

Cathedral View Limited

Cathedral View House

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service:

Cathedral View provides accommodation with personal care for up to 60 people. There were 59 predominantly older people using the service at the time of our inspection. The service comprises of two separate units, one residential, one nursing, separated by a garden area.

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

Medicine systems and processes were not robust. We were not assured that people always received their medicines as prescribed. Staff did not always follow best practice guidelines in the management and administration of medicines.

People were provided with the equipment they had been assessed as needing to meet their needs. Pressure relieving mattresses were provided to help reduce the risk of pressure sores. However, these were not always set correctly according to people's last recorded weight.

Risks had been identified, assessed and reviewed. However, specific risks were not always robustly monitored and recorded accurately. Staff did not always follow guidance provided, such as when to re-position some people.

People were not always protected from the risk of cross infection. There was no working sluice in the residential building. There was no clear system for staff to ensure effective cleaning of equipment.

The service held personal money belonging to people living at the service. This was not held appropriately. The registered manager addressed this immediately.

The provider had no effective system to ensure they had oversight of the service provided. There were no regular auditing processes in place at Cathedral View to monitor the quality of the service provided. This meant the provider was not aware of the concerns identified at this inspection.

Records relating to care and support provided to people were not always completed as required.

Some records were not accurate. Information provided at the inspection, regarding staff supervision was not up to date. This was reviewed and sent to us after the inspection. The registered manager told us that two statements seen in care records were 'not right'.

Staff had received appropriate training and support to enable them to carry out their role safely. The registered manager held information about the training staff had completed. However, this was not always held together in one place.

There were people living at Cathedral view, living with dementia, who were independently mobile. There was no pictorial signage to help support people to be independent in accessing bathrooms, toilets and their own bedrooms.

The service had been through a period of staff shortages. The registered manager told us, "It has been very challenging getting the right staff. Some start then leave quickly and we have to start all over again." There were enough staff available to meet people's needs at the time of this inspection.

Staff were recruited safely in sufficient numbers to ensure people's needs were met.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Any restrictive practices were regularly reviewed to ensure they remained the least restrictive option and were proportionate and necessary.

There was not an accurate record held by the registered manager, of which powers of attorney were held by family members. This meant it was not clear what legal powers were held by relatives. Consents were signed on behalf of people, by family members who did not have the legal power to do this.

An activity co-ordinator provided planned activities for people in both units. However, it was not possible for people to be supported to go out in to the local community as the service did not have suitable transport available.

People received care and support that was individual to their needs and wishes. Care plans were regularly reviewed and updated.

We observed many very kind and caring interactions between staff and people. Staff spent time chatting with people as they moved around the service. People told us, "I'm well cared for, certainly," "Yes, they (staff) all treat me well, are friendly and will have a chat with me" and "I can't fault it. They have all been very good. I'm fortunate and am happy to be here."

The complaints procedure was available to people. The registered manager told us there were no on-going complaints at the time of this inspection.

People were supported to access healthcare services, staff recognised changes in people's health, and sought professional advice appropriately.

All the people, relatives and healthcare professionals told us they were happy with the care and support provided at Cathedral View. Relatives told us, "[Person's name] is happy and safe here, they are brilliant to them and I would say it's one of the best homes in the country" and "Yes, they have got the skills, there are some top nurses here."

Visiting healthcare professionals told us, "This is one of the better homes, I cover the whole county and this home is good. I have no concerns," "Cathedral View has a very good reputation, I would be happy for my family to be cared for here" and "The staff are very vigilant, report to us appropriately and are knowledgeable about the people here."

Rating at last inspection and update:

At the last inspection the service was rated as good (report published 26 April 2017)

Why we inspected: This was a scheduled inspection.

We have found evidence that the provider needs to make improvements. Please see the safe and well-led sections of this full report.

Follow up: We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

We found no evidence during this inspection that people had been harmed. The registered manager has told us of action they will be taking to help ensure they meet the requirements of the regulations at the next inspection.

