

# Gloucestershire County Council

## Cathedral View

### Inspection report

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### Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

# Summary of findings

## Overall summary

This inspection took on 23 August 2016 and was unannounced. Cathedral View is a nine bedded care home which provides short term respite breaks for people to give their relative or carer a break from their role as a carer. People who stayed at Cathedral View had learning and/or a physical disability. The level and amount of support people need is determined by their own personal needs. There were three people staying at the home at the time of our inspection.

The home is purpose built and is set over two floors which were accessible by stairs or a lift. The home has a main lounge with an adjoining dining room. There were several quiet areas and a sensory room that people could use. They also had access to a private secure back garden.

A registered manager was in place as required by their conditions of registration. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Concerns raised in our inspection in August 2015 had been acted on. CQC now received notifications from the registered manager about significant events which have affected people or the running of the home. Medicines were safely managed with systems in place to ensure medicines were accounted for and there were clear records of when people had received their medicines. People's care records provided staff with adequate information about their likes, dislikes, and their required level of support. People's support requirements had been assessed before they stayed at Cathedral View. Staff had a good understanding of their needs and risks

Staff encouraged people to make their own decisions and gave them choices about how they would like to spend their day. They supported people in accordance with the principles of the Mental capacity Act. However where people had been identified as lacking mental capacity, there was limited records of how their capacity had been assessed.

People and their relatives/carers spoke highly of the service. Safeguarding procedures were in place and understood by staff. People's individual risks had been identified and were being managed well. The fire safety arrangements of the home had been reviewed and updated. Effective systems were in place to ensure people's money was being safely managed and accounted for. Relatives/carers felt that their concerns were acted on and were satisfied with the service being provided.

People were supported to participate in activities which they enjoyed. They were involved in the planning of their meals based on their likes and dislikes. They were referred to appropriate health care professionals if their needs changed during their stay at the home. The home's environment had been adapted to meet the needs of people.

Suitable recruitment checks had been carried out on new staff to ensure they were of good character before they supported people. Staff were adequately trained and supported to carry out their role. Staffing levels were flexible depending on the support needs of people staying in the home.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

People's medicines were now managed safely.

There were sufficient numbers of staff to ensure people's needs were met. Safe recruitment practices of new staff were in place.

Safeguarding procedures were in place and understood by staff. People's risks had been assessed and were being managed.

### Is the service effective?

Requires Improvement ●

The service was not always effective.

There were limited records of the assessment of people's mental capacity although staff encouraged people to make choices about their day.

People enjoyed a diet which was based on their preferences and choices. There was a good relationship between the home and health care professionals.

Staff were trained and supported to carry out their role.

### Is the service caring?

Good ●

The service was caring.

People were treated with kindness and dignity. Relatives/carers were positive about the service.

Staff knew people well and told us about their likes and dislikes.

### Is the service responsive?

Good ●

The service was responsive

A system was in place to assess people's needs before they started to stay at the home. People's care records were detailed and understood by staff.

Activities were provided based on people's interests and abilities

Concerns and complaints were appropriately managed.

**Is the service well-led?**

**Good** ●

The service was well led.

The registered manager notified CQC of significant events.

The service was well managed. The registered manager was approachable. And available to support staff.

The quality of the service was regularly monitored to identify shortfalls in the service being provided.

# Cathedral View

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 23 August 2016 and was unannounced. The inspection was carried out by one inspector. Before the inspection we examined information that we held about the provider and reviewed their action plan from their previous inspection.

During the inspection we spent time talking to people who were staying in the home and observed how staff interacted with people. Some people who were staying at Cathedral View were unable to speak with us due to their communication difficulties; however we were able to speak with one person. We also spoke with two members of staff, the registered manager and a representative from the provider.

We looked at the care records of three people. We looked at staff files including recruitment procedures and the training and development of staff. We checked the latest records concerning complaints and concerns, safeguarding incidents, accident and incident reports and the management of the home. After the inspection we spoke with four relatives/carers and three health care professionals who were linked to the service.

