

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

## St Katharine's House

Ormond Road, Wantage, OX12 8EA

Tel: 01235762739

Date of Inspections: 05 December 2013  
25 November 2013

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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:

<b>Consent to care and treatment</b>	✘	Action needed
<b>Care and welfare of people who use services</b>	✘	Action needed
<b>Safeguarding people who use services from abuse</b>	✔	Met this standard
<b>Safety, availability and suitability of equipment</b>	✔	Met this standard
<b>Staffing</b>	✔	Met this standard
<b>Supporting workers</b>	✘	Action needed
<b>Assessing and monitoring the quality of service provision</b>	✘	Action needed
<b>Records</b>	✘	Action needed

## Details about this location

Registered Provider	GCH (St Katharine's) Limited
Registered Managers	Mrs. Diane Campbell Mrs. Angela Gaynor Michele Williams
Overview of the service	St Katharine's House is registered to provide accommodation for 76 older people who require nursing and personal care. The home is arranged into three units; Willow Walk, on the first floor of the main building provides care for people living with dementia, St Lukes Wing provides nursing care for people with nursing needs, whilst the ground and second floor of the main building provide residential care for elderly people. The home is situated in Wantage, Oxfordshire.
Type of service	Care home service with nursing
Regulated activities	Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury

## 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/>	
<b>Summary of this inspection:</b>	
Why we carried out this inspection	4
How we carried out this inspection	4
What people told us and what we found	4
What we have told the provider to do	5
More information about the provider	6
<hr/>	
<b>Our judgements for each standard inspected:</b>	
Consent to care and treatment	7
Care and welfare of people who use services	9
Safeguarding people who use services from abuse	13
Safety, availability and suitability of equipment	14
Staffing	16
Supporting workers	18
Assessing and monitoring the quality of service provision	20
Records	23
<hr/>	
<b>Information primarily for the provider:</b>	
Action we have told the provider to take	25
<hr/>	
<b>About CQC Inspections</b>	27
<hr/>	
<b>How we define our judgements</b>	28
<hr/>	
<b>Glossary of terms we use in this report</b>	30
<hr/>	
<b>Contact us</b>	32

## Summary of this inspection

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### Why we carried out this inspection

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

- Consent to care and treatment
- Care and welfare of people who use services
- Safeguarding people who use services from abuse
- Safety, availability and suitability of equipment
- Staffing
- Supporting workers
- Assessing and monitoring the quality of service provision
- Records

This was an unannounced inspection.

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### How we carried out this inspection

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We looked at the personal care or treatment records of people who use the service, carried out a visit on 25 November 2013 and 5 December 2013, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service, talked with carers and / or family members, talked with staff and reviewed information sent to us by commissioners of services. We reviewed information sent to us by other authorities, talked with commissioners of services and talked with other authorities.

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### What people told us and what we found

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On 1 October 2013 we had visited St Katharine's House and identified concerns with regard to planning and delivery of care, particularly in relation to nutrition and hydration. We issued a warning notice stating that action must be taken by 13 November 2013.

We visited St Katharine's House on 25 November 2013 and found that improvements had been made. Staff had received training in nutrition. We saw that people's nutritional and hydration needs were being assessed and care was planned and delivered to ensure people drank and ate enough. However, we found that two people, within the nursing wing, were not having the risks to their health and safety fully managed. We asked the provider to take action and they did. We shared our concerns about one person with the local authority safeguarding team.

We returned to St Katharine's House on 5 December to look more broadly at the systems in place for meeting people's needs and addressing issues of quality and safety. There were three inspectors who looked at care in each of the three separate units; nursing, residential and dementia care. We found that the care in the residential and dementia units was reaching the standard of care expected. However, issues remained in the nursing wing.

56 people were living at St Katharine's House, we spoke with 10 people, one relative and six members of staff. A relative said "it's definitely a lot better". People we spoke with said "I'm very happy here"; "it's okay, it's a good place to be" and another said "the care team work very hard at putting things [activities] on". We found evidence across all three units that people's needs were assessed and care and treatment was planned and delivered on the basis of those assessments. We saw that whilst improvements had been made to ensure care and treatment was delivered in a way that met people's needs, sufficient actions had not been taken to address the safety needs of two people on the nursing unit.

As a result of the concerns about two people's safety identified on 25 November, we looked more broadly at the systems the provider had in place to identify, assess and manage risks. The provider was not operating systems in a way that ensured that they always identified risks for themselves. We were concerned that the provider was not always identifying the potential for people to be unsafe. We were concerned that because systems were not effectively operated, the provider had not been able to address why they had not met the regulations, set out to ensure people received safe and effective care, since 2011.

