

St Philips Care Limited

# Cathedral Nursing Home

## Inspection report

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Date of inspection visit:  
09 January 2019  
11 January 2019

Date of publication:  
06 March 2019

## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

What life was like for people using this service:

- A breach of Regulation 11 (1) of the Health and Social Care Act (Regulated Activities) Regulations 2014 was identified. This related to people who were subject to Deprivation of Liberty Safeguards not being appropriately transferred from the previous provider.

People received care from kind and compassionate staff.

- ☐ The service was clean, however some areas would benefit from redecoration and refurbishment.
- ☐ People were cared for by staff who were aware of the signs of abuse, neglect and discrimination.
- ☐ Staff knew people well. People and staff had a good relationship and were comfortable in each other's company.
- ☐ People were able to maintain their independence and have a say in some aspects of the service.
- ☐ Staff supported people to live their lives in the least restrictive way possible. The policies and systems at the service supported this practice.
- ☐ People were able to give their feedback on the service at resident meetings and were involved in staff interviews.
- ☐ People's care was personalised in response to their individual needs.
- ☐ The provider had processes in place to measure, document, assess and evaluate the quality of care. However, these processes did not always identify weaknesses in the assessment process.
- ☐ The service met the characteristics for requires improvement overall.
- ☐ More information about our inspection findings is in the full report.

Rating at last inspection: This was the first inspection for Cathedral Nursing Home since the current provider registered with CQC in October 2018.

About the service: The service provides accommodation and personal care 38 older adults, people living with dementia and younger adults. There were 29 people living in the service on the day of our inspection.

Why we inspected: Why we inspected: The inspection was prompted by a notification of an incident following which a person using the service was suffering abuse from the registered manager. This incident is subject to a criminal investigation and as a result this inspection did not examine the circumstances of the incident.

However, the information shared with CQC about the incident indicated potential concerns about the management of risk of abuse. This inspection examined those risks.

Follow up: We will continue to monitor the service to ensure that people received safe, high quality care. Further inspections will be planned for future dates.

## 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 not always effective

Details are in our Effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was caring

Details are in our Caring findings below.

**Good** ●

### Is the service responsive?

The service was not always responsive

Details are in our Responsive findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led

Details are in our Well-Led findings below.

**Requires Improvement** ●

# Cathedral Nursing Home

## 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

Our inspection was completed by two adult social care inspectors.

#### Service and service type

- Cathedral Nursing Home 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 provides accommodation and personal care 38 older adults, people living with dementia and younger adults. There were 29 people living in the service on the day of our inspection.
- The service is required to have a registered manager. 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. At the time of our inspection, a manager was registered with us. However, the registered manager had recently been suspended due to a serious safeguarding concern that had been reported to us. We shared these concerns with the current owner who took immediate action to ensure welfare and safety of people. These safeguarding concerns occurred before the current provider took over.
- This was the first inspection since the provider registered the service with us in October 2018.

#### Notice of inspection

- Our inspection was unannounced.
- The inspection site visit was undertaken on 9 January 2019.

What we did:

- We reviewed information we had received about the service since it was registered. This included details about incidents the provider must notify us about. and we sought feedback from the local authority, the local safeguarding authority and other professionals who work with the service. We used this information to plan our inspection.
- During the inspection we spoke with eight people and three relatives to ask about their experience of the care provided. 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.
- We spoke with seven members of staff; the deputy manager, the cook, administrator, head housekeeper and three members of care staff. We also spoke with the area manager on the afternoon of our inspection. During our inspection we spoke with two visiting professionals.
- We reviewed a range of records. This included seven people's care records and three medicine administration records. We also looked at four staff files around staff recruitment and various records in relation to training and supervision of staff, records relating to the management of the service and a variety of policies and procedures developed and implemented by the provider. Following our inspection, we received an up to date copy of the Statement of Purpose.

# Is the service safe?

## Our findings

Safe – this means people were protected from abuse and avoidable harm

People's needs were not always met. Regulations may or may not have been met.

### Systems and processes

- All staff had undertaken safeguarding training. The deputy manager was appointed as safeguarding ambassador and was responsible for ensuring staff were kept up to date with information provided by the local safeguarding authority.
- Staff told us that they were aware of safeguarding procedures and knew how to escalate their concerns to the local authority safeguarding team and CQC.
- On the day of our inspection the registered manager was absent. This was because they had been suspended by the provider following information we received about their involvement in serious abuse of a person who lived in the service. This abuse took place before the current provider took over the service. The concern was being investigated by the police and the local authority safeguarding team. The registered manager had also submitted their resignation to the provider which had been accepted.

