Catalina Care Home
Care Home Service

Teaninich
Alness Point
Alness
IV17 0UY

Telephone: 01349 883132

Type of inspection:
Unannounced

Completed on:
5 September 2019

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.

This service has been registered since November 2004.

The provider is St Philips Care Limited.

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. The care home is a converted former hotel building, with 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. The home is set in its own grounds.

The aims and objectives of the service are; 'to provide residents with a homely environment in which their care, well-being and comfort is of prime importance.'

It further aims to; 'promote individuality and maintain dignity in a safe and secure environment, whilst fulfilling residents needs in all aspects of their lives.'

What people told us

As part of the inspection process we gathered people’s views in a variety of ways. We sent eight care standard questionnaires to the service to pass to people using the service and eight to pass to relatives and carers. People who used the service were invited to take part in the inspection by talking with the inspectors or inspection volunteer.

For this inspection, we received seven completed questionnaire back from people experiencing care and five from relatives and carers. During the inspection we spoke with 11 people experiencing support.

We received positive feedback in the questionnaires we received and when we spoke with people who experienced care.

Comments included:
'I feel safe and protected at Catalina. I speak to staff and manager .....this helps me to manage my mental health.'

‘From my contact with the home I feel the staff are extremely patient and understanding in difficult and trying situations. They are always willing and have time to talk to me, I have never felt a bother or inconvenience.’

‘Catalina is an oasis of calm and I am treated with dignity and respect. The staff here are amazing and supportive.’

‘Catalina is brilliant - the staff take the stress off me. They are very supportive and kind. They are gentle. I can do things at a relaxed pace. I’m really pleased to be here.’

‘I get on with the staff and residents too. We have to live and let live.’
‘You’re your own boss - you can go back and forth whenever you want.’

### 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.

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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 found there were a number of important strengths which, taken together, clearly outweighed areas for improvement. The strengths will have a significant positive impact on people’s experiences and outcomes. However improvements are needed to maximise wellbeing and ensure that people consistently have experiences and outcomes which are as positive as possible.

People should experience warmth, kindness and compassion. Staff clearly knew people well and this was reflected through the good interactions between them. We saw that staff supported people well and were kind and caring. People felt staff listened to them and provided them with good support. People were supported to make choices and to be involved in decisions however a lot of the information and consultation seem to be done in an adhoc way and was difficult to evidence other than through staff accounts.

People spoke about management and staff in a positive way, found them very approachable and they felt safe. This had a positive impact on people’s wellbeing. Staff had good working relationships and worked well as a team. Although it was clear that staff knew people’s needs and could describe the support they provided, this was not always reflected well in the person’s care plan.

People had a good sense of belonging and inclusion and the service recognised the importance of celebrating people’s achievements, however needed to be mindful that this was done sensitively and with consultation with the person to ensure their privacy and dignity was respected.

People should be able to choose to have an active life and participate in a range of activities every day, indoors and outdoors. Staff promoted a positive culture within the service and promoted independence. People were
supported with day-to-day activities for example shopping, budgeting, cooking skills and laundry. The facilities were being improved further to increase the opportunities for people to be supported with these skills.

People were supported to maintain interests and to become involved in activities meaningful to them. We saw good examples of this both indoors and out. Staff supported people to maintain and to build relationships and stay connected or reconnect with families. The service had developed some good community links and was continuing to develop these further. Where people’s independence, choice and control were restricted, they were well informed about legal arrangements and appropriate support was in place. Restrictions were kept to a minimum and carried out sensitively.

Group meetings had been introduced and were providing a positive benefit for those involved. People were currently being invited to attend by letter or open invitation. We discussed with the manager that this could be further developed by introducing a structured timetable of groups that people could choose from and plan to attend for example decider skills, coping skills, health promotion, cooking skills and gatekeeping or personal safety.

People should have a suitable choice of healthy meals and snacks, including fresh fruit and vegetables. People had a choice of where they ate, some people were supported with cooking their own meals. People told us they enjoyed the food which looked and smelt appetising. In addition to meal times, there was always soup available throughout the day which people could help themselves to. Staff should continue to look at ways to encourage and support people to adopt a healthy lifestyle. We could see that some people benefited from regular access to the outdoors and fresh air. Keeping active helps people to maintain independence longer and has positive benefits for people’s physical and mental health.