We identified concerns in three other areas of care and have told the provider to take action. These were: the system for obtaining informed consent and acting upon it, the provision of appropriate supervision and appraisal for staff and the accurate keeping of records in relation to care.

We found that staff knew their responsibility with respect to safeguarding people and the service acted in accordance with their policy and in conjunction with the local authority.

We liaised with the local authority quality and contracts manager who had received reports from a number of professionals involved with St Katharine's House. They concluded that significant improvements had been made to the way people's care needs were being met. However, further improvements were required, specifically with respect of identification and management of risk. For that reason the local authority were continuing to not place any new people at the home. This means that they will not support anyone else to live at this home until St Katharine's have made the required improvements. In addition they have put monitoring arrangements in place. CQC have received written confirmation that St Katharine's House would not be admitting any new people through private arrangements until they had put in place systems to ensure people's safety. CQC can take additional enforcement actions if this service does not identify and manage risks and meet people's needs safely.

In this report the names of two registered managers appear who were not in post and were not managing the regulatory activities at this location at the time of this inspection. Their names appear because they were still registered managers on our register at the time.

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

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## **What we have told the provider to do**

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We have asked the provider to send us a report by 04 February 2014, setting out the action they will take to meet the standards. We will check to make sure that this action is taken.

Where we have identified a breach of a regulation during inspection which is more serious,

we will make sure action is taken. We will report on this when it is complete.

Where providers are not meeting essential standards, we have a range of enforcement powers we can use to protect the health, safety and welfare of people who use this service (and others, where appropriate). When we propose to take enforcement action, our decision is open to challenge by the provider through a variety of internal and external appeal processes. We will publish a further report on any action we take.

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### **More information about the provider**

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

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

## Our judgements for each standard inspected

### Consent to care and treatment

✘ Action needed

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

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### Our judgement

The provider was not meeting this standard.

The registered person did not always have suitable arrangements in place for obtaining and acting in accordance with the consent of people in relation to their care and treatment.

We have judged that this has a moderate impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

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### Reasons for our judgement

During our visit on 25 November 2013 we observed that one person had ordered food for supper and was drinking fluids that were contrary to recommendations made by a speech and language therapist (SALT) and to their care plan. We asked the registered nurse on duty why the SALT recommendations were not being followed. They explained that this was the person's choice. They told us "she only drinks water. She won't drink it if it's thickened. I know it says in the care plan it should be thickened".

Staff told us on the 25 November and 5 December that this person had capacity to make decisions about their care and treatment and had capacity to decide not to follow the recommendations provided by the speech and language therapist. It was evident that there was an assumption that this person had capacity, as is good practice. However, it was not clear that staff had taken appropriate action to ensure this person had all the information they needed to make an informed decision. We asked the deputy manager, who was the clinical lead, what information had been provided to the person about the risks of not following the SALT recommendations. The deputy manager told us that they had told the person they "would be at risk of choking". We asked the deputy manager if they had explained to the person the extent of the risks associated with not following the recommendations. The deputy manager said "I haven't got that far". We were told that the speech and language therapist had not been contacted to ask what the risks were if the recommendations were not followed. It was not evident that staff had ensured that they were aware of the full extent of the risks associated with not following the professional recommendations. We were concerned that the person concerned had not been provided with adequate information about the potential risks of not following the recommendations, in order for them to make an informed decision about their care and treatment. We were concerned that staff did not understand how to respond when people's wishes conflicted with their welfare and safety needs.

Staff did not demonstrate a good understanding of consent, mental capacity and how these applied to their practice, and to people's needs. Staff records showed that only one member of staff had received training related to mental capacity. One member of staff thought that only a doctor could assess mental capacity. Records showed that one person who had been assessed as lacking capacity had been asked for their consent to receive a flu vaccination. Records relating to capacity were not always specific to the decision that needed to be made, as they should be.

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

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**Our judgement**

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The provider was not meeting this standard.

Care and treatment was not consistently planned and delivered in a way that was intended to ensure people's safety and welfare.

We have judged that this has a moderate impact on people who use the service. This is being followed up and we will report on any action when it is complete.

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**Reasons for our judgement**

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At our visit on 1 October 2013 we found that people's needs had been assessed. However, care and treatment was not always planned on the basis of those assessments and care was not always being delivered in line with what had been planned. Our concerns were particularly with respect to planning and delivery of care to people who were at risk of becoming malnourished or dehydrated. On 1 October we judged that this was having a major impact on people who used the service. We issued a warning notice to the provider stating that they must take action to address these risks by 13 November 2013.