# Is the service safe?

## Our findings

At our inspection in August 2015, we found that the management of people's medicines was not always safe. The provider wrote to us to say what they would do to meet legal requirements in relation to the breach of regulation 12, Health and Social care Act 2008 (Regulated Activities) Regulations 2014. At this inspection. We found that actions had been taken to improve the management of people's medicines and they now met the legal requirements.

The registered manager had reviewed and updated the medicines policy to ensure there was clear guidance for staff to effectively manage people's medicines. A system of checking and auditing people's medicine took place at the end of each shift. We were told that the new system had helped to mitigate any errors in the administration and recording of people's medicines. The registered manager said, "The new process is working well. Having the medicines checked at the end of every shift reassures staff that while they were on shift the medicines was administered correctly. It also stops them worrying when they get home." A system to manage people's medicines when they arrived and left the home had also been revised. Staff were now required to count, check and sign for people's medicines when receiving their medicines into the home.

The levels of people's ability to manage their own medicines had been assessed and recorded. Some people managed their own medicines independently while others required prompting or their medicines administered to them. The medicines profiles of people who required support had been updated and provided staff with the information they required to ensure people received their prescribed medicines on time. People were given their medicines on time and appropriately. Medicines Administration Records (MAR charts) had been completed appropriately with no gaps in the recording of administration on the MAR charts. Where people had refused their medicines this had been accurately recorded and reported to their GP.

Medicines that had been prescribed to be used 'as required' had additional guidance in place for their use. For example, some of these medicines were given to assist with pain relief or have a calming effect. Guidance prompted staff to consider other interventions before they resorted to administering the prescribed medicine.

Records showed when people had been given medicines as required. Of the records we looked at, staff had documented the reasons why people had required the medicines in the majority of case, except one. This was raised with the registered manager who reassured us that the importance of recording all administrations of medicines would reinforced with staff immediately.

Staff responsible for administering medicines had received the appropriate training. The skills and abilities to manage and administer people's medicines were checked and monitored. We were told that new staff shadowed and observed experienced staff when managing people's medicines. They were given a scenario of 'fictitious medicines' and their skills of managing the fictitious medicines were assessed before they were given the authority to manage people's medicines. A list of medicines and their reasons for use were available to staff as an additional resource.

People told us they felt safe when they stayed at Cathedral View. Relatives/carers were confident that their loved ones were being well cared for. One relative said, "I would know instantly if he was not happy staying at Cathedral View and would be straight in to them if I was worried." Another relative said, "I feel safe for him to go there. I know I can go away on holiday and have peace of mind that he is being well cared for."

Staff told us they had received training in relation to protecting vulnerable adults. They were aware of their roles and responsibilities when identifying and raising safeguarding concerns. All staff demonstrated a good understanding of the provider's safeguarding policy and processes. They told us that they would immediately report any concerns, poor practices or abuse. Appropriate action had been taken by the registered manager and provider where allegations of abuse had occurred.

Most people arrived at Cathedral View with a small amount of money to spend on activities and snacks during their stay. Some people required support to manage their money. Effective and clear processes were in place to support people who needed assistance to manage and handle their money. Records showed audit trails of people's income and expenditure. People's finances were regularly checked and monitored by staff to ensure people were not being financially abused. Relatives/carers told us they were always given the change and receipts of any costs that had occurred and were satisfied people's money was accounted for during their stay.

People's risks associated with their health and well-being were recorded and monitored by staff. These were discussed with their relative/carers and reviewed each time the person stayed at the home to ensure staff were fully informed of any changes in their needs. Staff had a good understanding of the risks of the people who we met on the day of our inspection. They told us about people's individual needs and the strategies they used to support people to help mitigate their risks. Risks relating to people's behaviours had been assessed and recorded. Staff were given guidance about the triggers which may cause people to become upset or frustrated. Information about how to support people if they became upset or agitated was clearly recorded.