Any treatment or intervention that people experience should be safe and effective. There were good arrangements in place to support people with their medication, however the current arrangements meant that the medication administration round took a long time for staff to complete. The service should review the medication arrangement to support a more person-centred approach and support people to be more involved or independent.

Staff had a good awareness of people’s needs and how to support people in a way that benefits wellbeing. There were good links with other health professionals and people’s support and health needs were well managed.

How good is our leadership? 3 - Adequate

The service was performing at an adequate level, there were some strengths that just outweighed weaknesses. Improvements must be made by building on existing strengths and addressing areas of performance that are not contributing to positive experiences and outcomes for people.

People should benefit from a culture of continuous improvement, with the provider and service having robust and transparent quality assurance processes in place that were being used for quality assurance and to monitor some aspects of the service. Some of the audits were compliance or data based and did not audit the quality of support, experiences of people, staff development or taken account of the Health and Social Care Standards. (See area for improvement 1)

The management had a good vision of where they would like the service to be and several changes had been made to work towards this. There had been investment in the building to improve the environment and facilities. Good working relationships had been developed with other organisations and professions involved with people’s care and support at Catalina. People found the management approachable.
The management had worked with staff to become more involved with decisions and developing key working roles which had a positive impact on the staff team. We could see where training needs and plans were identified through staff supervision. However, the new staff role of recovery practitioner had been introduced and implemented without enough consultation, support and training for staff to fulfil this new role.

A new electronic time person centred care system had been purchased and put in place. This had not been carried out in a planned and structured way, which resulted in staff receiving insufficient training on how to use the system. This had impacted on the quality of the information in people’s care plans and records, some of which were sparse and did not support a person led approach. We discussed these issues with the manager who proposed to address them.

A mental health group within the company had been implemented and had met twice with the specific focus on developing the services that provide support for people with their mental health.

Although the service had drawn up an improvement plan, it would benefit from a more planned and structured approach to improvement which takes account of where the service is now, the changes they would like to make and the support and resources that are needed to achieve this. (See area for improvement 2)

Throughout the inspection the management, and staff were very receptive to discussions about improvements and demonstrated a commitment to taking this forward.

**Areas for improvement**

1. The service should develop robust and transparent quality assurance processes which include ways to assess the quality of experiences and outcomes for people using the service and takes account of the Health and Social Care Standards.

   This is in order to ensure that care and support is consistent with the Health and Social Care Standards which state that, ‘I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes.’ (HSCS 4.19)

2. The service should use their quality assurances and processes to develop a service improvement plan which is regularly reviewed and supports continuous improvement.

   This is in order to ensure that care and support is consistent with the Health and Social Care Standards which state that, ‘I experience high quality care and support based on relevant evidence, guidance and best practice.’ (HSCS 4.11)

**How good is our staff team? 4 - Good**

We found there were a number of important strengths which, taken together, clearly outweighed areas for improvement. The strengths will have a significant positive impact on people’s experiences and outcomes. However improvements are needed to maximise wellbeing and ensure that people consistently have experiences and outcomes which are positive.

People should have their needs met by the right number of staff who have the time to support and care for them. Staffing numbers were static and were not informed by the dependency ratings that were done monthly.
The numbers and skill mix of staff should be determined by a process of continuous assessment using a range of measures and linked to quality assurance. This includes taking account of the complexity of people's care and support.

The number of hours that support workers used each day to do the in-house laundry, to serve meals and do dishes was not monitored or taken into account in the staffing numbers. This impacted on the time staff could spend supporting people and when they could engage in meaningful conversations and interactions. (See area for improvement 1)

Staff enjoyed their work and appeared motivated. There was good team working, across the whole staff team and there was good verbal communication between staff. Achievements and good practice were celebrated which helped staff feel valued.

Staff helped each other by being flexible across different roles to cover gaps. Staff knew people well and had good opportunities to have discussion about their work. However there was an over reliance on information being passed on verbally and not recorded, which led to a poor standard of written information in people’s care plans, evaluations and reviews. The standard of record keeping needed to improve to ensure a consistent level of support could be provided and to reflect the care and support that people received.

There was a low turnover of staff and the service had their own bank of staff they could call on to cover shifts. People benefited from a stable staff team who worked well together as this helped to provide people with consistent support. The consistency and quality of care could be improved on further through the use of agreed and up to date care plans.

**Areas for improvement**

1. The provider needs to ensure there are enough staff on duty to support people with their needs, to involve them with developing and reviewing their planned care.

