

Catalina Care Home Care Home Service

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Alness Point
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Type of inspection:
Unannounced

Completed on:
13 May 2024

Service provided by:
St Philips Care Limited

Service provider number:
SP2003003516

Service no:
CS2004074211

About the service

Catalina Care Home is registered to provide a care service to a maximum of 28 adults with mental health problems of which up to four places may be used for short break or respite care. 25 people lived at Catalina at the time of inspection.

The home is located near the village of Alness, in Easter Ross which has a range of local amenities, shops and links to train and bus routes. Catalina has accommodation on ground and first floor levels. The service has 28 bedrooms with en-suite facilities. The premises include lounge areas, a large dining area and a central kitchen. Another kitchen is available for those residents who wish to prepare their own meals. Catalina has large, attractive grounds that people enjoyed and helped to maintain.

About the inspection

This was a full inspection which took place on between 7 and 9 May 2024. The inspection was carried out by two inspectors from the Care Inspectorate. To prepare for the inspection we reviewed information about this service. This included previous inspection findings, registration information, information submitted by the service and intelligence gathered since the last inspection.

In making our evaluations of the service we:

- Spoke with seven people using the service and six of their family
- Spoke with eleven staff and management
- Observed practice and daily life
- Reviewed documents
- Spoke with visiting professionals

Key messages

- People felt respected, listened to and valued living here.
- People had made friends with others living at Catalina.
- Whenever possible, people were supported to keep in contact and maintain their relationships with important others e.g. family or friends.
- Staff were very good at forming trusting and meaningful relationship with people.
- People had a stable staff team who were experienced in care and support.
- The manager and depute manager were committed to people enjoying and benefitting from living at Catalina.
- Quality assurance and developing the service can be improved further.
- Some improvements to and monitoring of the home's environment will make people's experience of living at Catalina better.

From this inspection we evaluated this service as:

In evaluating quality, we use a six point scale where 1 is unsatisfactory and 6 is excellent

How well do we support people's wellbeing?	4 - Good
How good is our leadership?	4 - Good
How good is our staff team?	4 - Good
How good is our setting?	4 - Good
How well is our care and support planned?	4 - Good

Further details on the particular areas inspected are provided at the end of this report.

How well do we support people's wellbeing?

4 - Good

We evaluated this key question as good where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

People formed good relationships and friendships with each other and this made their daily lives more enjoyable. The service recognised the importance of this and aimed to make sure the atmosphere in the care home was supportive and positive. This was important for people's outlook, mental wellbeing and optimism.

People reported that Catalina was a good service. People were able to express their views to staff and management and they felt listened to. They were able to spend time with the staff and management in a relaxed way, chatting and making jokes. People were comfortable and felt respected at Catalina.

Some comments were:

"I'd give it 5 stars."

"Feels so friendly."

The importance of trusting relationships was recognised at this service. Where a person felt they had a difficulty or challenge in their life, staff and management were able to have an honest and encouraging discussion with a person about it. People can expect their concerns to be spoken about in a respectful and responsible way here.

The service aimed to promote people's independence. It aimed to respect their individual choices and wishes. It understood that sometimes due to a person's mental health needs, there may be some restriction on choices and wishes for a person. Staff and management would strive to explain this and be straightforward with a person about it.

The service was keen on supporting a person's independence and their decision making. However, we did find some examples of where a person's mental health or wellbeing support needs were not given sufficient, careful consideration. At times, the judgement around how to both balance a person's right to have individual wishes followed by staff and how to also provide appropriate, safe support in relation to a wellbeing need or risk, could be improved.

People should expect timely, appropriate support when needed. The service almost always did this well. GP appointments were made, support to attend hospital appointments and general monitoring of physical health needs happened. However, there were examples of when this could be better. We will refer to this more when we discuss quality assurance and staffing arrangements later in this report under 'How good is our leadership?' 'How good is our staff team'.