### Assessing risk, safety monitoring and management

- Signage alerted people to the potential risk of falls within the environment. For example, where the floor from the main hallway sloped downwards towards the lounge and dining areas.
- Systems were in place to identify and reduce the risks to people living in the service. Most people's care plans included detailed and informative risk assessments. These documents were individualised and provided staff with a clear description of any risks and guidance on the support people needed to manage risk. However, staff did not always follow the guidance to support people to minimise the risks. For example, one person who had been admitted to the service four weeks prior to our inspection was a diet controlled diabetic. Their diet and nutrition care plan clearly stated that they were to have their blood sugar levels recorded. However, staff had not recorded their blood sugar levels. The reason given for this omission was because the service did not have a blood sugar monitor and steps had not been taken to access one. We brought this to the deputy manager's attention and an order was placed for a monitor.
  - We also identified discrepancies between risk assessments and the related plan of care. For example, one person was provided with a textured diet because they had swallowing difficulties. There was not an up to date speech and language therapy (SALT) assessment, or a swallowing assessment to support their need for a textured diet. We noted that two people were assessed at risk of dehydration. However, their care plan did not advise staff of their recommended daily fluid intake, or maintenance of a daily fluid balance chart. Staff would be unable to assess if these people had received adequate fluids.
- A record was maintained of all regular safety checks carried out on the premises. In addition to the security systems, safety checks were also performed on fire safety, moving and handling appliances and utility systems such as electrical items and gas appliances.

## Staffing levels

- There were sufficient numbers of staff on duty to support people and keep them safe.
- The service had a full complement of staff and did not use bank or agency staff.
- A robust recruitment and selection process was in place and staff had been subject to criminal record checks before starting work at the service. These checks are carried out by the Disclosure and Barring Service (DBS) and helps employers to make safer recruitment decisions and prevent unsuitable staff being employed.

## Using medicines safely

- Robust systems were in place for the safe ordering, storage, administration and disposal of medicines. The medicine policy adhered to up to date national guidance for the safe management of medicines in care homes.
- We found that people's medicines, including controlled drugs were managed consistently and safely by staff who were assessed as competent to do so. □
- We looked at the MAR for three people and found that medicines had been given consistently and there were no gaps in the MAR. Each record had a photograph of the person for identification purposes and any allergies and special instructions on how to administer individual medicines were recorded.
- Some people were prescribed as required medicine, such as pain relief, and staff had access to protocols to enable them to administer the medicine safely.

## Preventing and controlling infection

- The environmental waste bins were stored in the car park at the front of the premises. These were accessible to members of the public. We observed that one bin was overflowing, although a second bin was empty. We brought this to the deputy manager's attention who addressed our concerns.
- People told us that the service was clean.
- People were cared for in a clean environment and there were no offensive odours or obvious risk or hazards to health.
- The laundry was clean and measures were in place to reduce the risk of cross contamination. We noted that new washing and drying machines had been installed by the provider.
- Housekeeping staff adhered to detailed cleaning schedules for all areas of the service and cleaning tasks were signed off when completed.
- Risk assessments had been carried out for the safe use and storage of detergents and the provider followed the Control of Substances Hazardous to Health Standards (COSHH).
- Staff used personal protective clothing, such as gloves and aprons when assisting people with their personal care, handling soiled laundry or disposing of clinical waste.

## Learning lessons when things go wrong

- Before our inspection we received a notification from the registered manager about a person who had fallen within 24 hours of admission to the service and had fractured their hip. We spoke with this person and their relative, who told us that their care had now improved. Staff confirmed that measures were put in place to reduce the risk of further falls and injuries. We saw that a Falls Check Sheet was introduced, that included a falls risk assessment, bed rails risk assessment and action plan.

# Is the service effective?

## Our findings

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

People's outcomes were not consistently good.

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 as far as possible that 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 when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. We found that they were not being met. A breach of Regulation 11 (1) of the Health and Social Care Act (Regulated Activities) Regulations 2014 was identified. This related to people who were subject to Deprivation of Liberty Safeguards not being appropriately transferred from the previous provider.