We visited St Katharine's House on 25 November and found improvements had been made. We looked at seven care plans to identify how people's nutritional needs were being assessed and how care was being planned and delivered. Since our visit on 1 October 2013 we found that the provider had taken steps to ensure that staff were aware of what action to take if people were assessed as being at risk from malnutrition. Staff told us, and we saw records to confirm, that 16 members of staff had received training on the topic of nutrition. One member of staff we spoke with said "The MUST (malnutrition universal screening tool) training really helped. Now I know how to work with the scores I'm giving people". This member of staff told us they had recently referred one person to their GP when they had identified the person was at high risk of malnutrition.

During our visit on 25 November we saw that most people's nutritional needs had been assessed and care and treatment planned in accordance with those assessed needs. However, we observed that within St Lukes nursing wing, care and treatment was not always delivered in line with people's individual care plans or in a way that fully ensured people's safety. For example, on 25 November we looked at the care plan of one person, who we were told was at risk of choking. This person had been assessed by a community speech and language therapist (SALT) in March 2013. The SALT had recommended that the person should have fluids that were "double cream consistency" and that fluid should be provided in "sips from an open cup, no spouts / straws". On 25 November we observed this person having lunch. They were drinking water from a cup that was fitted with a straw.

We asked the nurse on duty if the water was thickened. The nurse said "she only drinks water. She won't drink it if it's thickened. I know it says in the care plan it should be thickened". This person was at increased risk because nurses were not delivering care in line with professional recommendations. We also found that staff thought they had made a referral to the SALT for another person who was at risk of choking, but that this referral had not been made. On 25 November we informed the manager of our concerns.

We returned on 5 December and looked at another six care plans for assessment, planning and delivery of care across a broader range of health and welfare related needs. We looked at this on each of the three nursing, residential and dementia units. We met with the manager of St Katharine's House and the regional manager. We spoke with 10 people who used the service and one relative. We spoke with six members of staff.

On the nursing unit, at our visit on 5 December during lunch we observed that the person who we had been concerned about on the 25 November had a cup in front of them with a straw in place. The fluid had been thickened, but not to a double cream consistency. We asked the manager to look at the fluid, who agreed that it was not thickened to the recommended consistency. We asked a care worker if they knew what consistency the fluid should be thickened to and they said "no I don't". The manager told us this person had chosen to drink fluids that were not thickened and that they had capacity to make this decision. We asked the manager if an assessment of the risks associated with this person drinking un-thickened fluids had been undertaken and what measures had been put in place to reduce or manage the risks. The manager told us they had not undertaken a risk assessment or thought about how to support staff with managing the increased risk. Whilst we understand that staff wanted to support this person to make a choice, they had not taken sufficient action to ensure the person was making an informed choice by giving them the information they needed. In addition, staff had not made arrangements to ensure that the risks associated with this decision were being adequately managed. We shared our concerns with the manager and with the Oxfordshire county council local authority safeguarding team.

Our visits on 25 November and 5 December identified specific concerns relating to choking with respect to two people who used the service. We asked the service to take action and they did. Since our visit on 5 December the local authority safeguarding team have told us that one person has now been given all the information they need to make a decision. The Oxfordshire Health Speech and Language Therapy Service has confirmed that the other person has been referred for an assessment.

We looked at the care plans for two other people living within the nursing wing. We saw that plans were in place for the management of people with diabetes. These included the monitoring of people's blood sugar levels and actions needed if a reading was outside the set range. We looked at the records for a person diagnosed with diabetes and saw staff had recorded the action they took when this person's blood sugar level was out of the normal range. For example, we saw evidence that on one occasion the paramedics had been called to assist this person. We saw that following this the nurse had requested a review by their doctor. We saw, following the doctor's visit, a clear plan of action was in place to maintain this person's blood sugar levels. For example, differing doses of medication based on blood sugar level results. The nurse was able to describe this person's plan of care. We looked at this person's blood sugar and medication record and saw that the required actions had been taken. This meant that nursing staff were aware and ensured that this care plan was followed in order to meet this person's needs.