People had some communal spaces, for example a kitchen that was for their sole use. Sometimes this was not very clean and this made it unattractive to use. There were many people living in Catalina and similar to a lot of communal living settings, some will forget to clean after they've used the kitchen, not see it as necessary or have too many other matters on their mind to notice. The service could recognise more clearly that it too shares a responsibility for the communal areas and this, too, at times, can also apply people's own private areas. Recognition and action in relation to this will be supportive of people's wellbeing.

Some more thought into what person centred support looks like in practice would benefit people. The kitchen that people used, for example, had a large metal canteen style milk jug. This could be awkward for people to use and, say, difficult to pour a small amount into a cup of tea. Anyone experiencing a tremor would further struggle. The jug had no lid and strands of hair for instance could fall in. Smaller jugs, with lids, would be easier, more hygienic, homely and attractive for people's use. People will benefit from a review of how person centred practice is shown at Catalina.

There were positive reports on activities and spending time meaningfully at Catalina. There were also comments that there should be more activities and people said they were missing out on some opportunities due to no car being available for some months. Some people said they had times when they were bored. A clear focus could be given by the service on further developing activities, volunteering, community links for people and the use of volunteers within the service. This could majorly enhance people's experiences and outcomes.

How good is our leadership?

4 - Good

We evaluated this as good. Strengths outweighed areas that needed to improve but some improvement will lead to better experiences and outcomes for people.

We saw a range of ways management at this service aimed to ensure that people experienced a service that was safe, was enjoyable to live in and met their expectations and wishes. Strong, positive health and social care values were evident and promoted. Communication within the service was encouraged and dialogue and joint working with key external agencies assisted in achieving good outcomes for people.

Routine checks and processes were in place. This included, for example, appropriate processes for supporting people, when needed, with their money or their medication. Management would check these were carried out correctly. People can have confidence about matters like these.

People were consulted. At Catalina people had natural, day to day, opportunities to say what they thought about something or suggest new ideas for some area e.g. in the grounds of the home. These were listened to and many times followed up on. In addition to informal discussion and ideas being put forward, more formal feedback such as through questionnaires was used.

An important element of quality assurance is actively listening to people and taking clear actions in response to their proposals or concerns. This service had an open doors approach. Management and staff were approachable and easy to talk to. They were keen to listen and were interested in everyone living at Catalina. People can be reassured that management had their best interests as the focus of the service.

Some of the quality assurance was not as good as it could be. An example of this could be that not enough consideration of how the kitchen area could be kept to a suitable standard whilst not reducing people's independence or sense of responsibility. We shared a couple of examples with management of when people sometimes did not receive timely support. We did not see a quality assurance measure that would have identified this and the other matters that could be considered unsettling for people, such as a very loud, regular door slamming noise which was due to a faulty mechanism. More structure around routine support checks for people would help as well environment walk round audits. We have made an area of improvement for this. See Area for Improvement 1.

Management, in consultation with others, had developed improvement plans for the service. These were of a good standard and provided evidence of activities and inputs which clearly had beneficial outcomes for people. Showing the impact of the improvement plans would be improved through use of presenting the overall picture - the positive, neutral or negative results and information they had. At present, improvement plan information comes across as a selection of positive highlights. At the previous inspection, there was an area for improvement around self evaluation and a service improvement plan and we will repeat this. See Area for Improvement 2.

Areas for improvement

1. To support people's wellbeing, outcomes and experiences, the service provider should ensure that quality assurance is reviewed and developed so as to cover all areas of care and support.

This should include, but not limited to, ensuring people get timely care and support, arrangements that assist staff to be alert to people's needs and wishes, environmental observations regularly undertaken and how person-centred support is practiced.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I experience high quality care and support based on relevant evidence, guidance and best practice.' (HSCS 4.11) and 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19).

2. To support improvement the provider should undertake a process of self evaluation. This should result in the development and ongoing reviewing of improvement plans that have measurable outcomes relating to person-centred care and support.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I experience high quality care and support based on relevant evidence, guidance and best practice.' (HSCS 4.11), and 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19).

How good is our staff team?

4 - Good

We evaluated this key question as good.