You can see what action we have asked the provider to take at the end of this full report.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.
Details are in our safe findings below

Requires Improvement ●

Is the service effective?

The service was effective.
Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.
Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.
Details are in our responsive findings below

Good ●

Is the service well-led?

The service was not well led
Details are in our well led findings below

Requires Improvement ●

Cathedral View House

Detailed findings

Background to this inspection

The 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.

Inspection team:

This inspection was carried out by one inspector, a specialist nurse advisor and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type:

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

The service had a manager registered with the Care Quality Commission. The registered manager and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

This inspection was unannounced.

What we did before the inspection:

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We reviewed the last inspection report, information we had received from other agencies and feedback we had received from other interested parties. We used all of this information to plan our inspection.

During the inspection:

We spoke with six people who used the service, four relatives, seven staff members, a senior carer, the registered manager and two visiting healthcare professionals. We reviewed the care records of four people and medication records for all the people who used the service. We reviewed records of accidents, incidents, compliments and complaints, staff recruitment, training and support as well as audits and quality assurance reports. Some people were not able to tell us verbally about their experience of living at Cathedral View. Therefore, we observed the interactions between people and the staff supporting them. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

After the inspection

We looked at staff training data and supervision records.

We continued to seek clarification from the registered manager to validate evidence found.

Is the service safe?

Our findings

Safe –this means we looked for evidence that people were protected from abuse and avoidable harm

At the last inspection this key question was rated as good. At this inspection this key question has changed to requires improvement.

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- Medicine systems and processes were not robust. There were no medicines audits undertaken. It could not be established if people always received their medicines as prescribed. The registered manager could not account for a significant number of medicines being returned to the pharmacy at the end of each cycle. There were gaps in the MAR. There was no process to record medicines incidents. Medicine reviews were not regularly carried out.
- Some people were prescribed 'as required' medicines for pain relief or to help them to manage anxiety. Care plans did not include protocols detailing the circumstances in which these medicines should be used.
- Creams were dated when opened. However, there was no system for ensuring creams were disposed of in a timely manner. Several were found, in use in people's rooms, to be out of date. These were removed at the time of the inspection. Topical medicine administration charts were not always completed by staff to evidence prescribed cream had been applied. The person's prescription did not detail when and where each prescribed cream should be applied. This meant staff were not provided with adequate information to ensure people were given their medicines as prescribed.
- The records of medicines that required stricter controls tallied with the balance of medicines held at the service. However, staff did not always follow safe practice when recording medicines. The entries of these medicines and other handwritten entries on the MAR were only signed by one person. This is not in accordance with the policy held at the service and does not protect people from the risk of errors being made.
- People were supported to self-administer their own medicines. However, there was no assessment available to establish if the person had been assessed as competent to do this. There were no records to demonstrate that any regular checks were being made to ensure that the person was taking their medicines as prescribed.
- Staff were provided with training in medicines management. However, competencies were not regularly checked and recorded. Staff did not have training on the management of controlled medicines, provided at induction, updated regularly.

The failure to ensure medicines were managed and administered safely is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

Assessing risk, safety monitoring and management

- Risks had been identified, assessed and regularly reviewed. However, fluid intake was not always recorded

clearly, totalled or monitored. One person was on a specific fluid intake regime. Written guidance, regarding fluid intake, from healthcare professionals, was not held in order so the most recent guidance was not easy for staff to find. Handwritten directions for staff were unclear as they had been amended repeatedly with multiple crossings out. This meant there was a risk people may not always receive the appropriate amount of fluids.

- Some people had been assessed as requiring equipment to reduce the risk of pressure sores. Pressure relieving mattresses were provided, however, these were not always set correctly. The guidance provided for staff in bedrooms, relating to people's weight, was not up to date. This meant people were not always protected from the risk of pressure damage.
- Staff did not always follow the guidance provided in care plans. For example, one person's care plan directed staff to re-position them every three hours. The records did not evidence that this care had been provided as directed.