An effective process for assessing people’s dependency and determining the right number of staff, skill mix and deployment should be put in place. This should be regularly reviewed, adjusted where needed and recorded.

This is in order to ensure that care and support is consistent with the Health and Social Care Standards which state that, ‘My needs are met by the right number of people.’ (HSCS 3.15)

**How good is our setting? 4 - Good**

We found there were a number of important strengths which, taken together, clearly outweighed areas for improvement. The strengths will have a significant positive impact on people's experiences and outcomes. However improvements are needed to maximise wellbeing and ensure that people consistently have experiences and outcomes which are positive.

People should be able to use an appropriate mix of private and communal areas, including accessible outdoor space. The home was undergoing a program of refurbishment which had improved the facilities for people using the service and provided en-suite facilities in each room.

Some people had rooms with cooking facilities which supported people to maintain their independence. A communal kitchen was also available to use and there were plans for a residents assessment kitchen in the next
phase of the refurbishment. This should enable staff to support people to become more independent before moving onto supported accommodation or their own tenancy.

People had a choice of where they spent their time and we saw them making good use of the art area, games room, lounge and outdoors.

There was a relaxed, homely atmosphere and people were involved in decisions about the home. People were able to lock their room, if they chose, which ensured their privacy, and were encouraged to personalise their own room. This gave people a sense of belonging and we saw good examples of this.

It is important for people to be connected, and had access to a telephone, radio, TV and Wi-Fi. An area had been identified to set up an internet café for people to use which will increase people’s opportunity to connect with others.

The service was looking at different ways they could develop accommodation pods in the grounds to increase the ways they promote independence and offer different levels of support for people.

The service should continue to promote independence by enhancing the environment in consultation with people using the service.

How well is our care and support planned?  

3 - Adequate

The service was performing at an adequate level, there were some strengths that just outweighed weaknesses. Improvements must be made by building on existing strengths and addressing areas of performance that are not contributing to positive experiences and outcomes for people.

People’s care plans should be right for them because they set out how their needs will be met as well as their wishes and choices.

The service had introduced an electronic care plan system and we found that some good information, from the older paper based system, had not been transferred to the online system and the information about some people’s care was disjointed or missing. This made it difficult to see an overview of the person’s care and for them to be involved in a meaningful review of their planned care.

Some care plans were based on an outcomes type star however the information was incomplete and staff had not received sufficient training to use this. It was not clear how the goals and outcomes linked to people’s electronic care plans. The service planned to develop the electronic system to make it more suitable for the needs of people using this service. (See area for improvement 1)

People benefited from care plans which were regularly reviewed and kept up to date. It was evident through speaking with people that there was some evaluation of people’s progress amongst staff and with other health professional.

In some care plans we saw no evidence that people had been involved with developing or reviewing their care plan. The service needed to have a more structured approach to ensure people are fully supported to be involved in developing and regularly reviewing their care plan. This is to ensure the plan reflects the person’s needs, preferences and wishes, is clear and easy to follow so they receive the care and support that is right for them. (See area for improvement 2)
Areas for improvement

1. The service should develop care plans with people, that are in a suitable format to meet their needs. Each care plan should take account of the person’s individual wishes, preferences and needs.

This is in order to ensure that care and support is consistent with the Health and Social Care Standards which state that, ‘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. A review of people’s planned support and their care plans should take place with them at least once in every six month period. There should be a written record of the review detailing who was present, the areas of the care plan discussed and any changes to be made. There should be an action plan developed with timescales for any necessary actions to be completed.

This is in order to ensure that care and support is consistent with the Health and Social Care Standards which state that, ‘I am fully involved in developing and reviewing my personal plan, which is always available to me.’ (HSCS 2.17)

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com.

Detailed evaluations

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<td>1.1 People experience compassion, dignity and respect</td>
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<td>1.2 People get the most out of life</td>
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<td>2.2 Quality assurance and improvement is led well</td>
<td>3 - Adequate</td>
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| How good is our staff team? | 4 - Good |
| 3.3 Staffing levels and mix meet people’s needs, with staff working well together | 4 - Good |
| How good is our setting? | 4 - Good |
| 4.2 The setting promotes and enables people’s independence | 4 - Good |
| How well is our care and support planned? | 3 - Adequate |
| 5.1 Assessment and care planning reflects people’s planning needs and wishes | 3 - Adequate |
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