnerable adults training; only 50% of staff had completed this.
- People told us they felt the service was safe, however some relatives gave mixed feedback about the safety of the service. One relative told us, "Don't feel safe all the time with various incidents happening."
- The registered manager worked with the relevant safeguarding team at the local authority to ensure inquiries were investigated appropriately when an incident occurred.

Learning lessons when things go wrong

- Systems and processes were in place to learn lessons when things went wrong. However, this was a new system and was not fully embedded.
- Since the appointment of the registered manager in April 2022, accident and incident systems and processes were managed appropriately, however more time was required to be fully embedded.

Using medicines safely

- People were supported by staff who followed systems and processes to order, administer, record and store medicines safely.
- The medicines support people needed was detailed in their care plans. People's medicines were regularly reviewed to monitor the effects on their health.
- Medicine administration records (MARs) showed people had received their medicines as prescribed.
- PRN protocols were in place to inform staff when and why people might need additional medicine. The protocols included information such as if people were able to tell staff if they were in pain.

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 requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- The provider failed to ensure staff received training relevant to their roles. We found staff had not always undertaken the provider's mandatory training. For example, only 37% of staff had completed MCA/DOLS and liberty protection safeguards training and only 18% had completed understanding person centre care training.
- Staff did not have regular supervision or appraisals of their performance. Staff told us that they could not recall the last time they spoke with the registered manager about their performance or potential improvements.
- At the time of the inspection the training matrix illustrated clear gaps in training with an overall compliance of 33%.
- The provider had introduced a new electronic care planning system. One member of staff told us that were not confident in using the system and had not received any training. One member of staff told us they were learning the new system themselves during work hours without any direction or support and were unsure if they were doing it correct.

The lack of suitably qualified, competent, skilled and experienced staff to meet people's needs was a breach of Regulation 18 (staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider was aware of the concerns highlighted and was taking action following our inspection to address them and was being proactive in delivering improvements.

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

- People's needs had been assessed using recognised tools and following best practice guidance. We saw for example, people were regularly weighed, and their weight assessed using the Malnutrition Universal Screening Tool (MUST). MUST is a nationally recognised tool used to identify people who are malnourished, at risk of malnutrition or obese. MUST was used by staff to inform people's care plans and identify those who required outward referral for professional guidance and support.
- We found that since the registered manager had been appointed in April 2022 care plans were now starting to be reviewed and updated. This needed time to be fully embedded to ensure they met people's changing needs.

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

- The home was clean, uncluttered and accessible. We observed people moving around the home.

- People were able personalise their rooms with their own belongings.

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

- People gave us mixed feedback about the food provided. One person told us that, "I would like to try different things like a salad. I have told them but nothing changes."
- People were supported to maintain a balanced diet. Risks to their nutrition and hydration had been assessed and documented in their care plan. Arrangements were in place for staff to monitor people's food and fluid intake who were at risk. However, the monitoring charts were not consistently completed.
- The service did not have permanent chef. However, the provider told us that they had recruited a new chef that was starting soon.
- We observed people being supported to eat and drink at lunch times with some people on pureed foods. The staff were attentive and created a pleasant atmosphere in the dining room.

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.

- Legal authorisations to deprive a person of their liberty were in place people. However, we found at the time of inspection on 37% of staff had completed the training in understanding MCA and the provider could not be assured staff were supporting people in the least restrictive way.
- Mental capacity assessments were undertaken where it was believed people lacked capacity to make informed decisions regarding their safety.
- Routine DoLS applications had been made where needed to deprive a person of their liberty for their own safety.

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

- People were supported to access healthcare services. The new management team had established supportive relationships with other agencies and professionals to ensure people received advice and support with their medical needs.
- Staff told us they reported any concerns or changes in people's health to a senior member of staff.

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 requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

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

- People were not always provided with appropriate information about the service. People and those important to them had not been involved in their care. Relatives told us they were not always kept updated and informed about their loved ones.
- There was an activities co-ordinator employed by the service but they were not on shift during our inspection. People and relatives spoke positively the activities available to them.
- People's bedrooms were personalised and felt homely. The provider had recently replaced all the bedroom doors and the registered manager told us they were in discussion with each person about how they wanted their door decorated.

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

- The provider had not ensured the systems and culture within the service drove high standards of quality care.
- The provider had not ensured people's well-being and safety was paramount due to shortfalls found throughout this report. However, we were assured that the provider was working hard to improve the quality and safety of service people received.
- We observed heartfelt and caring interactions between people living in the home and the care staff.

Respecting and promoting people's privacy, dignity and independence

- People were supported to promote their independence. Where appropriate, people were encouraged to undertake some aspects of their care themselves. People were comfortable asking for support and would ask staff directly or use their call bell. We observed staff supporting people who were unable to verbally communicate their needs.
- Staff respected people's privacy. We observed staff knocking on people's doors before entering and letting them know who they were.
- Information about people was stored securely. Records were held in offices to ensure their privacy was maintained.
- Staff had access to policies and procedures about caring for people in a dignified way. This helped to ensure staff understood how they should respect people's privacy and dignity in a care setting.

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 requires improvement. This meant people's needs were not always met.