On 5 December we looked at people's care plans and observed people being supported in the residential unit. We saw good practice in this unit and that people's needs were being met. Their needs had been assessed and care was being delivered in line with those assessments. For example, we looked at the care plan for one person who required a wheelchair to mobilise and two care workers to assist them with transferring with the use of a stand-aid. We observed two care workers supporting this person using a stand-aid. The practice we observed was in line with the person's moving and handling instructions and associated risk assessment. We observed that this person also required assistance with eating and drinking. We observed a member of staff assisting this person at lunchtime at a relaxed pace. We saw that the care home support team had been regularly visiting this person to assist staff with planning and delivering care to meet this person's needs. We spoke with a care worker about how they supported the person with moving, continence and eating. The description they gave reflected the information contained within the care plan. We saw that care and treatment for this person had been planned and delivered in a way that was intended to ensure their safety and welfare.

We looked at the care plan for another person in the residential unit who received support to maintain their continence. We saw that staff had arranged for the community bladder and bowel continence assessment team to visit this person. We saw that their needs had been assessed and recommendations had been made by this specialist team. We spoke with this person who was very pleased that the professional had been to see them and was able to provide equipment that would support them with their continence needs. This showed that the planning and delivery of care involved relevant professional advice.

On 5 December we looked at the care plans of two people living with dementia in Willow Walk. We saw improvements in how people's needs were being met. The member of staff in charge of the floor explained that they were in the process of rewriting the care plans in the new format which provided more detail of people's dementia care needs. We saw that both care plans described the support people required to manage their mental health which included guidance to care workers on the importance of ensuring people had sufficient stimulation and how to support them to engage in activities. We saw that the corridors had recently been decorated in different colours to enable people to find their rooms more easily. Group activities were provided once a day on the floor. We saw five people attending a craft session during our visit and observed care workers asking people if they would like to attend. Care workers we spoke with told us that "we have made progress with activities" and "the activity coordinator now leaves some activities for us to support people with in the afternoon. A lot of people do not want to attend the group sessions and we could do with some more one to one activity time with people".

We spoke with people about how they felt about living at St Katharine's House. One person said "it's okay. It's a good place to be". We asked people if they felt that there was enough for them to do to meet their individual needs. One person said "it depends what your interests are. The care team work very hard putting things on. There are a variety of people dropping in and entertaining. We had a very nice concert from the Wantage male voice choir recently". This person's response summed up what people generally said about activities at St Katharine's House. Whilst this area of care had improved, it was not fully meeting people's needs.

We were informed by the manager and external agencies that actions were being taken to improve the services ability to respond appropriately in the event of fire. Previously the Oxfordshire County Council Fire and Rescue Service had identified that St Katharine's House were failing to comply with The Regulatory Reform (Fire Safety) Order 2005. As a

result they had issued the provider with an enforcement notice on 3 October 2013. St Katharine's House had responded by providing fire training for staff and through conducting regular fire drills. The enforcement notice had subsequently been lifted and St Katharine's House was continuing to work with the fire service to improve their ability to respond in the event of a fire.

Where we found non-compliance in relation to care and welfare at our visit on 1 October 2013 we had judged that it was having a major impact on people who used the service. At our most recent visits on 25 November and 5 December we have judged the identified non-compliance in relation to care and welfare to be having a moderate impact on people who used the service. The level of impact has reduced.

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

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## **Our judgement**

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The provider was meeting this standard.

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

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## **Reasons for our judgement**

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We spoke with three people and one relative about being safe. People told us that they felt safe when being cared for at St Katharine's House. One person told us "yes, I'm safe and there's always someone there if I need help".

We saw that the home had a safeguarding policy in place that described the local safeguarding arrangements. Care workers told us they knew where the policy was kept and how to access it. We saw that the Oxfordshire County Council safeguarding procedures were also available. We saw that a copy of these was available in the home's reception area.

Records showed that all care workers had completed adult safeguarding training. Care workers were able to demonstrate their knowledge of the safeguarding procedures. They correctly identified different forms and signs of abuse. They told us they would report to the on-call manager immediately if they had any concerns regarding abuse. The manager, who was in charge on the day of our visit, told us they would report safeguarding concerns to the local authority and would commence their own investigation. Care workers told us they were familiar with the whistle blowing policy, and knew that they could raise any safeguarding concerns directly with social services, the police or the CQC if they needed to. One care worker told us "I'll always do my best to keep people safe and if I saw something that wasn't right I know who to tell". This meant that care workers understood their safeguarding responsibilities.

**People should be safe from harm from unsafe or unsuitable equipment**

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**Our judgement**

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The provider was meeting this standard.

People were protected from unsafe or unsuitable equipment.