People had been able to form some very helpful relationships with staff. Trust was evident as was positivity. Staff were appreciative of people, their personalities and of the challenges they had or could experience. Staff had knowledge and insight into mental health and wellbeing. They were able to put people at their ease and understand the difficulties life could involve. People had empathetic and caring staff members.

Staff were given good support to fulfil their role. Supervision meetings and other opportunities to express their views were in place. One focus at this service was people being accepted for who they were, to receive praise for what they contribute and to be proud of their achievements. Staff were very positive in this regard. People can expect to be supported by staff who are non critical and who recognise people's successes.

One approach used by the service to support staff and their learning was having small group staff meetings so everyone could feel they had a chance to share their thoughts. At times a topic would be mental health support not being effective or something that went wrong. Basically, learning from other service's mistakes and reflecting on any learning points for how Catalina operates. This was very good and people can be reassured that Catalina aims to provide a high quality, safe service.

Staffing levels were sufficient. Staff were mostly long standing and experienced at Catalina. This provided stability for people.

Comments on staff were:

'We are always treated with warmth and respect...I notice that the staff team work well together to effect good care.'

'Working as a team they have been flexible, kind and innovative.'

'We like the atmosphere. Amazing manager.'

Not all training was being achieved by staff. Management should address this in the interest of ensuring people are being supported by staff who have the right training and up to date knowledge to support them.

At times staff could have had a more organised and focused approach to some routine care support matters. We mentioned some of these under key question 'How well do we support people's wellbeing?'. Some matters we came across and mentioned to management, we thought management should have been be aware of or that staff could have already reported them to management. These could be improvement ideas or concerns. See Area for Improvement 1.

At the previous inspection, there was an area of improvement made regarding safeguarding training and management oversight of training. This improvement was not fully met and we have revised and repeated this. See below Area for Improvement 2.

Areas for improvement

1. To ensure people receive timely support and staff are alert and responsive to people's care and support needs and wishes, the service provider should ensure staff have clear guidance and have planned and regular, appropriate opportunities to observe and attend to people when needed.

This should include, but not limited to, agreed and assessed set times for daily and nightly observations and checks of communal areas, and when needed people in their own rooms.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I am confident that people respond promptly, including when I ask for help' (HSCS 3.17) and 'My care and support is provided in a planned and safe way, including if there is an emergency or unexpected event.' (HSCS 4.14).

2. To ensure safe care and that staff are clear on roles and responsibilities the providers core training should be reviewed and include safeguarding. The manager should have an overview of team training.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes.' (HSCS 3.14).

How good is our setting?

4 - Good

People were comfortable in Catalina. They exercised their rights to make decisions and choices about their own rooms, how they wanted the rooms to be and we saw the service supported their choices whenever possible.

There were some robust systems in place to ensure a safe environment. This included fire safety. There were clear planned arrangements for regular monitoring and maintenance of the premises and equipment to ensure people had a safe home to live in.

Maintenance at the home was reported as being responsive and quick to attend to any matters. The grounds were attractive and looked after well. People enjoyed and benefited from this as it gave them pleasant surroundings to make use of and relax in. Some residents also gained in positivity from helping with maintaining the grounds on behalf of others living at Catalina. Some thought could also be given to how other people could find meaningful ways to contribute to the weekly quality assurance and checks at Catalina.

A cleaning programme was in place to keep people's home to a suitable standard. Areas or rooms that needed additional support were usually recognised and addressed appropriately. The laundry room was laid out in a suitable way that would help minimise the risk of infection spread.

The service had a home improvement plan and this was being actively progressed so as to ensure people's home was safe, attractive and well looked after. Whilst visiting we came across some windows that could present a risk to people and were reassured they'd be addressed immediately. This was done.

There were further improvements that the home would benefit from. Some areas were not attractive. Long corridors and small areas of the home were bare walls, plain and unattractive. We discussed this with management as aspects like this could make people feel less happy in their home and feel less valued. See Area for Improvement 1.