The failure to ensure people were protected from identified risks is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

- Fire doors and systems were regularly checked to ensure they were in good working order. Regular fire drills took place. Emergency plans were in place outlining the support people would need to evacuate the building in an emergency.
- Utilities and equipment were regularly checked and serviced to make sure they were safe to use.

Preventing and controlling infection

- The residential care unit did not have a working sluice. There was not a clear robust process in place for staff to follow to ensure equipment was always thoroughly cleaned.
- Soap dispensers in use at the service were the refillable type. Such liquid soap dispensers present a risk of harbouring bacteria. Infection control guidance recommends only sealed replacement cartridges of liquid soap should be used to reduce the risk of cross infection.
- Staff had access to aprons and gloves to use when supporting people with personal care. Staff were seen wearing person protective equipment (PPE) appropriately throughout this inspection. However, a cleaner was seen entering many people's rooms and bathrooms wearing the same pair of gloves.
- There were no infection control audits being carried out at the service. This meant that opportunities to ensure people were protected from the risk of cross infection had been missed.

The failure to ensure people were protected from the risk of cross infection was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

Systems and processes to safeguard people from the risk of abuse.

- People's money, held by the service, was not managed appropriately. Separate paper account records were held for each person. However, the cash was held communally altogether in a cash box. Several staff had access to this money. This meant if there was any shortfall, it would not be possible to identify whose money was affected and when it may have happened. The registered manager addressed this immediately.

The failure to ensure people's money was appropriately managed is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

- Staff had been provided with regular safeguarding training and knew about the different types of abuse.
- Staff had a good understanding of what to do to help ensure people were protected from the risk of harm or abuse.

- People told us they felt safe, commenting, "Yes, safety is the one thing that one feels good about" and "Yes, I feel perfectly safe and happy here."

Staffing and recruitment

- There were staff vacancies at the time of this inspection. Recruitment had been challenging for the service. Staff told us they had worked long hours over past months to cover vacant posts. No agency staff were used.
- There were enough staff to meet people's needs at the time of this inspection. Staff spent time with people helping them with tasks.
- Staff had been recruited safely. All pre-employment checks had been carried out before staff started work, such as criminal record checks and references.
- People had access to call bells to summon assistance when needed.
- People told us staff responded quickly to them when they called. Comments included, "I have one (call bell) and I have used it. They respond quickly" and "I have two alarms, one by my bed and a press button one in my chair. When I've used them the carers come quickly."

Learning lessons when things go wrong

- Accidents and incidents were recorded and analysed so any trends or patterns could be highlighted.
- Some of the concerns identified at this inspection were addressed immediately, others were actioned in the days following the inspection.
- Issues raised by people or their families had been listened to and addressed. People and staff told us the registered manager listened to them and took on board any concerns.

Is the service effective?

Our findings

Effective –this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Pre-admission assessments were gathered prior to a person moving in to the service. This helped ensure the service could meet their needs and that they would suit living with the people already at the service.
- Care plans showed people's needs had been assessed and planned for.

Staff support: induction, training, skills and experience

- Records showed training was regularly updated to ensure staff had the skills necessary to meet people's support needs. One person told us, "I am looked after well here."
- Relatives told us they found staff were competent and skilled and they had no concerns about the care and support provided. Comments included, "[Person's name] is happy and safe here, they [Staff] are brilliant to them and I would say it's one of the best homes in the country" and "Yes, they have got the skills, there are some top nurses here."
- Health care providers were positive about the knowledge and skills of the staff and management at Cathedral view.
- Staff were given opportunities to discuss their individual work and development needs on a regular basis. Appraisals were provided annually.
- Staff induction procedures ensured they were trained in the areas the provider identified as relevant to their roles. New staff spent time working with experienced staff until they felt confident to work alone. The registered manager confirmed staff were observed providing care to ensure they were competent.
- Staff meetings were held regularly, and staff told us they felt able to speak and be heard. They told us the management took action to address concerns and issues raised.