The registered manager was reviewing the fire safety arrangements of the home. Staff had been trained in fire management and the home's fire policy had been updated. Staff had carried out regular fire drills. Actions and reflected learning had occurred after the drills to address any concerns. For example, the registered manager was reviewing the fire zones of the home with a fire safety officer. Not all people had personal evacuation plans in place or missing person's profiles. This was raised with the registered manager who told us that plans were in place to review all records associated with people's safety and this would be addressed immediately.

There were adequate numbers of staff on shift each day to meet people's needs. The number of staff on duty varied according to numbers of people staying at the home and their support needs. This was confirmed by staff, people and their relatives/carers. Staff from Cathedral View and the provider's other homes picked up additional shifts when required if there were any staff shortages.

People were cared for by staff who had been checked before they supported people. The registered manager was supported by the provider's head office with the recruitment process of new staff. They carried out the recruitment checks such as criminal checks via the Disclosure and Barring Service (DBS) and obtained references from their previous employers which were held electronically. We were told that the registered manager would always screen the applications and recruitment documents and discuss any gaps or discrepancies in their employment histories but this was not always recorded. The registered manager stated they would implement a recruitment checklist to ensure they recorded the review process of all relevant documents associated with all staff recruitment checks to ensure they were of good character.



# Is the service effective?

## Our findings

People were supported by staff to make day to day decisions during their stay at Cathedral View such as choosing their meals or how they wished to spend their day. We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA) and whether any conditions on authorisations to deprive a person of their liberty were being met. MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

Not everyone who stayed at Cathedral View had the mental capacity to make significant decisions or choices or were able to consent to the care they received. Information about their day to day needs and preferred choices were detailed in their care plans to guide staff when acting in their best interest. However there was limited recorded evidence that people's mental capacity had been assessed. Mental capacity assessments were in place for some people which indicated they had been assessed as not having capacity to make decisions about their care, however the assessments were not decision specific to people's individual needs, choices and decisions.

People's rights to make decisions were not always protected. This is a breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Staff had a basic understanding in the importance of respecting people's rights and helping them to make choices about their day and work within the principles of the Mental Capacity Act. They were able to give us examples of how they supported people in line with the principles of the Act. We observed staff supporting and encouraging people to make choices and act in their best interest.

The registered manager had sought advice from the local authority when people's rights were being restricted during their stay at the home. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). The registered manager had identified if people were being deprived of their liberty and had applied for authorisation to do this in accordance with the legislation around DoLS. The registered manager had identified a number of people who they believed were being deprived of their liberty while staying at the home and had made DoLS applications to the local authority and were waiting for the outcome.

People received individualised care from staff who had the skills, knowledge and understanding needed to carry out their roles. They received the training and support in line with the provider's personal development and training requirements. Staff had undergone additional training to ensure they were able to support people who had varied and diverse needs. The registered manager said, "We need to be knowledgeable in most areas as we don't know who is going to be referred to us at short notice." All staff were positive about the training and the support they received and said it was appropriate to their role. People and their

relatives/carers felt the staff team were good and they were happy with skills and knowledge of staff.

The registered manager held information about staff training electronically. They explained that the information they kept about individual staff training and their personal development informed the supervision and observation of staff competencies. Records showed that staff were regularly supervised and had the opportunities to raise concerns and discuss their personal development. Plans were in place for staff to appraisal meetings planned for the autumn. Records showed that that the registered manager had met with staff where there had been concerns in their conduct and performance. Staff were positive about the support they received from the registered manager and their colleagues. One staff member said, "The staff team are great, the service user are lovely. I love coming to work. I feel supported and well trained."