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**Reasons for our judgement**

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At our visit on 1 October 2013 we found that the lift had been refurbished and was working at our visit on 2 October 2013. We asked that the manager provide regular updates on any faults with the lift.

Following our visit the manager sent us the insurance certificate for the lift which confirmed it was in working order. Since our visit on 2 October 2013 we have received weekly updates from the manager to confirm that there have been no faults with the lift. During our visit on 5 December we spoke with people about the lift. One person, who lived on the second floor of the building, said "I'm very happy up there. The lift has now been refurbished and is working brilliantly. Now that the lift is working I want to give credit to the management". We spoke with people in general about the maintenance of the equipment. One person said "the management have spent an enormous amount of money on putting the lift right and fixing the heating. They've done a tremendous refurbishment on the first floor".

We found that there was enough equipment to promote the independence and comfort of people who used the service. For example, we saw adapted baths, lifting hoists, wheelchairs and pressure relieving equipment to meet people's needs. We saw that the equipment used was in good condition and kept clean. On the day of our visit one person was having their wheelchair serviced.

Each person in the home who required the use of a hoist to assist with moving had their own sling. We looked at the slings of four people who used the hoist. These were clean and did not show any signs of wear. People had spare slings for when they were being washed. We saw that the home had a number of new, unused slings for use if another person needed hoisting or slings needed replacing. We saw a sling inspection report recently carried out had not identified any concerns.

We observed that one person living in the residential area required the use of a stand aid to assist them with transferring from their wheelchair to chair. We observed that a moving and handling risk assessment had been undertaken for this person. We observed two care workers using the stand aid correctly to assist the person with moving.

Care workers felt there were enough hoists and other equipment to meet people's needs.

They told us that if they found equipment was not working properly they would report this to the manager and it would not be used. Care workers reported that they had adequate supplies of protective clothing.

We saw evidence confirming equipment was maintained to ensure it remained safe to use. We saw records that the items of equipment, such as hoists and baths, were serviced by an external company. The most recent service had been in October 2013. We noted that one hoist was still waiting for a part to be fixed. We looked at this hoist and saw that it had been covered with printed adhesive industrial tape clearly stating "do not use".

We saw that any maintenance issues were discussed at the daily meeting held with senior staff from each department. Any new or on-going issues were discussed and a plan for resolving any issues with actions that needed to be taken was documented.

We saw the servicing and maintenance records for electrical wiring, portable appliances and gas boilers. All these records were up to date. A previous boiler service had identified that four of the homes boilers were in a poor state of repair. The home had these four boilers replaced in May 2013. This meant that people were protected from unsafe or unsuitable equipment because the provider had systems in place to ensure equipment was safe and well maintained.

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

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## Our judgement

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The provider was meeting this standard.

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

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## Reasons for our judgement

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We spoke with people about the number of staff on duty. On the day of our visit there were five care workers and one nurse in the St Lukes nursing wing and four care workers and two senior care workers providing care to people within Willow Walk and the residential areas. People living within the residential areas on the ground and second floor of the main building told us there were enough staff to support their needs. One said "there are usually enough [staff]. If several people ring their bells at the same time sometimes it doesn't get answered, but that doesn't happen very often". On the day of our visit we observed call bells to be answered quickly.

We looked at the staffing rotas for the last four weeks and checked to ensure that the service had maintained staffing levels. The manager told us that staffing levels were based on the number of people living at the service and their dependency levels. We saw that staffing levels documented on the rota were in line with the home's assessment of required staffing levels. We noted that the home occasionally used agency or bank staff to cover staffing shortfalls in the rota. We saw the same agency or bank staff members were used wherever possible to promote continuity of care.

On 5 December we observed lunch in all three dining areas. We observed that within Willow Walk and the residential dining room there were enough staff to serve lunch at a relaxed pace and to assist people who required assistance with eating their meals. The provider may find it useful to note that due to the number of people that needed assistance in the St Lukes Wing, some people had to wait for their meals. For example, we saw that one person did not get their meal until some people had finished their meals and left the dining room. On 5 December we saw that the activity coordinator was helping one person who required assistance. However, they told us that they did not always help and had only helped out on two other occasions since the beginning of November.

We were told that the home was in the process of recruiting a new nurse and had been trying to recruit a new nurse for most of 2013. We were told that an advert had been placed in the local newspaper and that the vacancy was being advertised on the Internet. We were also told that the manager had made contact with a number of agencies who were specialists in sourcing nurses. The manager said "even the agencies can't find anyone in the area". We were informed that the hourly salary had been reviewed and

increased in an attempt to attract more applicants and the service planned to place another advert in the local newspaper. The manager told us and the rotas we looked at confirmed that the nursing wing had a nurse on duty all day and night as it should do.