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

- Staff recorded some people's dietary intake, where concerns had been identified. Drinks were regularly provided throughout the service. Weights were regularly checked.
- People enjoyed the food provided. Comments included, "Yes, the food is reasonable; it was quite good today. Some meals are really good and others not so. We have a weekly set menu with one choice per meal, but alternatives can be given if you don't like it, but they don't always welcome you asking for an alternative choice," "It says the meal on the weekly menu sheet we get given" and "We have plenty of liquids; they are very good for that."
- People were offered a choice of food and drink. People's preferences were well recorded in care plans. Vegetarian meals were available. The kitchen was knowledgeable about people's preferences.

- Some people required support with their meals. Staff were seen supporting people in a calm and patient manner. Comments included, "Are you ready to have a bit more?" and "Are you all finished, would you like a cup of tea?"
- Menus were displayed both in words and pictorially. This supported people who needed additional help to identify different meals and make choices independently.

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

- People were supported to keep healthy. Care plans contained details of external healthcare professionals' visits. People's comments included, "I get to know when the dentist and chiropodist is here, as I ask the office when they're due to visit; I write it in my diary" and "The carers arrange visits and they come here, you just need to ask."
- Oral health was promoted. Staff were provided with training on how to ensure people's daily personal care included oral care. Care plans contained information about what support each person needed to care for their teeth. Daily notes showed staff regularly helped to ensure people's teeth were cleaned. A visiting dentist told us, "This is one of the better homes, I cover the whole county and this home is good. I have no concerns,"
- The local GP told us, "Cathedral view has a very good reputation, I would be happy for my family to be cared for here" and "The staff are very vigilant, report to us appropriately and are knowledgeable about the people here."

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

- Some people living at the service were independently mobile and living with dementia. However, there was no pictorial signage around the service to aid people to access bathrooms/toilets independently. Bedroom doors displayed a number and the person's name, which were above eye level. This did not support people with dementia to easily recognise their own door independently.
- People had access to call bells to summon support when needed. People confirmed this and told us that staff came in good time when needed.
- There was outside seating available for people to enjoy sitting in the fresh air.
- The décor of the residential unit required updating. There was some paintwork damage throughout the building and flooring was in need of replacing. We were told there was to be a programme of updating of the toilets and bathrooms and new flooring for the dining room.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The 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.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- There were processes for managing MCA and DoLS information and there were records held of which people had DoLS applications awaiting authorisation. Appropriate applications had been made for people

to be assessed.

- Care plans did not contain evidence of capacity assessments or the best interest process prior to applications being made for DoLS. The registered manager had arranged for the local authority to support the service in this process.
- The registered manager knew people and their families well. They told us, "We hold a lot of information in our heads." However, they did not hold an accurate record of which people, living at the service, had appointed Lasting Powers of Attorney (LPA's). A list was compiled during the inspection. We identified two family members who had signed consent, on behalf of their relative, who did not hold the required legal power to do this.

We recommend the service take advice and guidance from the Mental Capacity Act 2005 Code of Practice on the management of this legislation.

- Staff had received specific training which had led to staff having an understanding of the requirements of the Mental Capacity Act 2005.

Is the service caring?

Our findings

Caring –this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as outstanding. At this inspection this key question has now changed to good.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- There was a relaxed atmosphere in the service and staff provided friendly and compassionate support. People had built caring and trusting relationships with staff. We observed people were confident requesting help from staff who responded promptly to their needs.
- We observed many kind and caring interactions between people and staff. For example, staff regularly checking with people that they were comfortable or if they wished to move to another area or back to their rooms. Comments included, "I'll just go and get you another tissue" and "Are you enjoying that?"
- People told us, "I'm well cared for, certainly," "Yes, they (staff) all treat me well, are friendly and will have a chat with me" and "I can't fault it. They have all been very good. I'm fortunate and am happy to be here."
- A relative told us "I couldn't wish for anything better and the carers go beyond what they need to be doing for example, when [Person's name] was in hospital, the carers even took time to visit them and one carer visited every day for the first few days."
- Staff had been provided with training to help ensure people's rights were protected at the service.