New staff were given the opportunity to shadow their colleagues and carry out mandatory training, read the home's policies and people's care plans during their induction period. New staff were required to complete the care certificate to ensure they received their induction in line with the national standards. Long term staff were also reviewing their knowledge by carrying out units of the care certificate such as infection control. New staff also met regularly with their line manager to discuss their progression during their probation.

People were supported to maintain a good diet and keep hydrated. Information about people's dietary needs and preferences were recorded and known by staff. People and their relatives/carers told us they enjoyed the meals they received. People could request specific meals and where possible these were catered for. The menu was based on the requests, dislikes and preferences of people staying in the home at that time. Staff met with people to discuss their choices and make meal suggestion before they placed an on-line food order. We were told the home always had selection of meals in stock in case people were admitted into the home in an emergency.

People were supported to maintain their health and well-being while staying at Cathedral View. People who became ill during their stay at Cathedral court would be referred to the GP surgery associated to the home. The staff had good contacts with their local GP surgery and people were supported to make temporary resident applications if required.

Health care professionals were positive about the approach and engagement of staff. They told us staff sought advice and implemented their recommendations. For example, one health care professional said, "We have an open communication and I would feel safe that they would call the Community Learning Disability Team should they have any queries or difficulties supporting an individual." Another health care professional told us they had been impressed with the teams' commitment to joint working with health care professionals.

Staff had implemented a hospital care plan for each person which would be taken with them if they needed to be admitted to hospital during their stay at Cathedral View. The care plan would provide hospital staff with relevant details about the person including their medical history, next of kin contact details and information about their communication and personal preferences. The home had been adapted to meet people's mobility needs. For example, a ceiling track hoist had been installed into two bedrooms, with one leading into the en-suite bathroom. This allowed people with more complex physical needs to stay at the home.

# Is the service caring?

## Our findings

People and their relatives/carers were all positive about the support and care they received from Cathedral View. They all commented that staff were kind and caring. Comments from relatives/carers included: "I don't know all the staff by name but they are always very friendly and helpful"; "I wouldn't want them to go anywhere else. The home is fantastic" and, "I have total trust in the staff at Cathedral View. They are very good and know how to communicate and support him. They try and encourage him to do things within his capabilities."

People were supported by staff who understood the importance of respecting their dignity. They demonstrated values of supporting people with dignity and respect. Relatives/carers told us people were well cared for by staff in a dignified manner, for example with their personal hygiene needs. We observed staff treating people with dignity and respect throughout our inspection.

People were supported by staff who knew and respected them. Staff spoke about people positively. They encouraged people to make choices about their day and provided support when required. Staff had time to sit with people and ask them about their well-being since their last visit to the home. Relatives/carers told us people were always happy to return and have a short break at the home to give them a break from their role as the main carer. One relative said, "He is always happy to see the staff and go back there."

People were known well by staff. We observed that Staff had a good understanding of the people who were staying in the home at the time of inspection. They were able to tell us about their individual needs and personalities. Some people enjoyed time to themselves whilst others required continual support from staff to meet their personal and social needs. One person had a set routine which they chose to complete before carrying out their daily living activities. Staff were aware of their routine and put plans in place to work around the routine when planning activities.

Health care professionals who were in regular contact with the home praised the attitude of staff. One health care professional provided us with examples of the caring manner of the staff at Cathedral View and the approach of staff which had helped people to realise their potential. Another health care professional named a member of staff in their communication with us and told us they always portrayed a genuine air of compassion and positivity.

There was an established staff team who enjoyed working at the home. One staff member said, "I love working here. Everyone is friendly." They told us about the rapport and relationships they had developed with people who frequently stayed at the home. One staff member told us how they enjoyed seeing people progress and hearing about changes in their life between their breaks at the home. We were told the communication between staff was effective which ensured staff coming on duty were aware of the needs of people staying in the home and also about people who may arrive for their break during their working shift.