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

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## Our judgement

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The provider was not meeting this standard.

People were not cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard. Staff did not receive appropriate supervision and appraisal.

We have judged that this has a moderate impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

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## Reasons for our judgement

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Staff we spoke with told us that they received relevant training. One care worker said "Training here is really good. I have had nutritional training. We also had training from the falls specialist to help us understand how to support people not to trip as well as training how to manage pressure areas".

We looked at a record which summarised the topics in which all staff had undertaken training and when they had completed it. We saw that most staff had received training in food hygiene, fire safety, infection control, moving and handling, safeguarding and raising concerns. We also saw that some staff had received training in dementia awareness, pressure area care, nutrition, epilepsy awareness and record keeping.

Staff we spoke with told us they had not received regular supervision. One said "I started in June and I have not had any supervision". We spoke with the manager about supervision arrangements who told us they were introducing a system of regular supervision for all staff. We saw a record of when the manager planned to hold supervision and appraisal meetings with all members of staff. At the time of our visit 37 out of 83 listed members of staff had received a recent supervision meeting. None of the staff had received a recent appraisal. One member of staff had worked at the home for over 20 years and told us they had not received a recent appraisal. We looked at records for this member of staff and found the last recorded appraisal was in 2008. We looked at records for recent supervision meetings. These records were brief and did not clearly identify which areas had been discussed and what the agreed actions were.

We looked at supervision records for one member of staff who had raised concerns during supervision that there were not enough staff and standards of care were slipping. There was no record of what action had been taken with respect of these concerns. We highlighted this to the manager, who stated that the member of staff often said there were not enough staff, but that they felt that this was a reflection of the member of staff rather than a lack of staff. In light of this expressed opinion, we asked the manager what support

had been offered to the member of staff to enable them to work more effectively with the staff available and to ensure that standards of care were not slipping. The manager told us that no specific support had been offered as a result of the concerns raised through supervision. Appropriate action had not been taken to support this member of staff in their role. At the time of our visit staff had not been receiving appropriate supervision and appraisal.

We asked the manager how they identified training needs and ensured that staff had the necessary training to support the needs of people living at St Katharine's House. The manager told us that a training manager was employed by St Katharine's and was responsible for this work. The training manager was not present during our visit for us to speak with. The manager could not provide reassurance that the training needs of staff were linked to the needs of people. We asked the manager if the competency of staff was assessed on a regular basis. The manager told us that staff's competency for administering medication was assessed, but that other skills and abilities were not formerly assessed to inform their training requirements. In the absence of regular supervision and appraisal, the service did not have a system in place to ensure themselves that staff were supported to deliver care and treatment to an appropriate standard.

## Assessing and monitoring the quality of service provision

✘ Action needed

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

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### Our judgement

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The provider was not meeting this standard.

The provider did not have an effective system in place to identify, assess and manage risks to the health, safety and welfare of people who use the service and others.

We have judged that this has a major impact on people who use the service. This is being followed up and we will report on any action when it is complete.

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### Reasons for our judgement

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The provider had systems in place to routinely assess and monitor the quality of the service provided. However, we saw that these systems had not always been implemented effectively to ensure that the risks, relating to the care delivered, were identified, assessed and managed effectively. For example the provider's records showed that 'regional manager monthly compliance reviews' had been undertaken by the regional manager in January, April, September and October 2013. The compliance reviews were visits from the area manager to check the quality of care. We saw that the compliance tool allowed for a detailed assessment of the home's management of a variety of aspects of the service, including people's nutritional needs. Records showed that these reviews did not identify that people were at risk of malnourishment and dehydration, as identified by the CQC visits in May, October and November 2013. This meant that although the provider had systems in place to identify compliance concerns, these systems had failed to effectively identify that people were being put at risk.

Where risks had been identified by CQC, the provider did not use this information, or the action plans provided to CQC to inform their own compliance assessment and risk monitoring. The CQC visit of 2 October 2013 identified concerns with fluid and food recording. Records showed that the provider did not subsequently review any of the food charts during their review on 30 October 2013 to ensure that the risk identified in the CQC report was managed. Nutritional management was judged to be compliant in the October 2013 compliance review with no actions required.