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

- People told us they felt able to speak with staff about anything they wished to discuss. Relatives felt able to raise any issues with the registered manager.
- Some care plans indicated that people had been involved in their own care plan reviews. The registered manager provided care and support to people at the service regularly and spoke with people to discuss any changes they wished to make to their care and support.

Respecting and promoting people's privacy, dignity and independence

- Care staff were person-centred in their interactions with people. They knew people well and held many relevant and meaningful conversations with people throughout the inspection visit.
- People were supported to maintain and develop relationships with those close to them. People could visit at any time. Relatives were regularly updated about people's wellbeing and progress.
- People told us, "I am very happy here and I have some of my own things, as some are very precious" and "It's my choice when I get up and go to bed." One relative told us, "[Person's name] is very well cared for here."
- People told us they felt respected. We observed care staff lowered their voice when speaking with people about any support they may need. Comments included, "I wouldn't go anywhere else now" and "I think it's

a lovely home to live in a with friendly carers."

Is the service responsive?

Our findings

Responsive –this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people's needs were met through good organisation and delivery.

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

- Staff and management knew people well and had a good understanding of people's individual needs.
- Care plans described people's individual needs, preferences and routines. Care plans were regularly reviewed and updated to ensure they reflected any changes in people's needs. Some care plans contained a great deal of historic information which did not always make it easy for staff to find current guidance.
- Daily notes reflected the care people had received and how they had spent their time.
- There was some evidence in the care plans we reviewed that people were involved in their own care plans. Some families had signed to indicate they had seen their relatives care plan. Comments were mixed and included, "Yes, they discussed everything with me," "No, never had anything like that" and "Yes, they were very good and very kind and I was happy with it."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- There was information in place to enable the provider to meet the requirements of the Accessible Information Standard (AIS). Each person had a communication care plan, recording any visual problems or hearing loss and instruction for staff about how to help people communicate effectively.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- There was an activities co-ordinator who planned activities which were provided for people across both units. A printed activity plan was circulated to people in their rooms.
- People told us, "I don't do them, but I do go to the half hour in the morning for a little chat and the quiz, we can choose if we go. We have entertainers that come in occasionally and I listen to them" and "I will do the crafts or any music related activity."
- We were told there was no opportunity for people to be supported to go outside in to the local community as the service did not have suitable transport available. There did not appear to be any plans to address this.

We recommend the service identify suitable arrangements to help support people to be taken out of the service in to the local community.

Improving care quality in response to complaints or concerns

- The service held an appropriate complaints policy and procedure. This was accessible to people living at the service.
- We were told there were no formal complaints in process.
- Many compliments had been received by the service. For example, ""The improvement in [Person's name's] health in the last twelve months is remarkable," "Staff always show courtesy and politeness" and "Mum thinks she is in a hotel!"

End of life care and support

- The staff were supported by the community nursing team to provide good quality end of life care to people in the residential unit. Cathedral View nurses supported people in the nursing unit.
- Care plans showed people had been asked for their views and wishes about how they wished to be cared for at the end of their lives.

Is the service well-led?