Areas for improvement

1. To support positive experiences for people, the service provider should ensure that all areas within the care home are attractive, homely and suitable for people's use and enjoyment.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'If I experience care and support in a group, I experience a homely environment and can use a comfortable area with soft furnishings to relax.' (HSCS 5.6).

How well is our care and support planned?**4 - Good**

We evaluated this as good. Important strengths outweighed areas where improvement could be made. Improvements though would benefit people's experiences and outcomes at Catalina.

There was some very good information within people's support plans.

People reported examples of where they were centrally involved or took control of the support documentation. An important example of this was highlighted by an 'anti climb' document. Essentially this states how a person would like to be supported at times when they are feeling too stressed and not in a coping mindset. It was their guide for staff in how to support and keep them safe. The detail and explanation was very helpful for staff.

There was a respectful approach to people supported which had a core of listening to people. We saw this in care plan documents and there were other instances of people's choices and wishes being acknowledge and acted upon. Within the document we mostly found a good recognition of what could be a risk for a person and how to minimise that risk. The approach used for creating care plan documents, doing this jointly with people, helped people stay safe and feel respected.

That said, we found, at times, gaps in information and sections missed out within some care plan information and we could not see a reason for this. Additionally, we found it difficult within some people's care plan to see exactly how a person would need to be supported with a matter. There was not always a clear picture of the person and their support needs presented. Care plans would be improved by being reviewed and where more detail and explanation is needed that being identified and updated. Writing information in clear, simple, spelling it out and helpful terms would ensure staff have an easy to follow support guide to a person. People will be more assured that staff have the right information for providing support and getting to know them. See Area for Improvement 1.

Whilst the service has a philosophy of respecting people's independence, we did not think it was always fully taking into account their support needs and wishes. By recognising and addressing the balance between these aspects of a person's life when staying at Catalina, the service will enhance people's wellbeing and independence. Other areas for improvement should address this but resources and learning to increase the knowledge and skills in this should be sought.

There was a requirement from a complaint made regarding this service on 31 January 2024. This was about care and support assessment and suitable care planning. This related to matters covered in this key question and at this inspection we saw the service provider was striving to put the right measures in place to reduce risk and ensure comprehensive assessment and care plans were in operation. Progress was being made but more steps were still needed to be taken. The service provider has until 31 May 2024 to fully respond to this requirement. See under 'Outstanding requirements'.

There was an area for improvement from the complaint made on 31 January 2024. We decided this was not fully met yet as it would benefit from further attention to make sure it meets people's needs. See 'Outstanding areas for improvement' later in this report. See Area for Improvement 2 below.

Areas for improvement

1. To support safe support and positive experiences and outcomes for people, the service provider should ensure that comprehensive assessment processes and care and support plans are always undertaken, in place and reviewed regularly.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'My future care and support needs are anticipated as part of my assessment' (HSCS 1.14) and 'My personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices.' (HSCS 1.15).

2. In order to support good outcomes for people experiencing care, the manager should develop service specific information, which can be shared with prospective residents and their representatives. This should detail the support that can be provided, along with any service limitations.

This is to ensure care and support is consistent with Health and Social Care Standard (HSCS) which state that: 'I am in the right place to experience the care and support I need and want' (HSCS 1.20) and 'I receive and understand information and advice in a format or language that is right for me.' (HSCS 2.9)

What the service has done to meet any requirements we made at or since the last inspection

Requirements

Requirement 1

By 31 May 2024, the provider must ensure people are properly supported with their safety and wellbeing needs.

To do this, the provider must at a minimum:

- a) develop an admission policy that sets out how the care home handles referrals of prospective residents in line with current standards and regulations
- b) ensure a pre-admission assessment is carried out, and recorded, to demonstrate that any known risks have been recognised and fully considered
- c) ensure that everyone involved in the person's care and support arrangements are satisfied that the care home will meet their needs
- d) ensure that any additional support identified as being required at the pre-admission stage, is planned for and in place
- e) ensure that the adult support and protection policy and procedure is reviewed and updated to reflect current legislation, good practice guidance, and reporting requirements
- f) ensure all staff receive adult support and protection training, including the actions to be taken when potential protection concerns are observed or raised with them.