We saw that the provider undertook regular internal audits as part of their quality and risk monitoring systems. Records showed that these included medication audits, monitoring of people's weight, pressure ulcers and falls as well as infection control audits. We were told that the home had identified concerns with people losing weight and the number of falls. We saw that most people's weight had stabilised over the past three months and falls had reduced. Staff told us what actions had been taken to bring about these improvements. These included receiving falls awareness training and ensuring that people had snacks

available. The falls and weight audit did not include an action plan to record the improvements required and how these were being monitored to ensure changes were implemented and sustained. We saw that the provider's compliance tool was used to monitor the effective implementation of some audits, but did not include the monitoring of falls and pressure ulcers. This meant that a system was not in place to systematically review the effectiveness of all risk management systems.

We looked at the review of the infection control audit and associated action plan. Infection control was scored as a non-compliant area in the provider's September 2013 compliance review. The following month's review in October 2013 did not note what progress had been made against the action plan and scored infection control as a compliant area. We looked at the infection control audit completed in October 2013 and saw that several actions were still outstanding. This meant that though a system was in place to monitor the effectiveness of audits used to identify risk, the compliance tool had not been implemented appropriately and the information provided was unreliable. The information gathered through this monitoring system did not support the home to appropriately assess and manage risk.

The provider asked for the views of people living in the home, their relatives and staff to determine the standard of care that was being provided. Concerns raised by staff and people living at the home during formal feedback exercises were not always explored to ensure that they were understood and addressed. For example the recent staff survey identified that staff felt they did not always get acknowledgement from management for the work they did. We asked the manager what action would be taken to address these concerns. They told us that "we think it is probably to do with the previous management and we will repeat the survey in six months to see if things have improved".

The resident/relative meeting of 11 September 2013 noted that "some residents complained that they received poor quality care, this could be due to poor quality of carers and a high number of agency carers coming into our home. [Management] reassured residents and relatives that we are recruiting more carers that will receive training to give the best possible care to them". The compliance review in September 2013 following this meeting did not identify these concerns in the resident and relative involvement assessment. There was a risk that people's views were not informing service improvements in a meaningful manner.

Several CQC inspection reports had shown that the home had not met all the regulatory requirements since 2011. The home had implemented some action plans effectively, but had failed to maintain compliance over the past three years. At the time of our visit the home was responding to several action plans from different external agencies which had identified areas of concern. Records showed and agencies confirmed that progress had been made against action plans. However, we saw that the home had not made all the improvements required from our last visit in October 2013. The staff meeting minutes of 3 December 2013 also showed that food and fluid recording remained inadequate and management had raised concerns over whether people were drinking enough. Although we found during this visit that people were getting enough to eat and drink, we were not reassured that the home would sustain the required improvements effectively, based on their risk monitoring systems.

We asked the manager on the day of our visit what they understood the reasons for the on-going non-compliance to be and how this had been addressed through risk management and improvement plans. They had only been in post for three months and

told us they were not aware of how the concern of on-going non-compliance had been addressed by the provider. We asked if a service improvement plan, that could provide us with some information about current and past concerns, was available. This was recorded in the provider's policies as being required by the provider's internal quality assurance process. We were told that an integrated improvement plan had not been completed. This meant that the provider continued to respond to concerns raised by external agencies. We could not find evidence that the on-going non-compliance and risks to people's safety were being identified and analysed by the provider through their own systems.

We found that in the absence of an effectively operated quality and risk management system, the home was not able to effectively monitor their own performance. There was evidence that the service was relying on the identification of risk from outside agencies to support them to accurately identify areas of risk and guide improvement.

We made contact with the local authority quality and contracts manager, who had been working with the provider over recent months. The quality and contracts manager had received information from a number of other professionals, who were involved with the home and informed us that their reports indicated that there have been significant improvements at St Katharine's House. However, the theme emerging was that staff were not identifying and managing risk adequately. For that reason the local authority were not proposing to restart placing people at St Katharine's until improvements had been evidenced. We made contact with the operations manager for Gold Care Homes, the registered provider, to ask for clarity on what their position was with respect of new admissions to St Katharine's House. We received a response from the operations manager on 20 December 2013 which stated "For clarity we will not be taking any privately funded residents until Oxford County Council, CQC and Gold Care Homes are satisfied with the level of progress throughout the home whilst recognising that our main challenges are currently within the nursing unit".

**People's personal records, including medical records, should be accurate and kept safe and confidential**

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## Our judgement

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The provider was not meeting this standard.

People were not protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were not always maintained.

We have judged that this has a moderate impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

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## Reasons for our judgement

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At our visit on 1 October 2013 we saw that some people were having their food and fluid intake monitored, but the records were incomplete. We also found that there was no evidence that nurses were overseeing the records of food and fluid intake.