Our findings

Well-Led –this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has changed to requires improvement.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Continuous learning and improving care; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The provider visited regularly. However, they did not carry out any audits of the care and support provided at Cathedral View. This meant that concerns found at this inspection with medicines management, infection control and some care records had not been identified prior our visit and opportunities to improve the service had been missed.
- Systems to ensure clear oversight of the service at all times were not in place. The provider did not attend any external forums or groups aimed at sharing ideas and best practice. People were not protected by effective robust quality assurance arrangements.
- The registered manager confirmed that they did not take up opportunities to meet up with other managers to help share best practice and new ideas. Following this inspection, the registered manager confirmed that the local authority would be supporting the service development in the near future.
- We found no evidence that people had been harmed however, systems were either not in place or robust enough to ensure effective oversight of the service at all times. This placed people at risk of harm.
- The administrator had been away from work for some weeks prior to this inspection. Some records were not up to date. Information provided at the inspection regarding staff supervision was not up to date. This was reviewed and sent to us after the inspection. The registered manager told us that statements seen in two peoples' care records were 'not right'.
- The registered manager told us they felt well supported by the provider. The provider had a defined organisational management structure and there were regular visits by the provider. However, there was no robust monitoring and audit checks carried out by the provider. Concerns found at this inspection had not been identified prior to our visit.
- When we discussed some concerns with the registered manager at feedback following the inspection, they did not appear to be aware of the need to regularly audit and monitor the service provided. Some requirements of the regulations were not known to the registered manager.

The failure of the provider to ensure robust oversight of the service, maintain accurate records and support the registered manager to keep up to date with nationally recognised guidance is a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff were positive about the management of the service. They told us they felt supported.
- Roles and responsibilities were clearly defined and understood. The registered manager was supported by nurses in the nursing unit and senior care staff in the residential unit.
- The ratings and report from our previous inspection were displayed in the entrance.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager was passionate about good care and very familiar with people's needs and preferences. They worked alongside the care staff regularly both on day and night shifts.
- The registered manager had good knowledge of the needs of people living at the service. There was a strong emphasis on meeting people's individual needs and all staff demonstrated a thorough understanding of people's differences and individual preferences.
- People and visitors were encouraged to share their views and experiences of the service. Comments included, "Excellent care home," "Always a pleasure to visit" and "I think the care is excellent."
- Residents and family meetings had been held to share information with people and seek their views of the service provided. Issues raised had been addressed such as meal changes and night staff routines.
- Relatives told us, "I would definitely recommend this place to anyone" and "I looked at dozens of homes and we felt this was the best by far and we weren't wrong."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager was aware of the need to report to CQC, any event which affected the running of the service, including any deaths and DoLS authorisations, as they are legally required to do.
- When something had been identified as not having gone as well as expected, this was accepted, discussed and a plan made to help ensure the event did not re-occur.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Residents meetings were held. This provided an opportunity for people to share their views and experiences. One person told us, "Yes, they are fairly regular, but I haven't been to them. I think I went the first time I came to live here. When I feel that I can say something valuable, I will go. It's a lack of confidence on my part."
- People told us the registered manager was approachable and visible. Comments included, "I see her around and when I go down to dinner; she is very approachable if I need to speak to her" and "She is very nice, always very nice. I've not seen her quite so much lately, she used to be around a lot."
- Regular staff meetings took place to give staff an opportunity to discuss any changes to the organisation, working practices and raise any suggestions. Staff said they felt well supported and that they could talk to management at any time, feeling confident any concerns would be acted on promptly.
- Communication between people, staff and families was good. We observed families greeted by the registered manager with great fondness.
- A survey had been sent out to people and families. The responses were positive. Where comments had been made these had been considered and action taken to address them.
- Some life histories were documented. This helped ensure staff were aware of people's backgrounds.

Working in partnership with others

- The service communicated with commissioners and DoLS teams appropriately about people's care.
- Care records held details of external healthcare professionals visiting people living at the service as needed.

- All the people, relatives and visiting healthcare professionals we spoke with told us they were positive about the care and support provided at Cathedral View.

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 Treatment of disease, disorder or injury	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider had failed to ensure there were robust processes and systems in place to ensure all that is reasonably practicable had been done to reduce risk. Staff did not always follow policies and procedures when managing medicines. The provider did not ensure that policies and procedures in relation to infection control were being robustly audited and followed.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had failed to implement robust processes to ensure continuous effective oversight of the quality of the service provided. Relevant nationally recognised guidance had not been implemented at the service.