On the day of our inspection, we saw staff socialising and engaging with people while they supported them with their personal care. Staff chatted with people in a friendly and sometimes humorous manner. One

person was assisted by staff to run a bath and wash and dry their hair. This was done a kind and warm manner. We spoke to the person later and they said, "Yeah the staff are nice, they are good." They went on to tell us they enjoyed visiting the local shops and going to the pub. All the people who were staying in the home visited a local lake on the day of our inspection. They told us when they got back they enjoyed their walk and had eaten ice cream to help them cool down as the day was hot.

## Is the service responsive?

### Our findings

At our inspection in August 2015, we found that the records associated with people's care were had not always been consistently documented. The provider wrote to us to say what they would do to meet legal requirements in relation to the breach of regulation 17, Health and Social care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we checked that they had followed their plan and confirmed that they now met the legal requirements.

We found that actions had been taken to improve the details of people's care plans. People's care plans had been updated and held information about their personal backgrounds, family histories and health needs. They provided staff with guidance about how they liked to be supported and things which were important to them or the support they required. People's risks, levels of independence and support requirements in all aspects of their personal care were recorded. A system was in place for key staff who were responsible for the updating and reviewing people's care plans.

The service provided disabled adults with a short break. People and their relatives/carers were assessed by the local authority and given an allocated amount of nights for the person to spend at Cathedral View, which gave their relative/carer a regular short break from their role as the main carer. The support needs of people who used the service for short and regular breaks were assessed before they started to use the service. Systems were in place to ensure the home could meet the needs of people being referred to the service. The registered manager screened all new referrals and where necessary requested further information before a decision was made to initially assess the person. The registered manager then carried out an assessment of people's support needs. If people, their relatives/carers and the registered manager felt that Cathedral View would meet their needs, they were invited for 'tea visits' to get to know staff and familiarise themselves with the home. This also helped to identify any risks associated with staying at the home before they stayed overnight or for a short break.

Relatives/carers contacted the home directly to book their breaks. A few days prior to the booked breaks, staff carried out a 'pre-visit' telephone call to gain an understanding of the person's latest support needs such as changes in the medical needs, medicines and to share information about possible activities being carried out at the home. One relative said, "I'm contacted about three months in advance which reminds me that I need to make a booking during the next three months. They always phone before each break so I can tell them about any changes." Relatives/carers praised the service and told us they appreciated having a regular break.

Some people were referred to the home in an emergency, for example when there were unplanned changes in the care they received at their home. The registered manager said they would try and gain as much information as possible about the needs of the person. They told us they would assess the situation based on the information provided and make a decision to accept them into the service or not. They said, "With any new emergency referral, I need to make sure we have sufficient numbers of staff available and also consider how the new service user may impact on the others staying here."

Staff were flexible in their approach in supporting people. Some people continued with their usual daily activities while staying at the home such as visiting relatives/carers, attending day centres or carrying out activities. The home gave people opportunities to meet new people and try new activities. One relative said, "They always make sure he goes out when he is there. He enjoys it and is always happy to go." The activities provided were dependent on the likes, abilities and wishes of people who were staying at the home.

Health care professionals told us the home was responsive to people's individual needs. One health care professional gave us several examples which had been provided by their team about how staff at Cathedral View responded to people's needs and helped people 'to realise their potential and had given people opportunities'. Another health care professional wrote to us and said, "I have found the staff to be adaptable and approachable in my recent experience." They also told us that communication from the home was open and they were confident the staff would contact their team if they had any queries supporting people.

The service valued people's opinions and acted on any suggestions or concerns. People had the opportunity to express their views and concerns to staff who supported them. The home held regular 'guest meetings' to give people the opportunity to raise concerns and make suggestions. Actions were taken from these meetings to improve the service such as suggesting new activities and the installation of Wi-Fi. People were asked to complete an easy read pictorial survey at the end of their stay. The results of the survey were positive. Some people had recorded positive comments such as "Yes, I always find staff kind and staff talk to me." Relatives/carers of people who used the service were asked to complete a survey about the service provided at Cathedral view twice a year. The feedback and results of the survey were shared and discussed with the staff team and acted on.