Following our October visit the registered manager wrote to us and provided an action plan. The action plan stated that immediate action would be taken and that the home manager and the deputy manager would check food and fluid records daily and sign accordingly. During our visit on 25 November 2013 we looked at food and fluid records for one person cared for in St Lukes nursing wing. We looked at records for an 18 day period from 2 November to 20 November 2013. On seven occasions the records for a main meal were blank and on five occasions main meals had been recorded as being declined. We could not see any evidence that these records had been checked and signed by a nurse, the deputy manager, or the home manager. There was a risk that records could not be used to inform nurses and care workers of whether a person was eating and drinking enough.

At our visit on 5 December 2013 we looked at daily records for two people cared for in Willow Walk. These people's care plans stated that they required cream to be applied twice a day to prevent their skin from breaking down and to decrease the risk of developing sores. We looked at both people's daily records for a seven day period. One person's records confirmed that cream had been applied on one day out of those seven days, and the other person's records did not note that any cream had been applied. The records relating to these people's care did not allow senior carers to assure themselves that care was being delivered in line with the care plan.

Records that had been implemented to allow staff to evaluate care that was being given were not being completed. During our visit on 5 December we spoke with care workers on Willow Walk. A care worker told us and the manager confirmed that a chart had been introduced to record when people were being bathed, showered or washed daily. This chart had been implemented four weeks prior to our visit, so that senior care workers could

ensure that people were receiving appropriate personal hygiene care. We looked at these records and found that none of the charts had been completed daily as required. Where people had refused a bath or shower it was not always noted what action had been taken to ensure that people's hygiene needs were met.

We looked at records relating to consent to care and treatment. We saw that care plans contained a consent record for the flu vaccination. We saw that some of these records had been signed by relatives rather than the people themselves. In these cases it was not clear from the records whether these people had been assessed as lacking capacity to give consent and if so how a decision to give the flu vaccination had been made in their best interests. The care plans did not contain information to support care workers in knowing how to help people with making decisions relating to their care or treatment.

During our visit to St Katharine's House on 5 December we saw that a door to a care worker's office, where personal care plan records were kept, was left open. This meant that people's personal care plan records were accessible to people living at St Katharine's, visiting relatives, professionals and staff. The door had a lock on it, but this was not being used. These personal records were not being kept securely and posed a risk to people's confidentiality.

This section is primarily information for the provider

✘ Action we have told the provider to take

## Compliance actions

The table below shows the essential standards of quality and safety that **were not being met**. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activities	Regulation
Accommodation for persons who require nursing or personal care	<b>Regulation 18 HSCA 2008 (Regulated Activities) Regulations 2010</b> <b>Consent to care and treatment</b>
Diagnostic and screening procedures	<b>How the regulation was not being met:</b> The registered person did not always have suitable arrangements in place for obtaining and acting in accordance with the consent of people in relation to their care and treatment.
Treatment of disease, disorder or injury	Regulation 18
Regulated activities	Regulation
Accommodation for persons who require nursing or personal care	<b>Regulation 23 HSCA 2008 (Regulated Activities) Regulations 2010</b> <b>Supporting workers</b>
Diagnostic and screening procedures	<b>How the regulation was not being met:</b> The registered person did not have suitable arrangements in place to ensure that staff were supported to deliver care through receiving appropriate supervision and appraisal. Regulation 23 (1) (a)
Treatment of disease, disorder or injury	

**This section is primarily information for the provider**

Regulated activities	Regulation
Accommodation for persons who require nursing or personal care	<b>Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010</b>
Diagnostic and screening procedures	<b>Records</b>
Treatment of disease, disorder or injury	<p><b>How the regulation was not being met:</b></p> <p>The registered person had not ensured that service users were protected from the risks of unsafe or inappropriate care and treatment because an accurate record in respect of services users including appropriate information had not been kept. Regulation 20 (1) (a).</p> <p>The registered person had not ensured that records were kept securely. Regulation 20 (2) (a)</p>

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent to us by 04 February 2014.

CQC should be informed when compliance actions are complete.

We will check to make sure that action has been taken to meet the standards and will report on our judgements.

## 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.

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

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

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

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

## Glossary of terms we use in this report

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### Essential standard

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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)

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### Regulated activity

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

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

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### **(Registered) Provider**

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

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### **Regulations**

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

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### **Responsive inspection**

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

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### **Routine inspection**

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

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### **Themed inspection**

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

## Contact us

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