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

- The care plan system did not support accurate and current planning around people's needs.
- People's care plans did not always contain evidence they had been consulted about their wishes for the type of care and support they wished to receive.
- The registered manager had highlighted this issue prior to the inspection taking place and was updating the relevant information in relation to people's choices and preferences .

End of life care and support

- People's end of life wishes were not always included within people's care plans.
- The registered manager highlighted one person was receiving end of life care, however there was very limited documentation about their wishes within their care plan.
- This shortfall was highlighted with the registered manager and they immediately took action to complete and update appropriate records.

We recommend the provider reviews their documentation in relation to end of life care.

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

- People were not always supported to maintain contact with relatives or friends. One relative told us, "The hardest thing is telephoning him. We find it hard to contact him. We call the home and they used to give him a phone, but they don't do that now."
- Staff tried to ensure people received social stimulation as much as possible. There were some records of activities people had been offered, participated in or refused.
- People told us that they were encouraged to get involved in activities and that they were varied and changed quite regularly.

We recommend the provider reviews how best people can be supported to stay in contact with relatives and friends.

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.

- Communication needs were not always met.
- People's communication needs were not always recorded in their care plans; staff were not aware of how to support the person in the most appropriate way.
- The registered manager was working to update the relevant information in relation to people's communication needs.

Improving care quality in response to complaints or concerns

- The provider had an updated complaints policy and the registered manager had recently implemented a system to record and manage complaints received.
- Where complaints had been raised, they had been responded to efficiently. This was a relatively new system and needed time to embed to truly see any meaningful improvements.
- People and their relatives told us they could raise concerns. Relatives told us they were comfortable speaking to the registered manager or the nurse in charge.

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 inadequate. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The provider did not have oversight of the service and had failed to ensure effective support and leadership since registering the service in October 2021.
- A registered manager was appointed in April 2022; we found that the provider had only completed two quality assurance visits to the home in that time, this did not support the registered manager in an appropriate or effective way.
- The provider's quality assurance systems did not identify the widespread concerns we found during this inspection and which are described throughout this report.
- The provider did not gather feedback from people and relatives about the quality of care provided. This was a missed opportunity to use feedback to develop the service and drive improvements.
- The provider did not ensure that accurate records were maintained or updated when necessary.
- The culture of the service did not drive improvement. Effective risk management systems were not in place and people were exposed to harm. However, the registered manager expressed a commitment to providing people with quality care and support and to instilling a culture where staff felt valued and promoted people's individuality.
- The registered manager was receptive of our feedback during the inspection. However, we were concerned that they did not have sufficient support from the provider to drive and oversee all of the improvements.
- Staff we spoke with said the management team was approachable and they felt supported by them. However, some staff said they often felt their concerns were not being addressed as the registered manager was dealing with other issues.

The failure to ensure the quality of service provision through effective governance was a breach of Regulation 17 (Good governance) Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- We did however see that the registered manager was aware of the issues identified throughout this report and was taking immediate action to make improvements.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- There was no evidence to demonstrate people's and relatives views on performance of the service had

been sought.

- The provider did not communicate or share updates in an appropriate and timely way to people and relatives. Relatives told us that the provider had not contacted them or shared information about the service. One relative told us, "I don't know anything about the management or provider, and we haven't had meetings. Would have been nice to know what their plans are."
- There were no regular surveys or meetings carried out to engage people, relatives or staff in understanding their views in shaping the future of the service.
- The quality of staff supervision and observation records were poor. There was little evidence of what had been discussed or observed and there were missed opportunities in supervision to support development of staff knowledge.
- The provider did not evidence a clear vision for the direction of the service which demonstrated ambition and a desire for people to achieve the best outcomes possible.
- Senior managers and other internal specialists had recently spent time in the service. They had not identified the concerns we found during the inspection or recognised that there were breaches of regulation.
- The provider failed to ensure staff training was complete and up to date. Staff had not all completed key training including safeguarding, manual handling and falls. Systems to monitor and improve the service were therefore ineffective.

The provider failed to assess, monitor and improve the quality and safety of the service. This left people at risk of harm. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Working in partnership with others

- There continued to be a lack of evidence to demonstrate how people, their relatives and staff were involved in shaping the service. Relatives said they hadn't been asked for feedback. During inspection people and relatives gave feedback about different areas of the service where improvements could be made such as activities, the outside environment, and oversight by the provider.
- Since the registered manager was appointed, they had engaged well with outside agencies including the local authority. We found that staff liaised with external professionals to ensure people had access to the support they needed. This included the occupational therapist and mental health team.

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 registered manager understood their responsibility to be open in the event of anything going wrong. Records showed that all safeguarding concerns since the registered manager had been appointed had been reported to the local authority and CQC in line with guidance. We were assured that events and incidents had been appropriately reported and managed.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	<p>The provider had failed to assess the risks to the health and safety of people.</p> <p>The provider had failed to assess the risk of, and preventing, detecting and controlling the spread of infections.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	The provider had not ensured systems were effective and robust enough to provide oversight and demonstrate the quality and safety of the service.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed
Treatment of disease, disorder or injury	The provider did not have effective recruitment procedures in place. The provider had failed to ensure the employment of fit and proper persons.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing
	Failure to deploy sufficient numbers of

Treatment of disease, disorder or injury

competent and trained staff, increased the risk to people's safety.