Relatives/carers reported that they were satisfied with the service they received and told us their concerns and issues were always addressed immediately. One relative said, "If I have any problems which is very rare, I just go in or ring them. They are very understanding and will always do what I ask." Another relative wrote to us and said, "We find all the staff very helpful and extremely dedicated."

Records showed that people and their relatives/carers had complimented the staff and the service provided. The registered manager had not received any complaints since our last inspection. They told us any concerns and complaints would be listened to, taken seriously and addressed. The service had a complaints policy. A large print pictorial easy read complaints policy was made available to people.

## Is the service well-led?

### Our findings

At our inspection in August 2015, we found the registered manager did not always notify CQC about incidents that affected the welfare of people. The provider wrote to us to say what they would do to meet legal requirements in relation to the breach of regulation 18, CQC (Registration) Regulations 2009. At this inspection we checked that they had followed their plan and confirmed that they now met the legal requirements. The registered manager was aware of their legal responsibilities and had since notified CQC about significant events affecting people and the running of the home.

The registered manager told us the actions they had been taken since our last inspection to improve the quality of the service. They told us they had worked with staff to ensure they acted on the shortfalls of their last inspection and understood the CQC methodology. Staff had been asked to think about their work and provide examples of how they could demonstrate the quality of the service under the five domain questions.

People and staff had confidence the registered manager would listen to their concerns and would be received openly and dealt with appropriately. Staff said the home was well managed. They felt supported by the registered manager and deputy manager and told us they were always contactable even if the registered manager was working away from Cathedral View at one of the other provider's homes. One staff member said, "The manager is brilliant, very approachable and we can always contact her or someone on call if there are any problems." Staff said they worked well together and there was good communication between the team members. The registered manager held regular staff meetings. Staff discussed and shared information relating to people and the running of the home such as changes in policies. The registered manager told they were aiming to develop 'champion roles' in areas such as dementia awareness and activities. They explained this would allow individual staff to take on more responsibility and increase their knowledge in specific areas and to be a resource for other staff.

Systems were in place to monitor and improve the service which included carrying out regular finances, medicines and health and safety audits. There was an open culture to report incidents and concerns. We spoke with the registered manager about recent incidents of concern which had affected people who had stayed at the home. We were reassured that the registered manager and the provider had investigated the concerns and addressed any issues. Accident and incidents had been reported and recorded on the provider's central system. A summary of the incidents were recorded by the registered manager; however the information provided did not allow the registered manager to identify if there were any clear trends or patterns emerging. This was raised with the registered manager who stated they would improve the details recorded in the summary.

The provider was in consultation with people, their relatives/carers and other stakeholders regarding the long term plan to provide short breaks for adults across the county which could impact the service being provided by cathedral View. The registered manager was supporting and reassuring people, their relatives/carers and staff during this period of uncertainty. They said, "There are a couple of proposals on the table. The carers and service users are being asked about their point of view." A representative from the provider was also working with people to manage their expectations and ensure that the provider had a

clear understanding of the impact on people and their relatives/carers if the proposed changes go ahead.

The registered manager was supported both formally and informally by the Operations Manager. They had been responsive to the registered manager's concerns about their work load. Plans were in place to review the management structure of the short break service run by the registered manager to ensure their work balance and expertise was in line with their personal needs and the development of the provider's homes. The operation manager also supported staff and the service by attending staff meetings once a quarter. They also reviewed files relating to staff and supported the registered manager with any concerns relating to the running of the home. They told us they occasionally carried out a working shift and supported people in the home to get a clearer understanding of the needs of people and the staff who supported them. The registered manager also met with other registered managers of the provider's services to share information and provide peer support.



This section is primarily information for the provider

## Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent  People's mental capacity had not been adequately assessed and recorded in accordance with the Mental Capacity Act 2005