This is to ensure care and support is consistent with Health and Social Care Standard 4.14: My care and support is provided in a planned and safe way, including if there is an emergency or unexpected event. This is in order to comply with: Regulation 4(1)(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210)

This requirement was made on 3 April 2024.

Action taken on previous requirement

Whilst progress was noted with this requirement during this inspection, we saw that further work by the service provider was needed. This requirement is due to be responded to by the service provider by 31 May 2024.

Not assessed at this inspection

What the service has done to meet any areas for improvement we made at or since the last inspection

Areas for improvement

Previous area for improvement 1

To further promote skills and independence, where safe, people should be managing their own medication. The provider should also review current mealtime arrangements ensuring they are promoting people's independence and choice.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I am empowered and enabled to be as independent and as in control of my life as I want and can be' (HSCS 2.2).

This area for improvement was made on 4 July 2023.

Action taken since then

We saw evidence that this area for improvement had been responded to by the service provider. Assessments for people's ability to manage their own medication was undertaken and where suitable safe arrangements were in place for people and taking their own medication. People reported positively on preparing their own food when that was their wish.

No concerns seen or raised during our inspection visit. This area for improvement was met.

Previous area for improvement 2

To support improvement the provider should undertake a process of self evaluation. This should result in the development and ongoing reviewing of improvement plans that have measurable outcomes relating to person-centred care and support.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I experience high quality care and support based on relevant evidence, guidance and best practice.' (HSCS 4.11), and 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19).

This area for improvement was made on 4 July 2023.

Action taken since then

We have repeated this area for improvement. We did not see sufficient evidence to demonstrate that the service quality assurance and improvement plans were fully addressing all the necessary improvement needed within the service provision. See further information under 'How good is our leadership'.

This area for improvement was not met.

Previous area for improvement 3

To ensure safe care and that staff are clear on roles and responsibilities the providers core training should be reviewed and include safeguarding. The manager should have an overview of team training.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes.' (HSCS 3.14).

This area for improvement was made on 4 July 2023.

Action taken since then

We discussed with the manager that some training resources used were not relevant to the Scottish context and legislation. Some staff training was still to be done.

See under 'How good is our staff team.'

This area for improvement was not met.

Previous area for improvement 4

To ensure peoples' rights are respected, the environment should be fresh and clean from odours.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: My environment is relaxed, welcoming, peaceful and free from avoidable and intrusive noise and smells.(HSCS 5.18).

This area for improvement was made on 4 July 2023.

Action taken since then

Overall, whilst there were still some aspects of the care home environment to improve, we decided this area for improvement was met.

Previous area for improvement 5

In order to support good outcomes for people experiencing care, the manager should develop service specific information, which can be shared with prospective residents and their representatives. This should detail the support that can be provided, along with any service limitations.

This is to ensure care and support is consistent with Health and Social Care Standard 1.20: I am in the right place to experience the care and support I need and want.

This area for improvement was made on 4 July 2023.

Action taken since then

The manager has developed an information booklet. We saw that this contained some helpful details which would give people an overview of what the service provides and what it does not provide. We would encourage the manager to share the document with current residents to gather their views on the language and content. It would also be helpful to find out what residents would have found helpful to know before and at the start of their admission to the service and include this.

This area for improvement was not fully met and we decided to repeat it under key question 5.

Complaints

Please see Care Inspectorate website (www.careinspectorate.com) for details of complaints about the service which have been upheld.

Detailed evaluations

How well do we support people's wellbeing?	4 - Good
1.3 People's health and wellbeing benefits from their care and support	4 - Good
How good is our leadership?	4 - Good
2.2 Quality assurance and improvement is led well	4 - Good
How good is our staff team?	4 - Good
3.3 Staffing arrangements are right and staff work well together	4 - Good
How good is our setting?	4 - Good
4.1 People experience high quality facilities	4 - Good
How well is our care and support planned?	4 - Good
5.1 Assessment and personal planning reflects people's outcomes and wishes	4 - Good

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