- Prior to our inspection we requested and received information from the local authority mental capacity team about the number of current DoLS authorisations granted to people living in the service. They informed us that seven people were currently being lawfully deprived of their liberty or waiting on assessment. On our inspection we were informed that fifteen people were being lawfully deprived of their liberty. This discrepancy was because the provider was unaware the a DoLS authorisation was not transferrable from one care setting or provider to another. The provider had failed to notify the local authority mental capacity team that they had taken ownership of Cathedral Nursing Home. Following our inspection, the local authority mental capacity team supported the provider to rectify the matter.

- We saw that one person with fluctuating capacity was unable to make an important decision for themselves. Following our inspection, the deputy manager informed us that an advocate, independent of the service had been requested to speak on the person's behalf.

- We found evidence that staff understood the principles of MCA and sought consent from people for aspects of their care.

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

- People had their care needs assessed and care, treatment and support were delivered in line with national guidance.

- Staff were aware of individual likes and dislikes and these were recorded in their care file.

Staff skills, knowledge and experience



- Some staff had lead roles relevant to their area of interest. For example, the head housekeeper was the infection, prevention and control lead and was supported by the local authority as an infection prevention and control ambassador. They attended regular meetings and were kept up to date with best practice initiatives and national guidance. Their new-found knowledge was shared with colleagues.
- The deputy manager was the dignity ambassador and shared a training package they had developed for staff on dignity. The pack was designed to help staff identify dignified and undignified care and behaviours.
- People were cared for by staff who were enabled to develop their knowledge, skills and experience. Staff attended mandatory training, such as fire safety and safe moving and handling. In addition, they were provided with training pertinent to their roles and individual needs of the people in their care.
- We found that newly appointed staff were enabled to undertake the Care Certificate, a 12-week national programme that covered all aspects of health and social care.

#### Supporting people to eat and drink enough with choice in a balanced diet

- The people we spoke with told us the food was good and there was always plenty to eat and drink. One person said, "The food is pretty good. I like good meat, veg and fish." Another person told us. "Quite good food. More than adequate."
- People were provided with a nutritious and well-balanced diet.
- People with special dietary requirements had their needs catered for. For example, when a person had swallowing difficulties they were provided with a specially textured diet.
- Mealtimes were a social occasion; most people took their meals in the dining room and were encouraged to sit in friendship groups.
- People were given their choice of meal and those who required assistance to eat their meal were supported by members of care staff.
- People were not involved in planning the menus as the provider issued the menus to the service. The cook told us that if people did not like the menu choices available, that alternatives were offered.
- The atmosphere in the dining room was light hearted and the meal service was not rushed.
- Staff asked people if they enjoyed their meal and if they had enough to eat and drink.

#### Healthcare support

- Staff supported people to access their healthcare professionals, such as their GP, dentist and district nurse.
- On the day of our inspection one person was seen by a visiting district nurse for an assessment of their continence needs

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

- Work was in progress to ensure the premises met the needs of the people who lived there. For example, a refurbishment and redecoration plan had been introduced. We saw that although some areas of the service had been decorated most areas looked tired and in need of refurbishment and decoration. People were not involved in choosing the decorations. The provider had their own choice of colour themes for their services.
- The daily menu was written on a white board in the dining room. The menu for each meal was presented in pictorial format to help people with cognitive problems or whose first language was not English to understand the food choices available to them,

# Is the service caring?

## Our findings

Caring – this means that the service involved people and treated them with compassion, kindness, dignity and respect

In the main, people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported

- Although there was an investigation into the serious allegation of abuse and the registered manager had been suspended, we had no information to support that the abuse had stopped or that other members of staff who may have been involved no longer worked at the service.
- However, on this inspection we observed that people were cared for by kind, caring and compassionate staff from all disciplines, including catering and housekeeping staff. There was friendly banter between people and staff and we could see that they were at ease with each other. Staff were always smiling and people responded in kind.
- We received positive comments from people and their relatives about how they were treated and supported. One person told us, "I'm very content. I'm well looked after and I don't want for anything." Another person said, "The staff are very good and I am quite happy living here." These comments reflected our observations. We found that people who were cared for in bed were clean and comfortable and had their call buzzer, television remote control and drinks within their reach.

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

- People and their relatives told us that they were involved in making decisions about their care. One person's relative told us, "Dad is included in everything. He came in for urgent care. The plan is for him to return home with a package of care. He wants to be in his own home."

Respecting and promoting people's privacy, dignity and independence

- We spoke at length with one person who told us that staff respected their independence and said, "I like to keep myself to myself. I don't like activities. I have my sports TV. This is my room; my home and I am very content." We saw that this person had their own furnishings from home, including their dining table and portable heater.
- People were supported to lead their lives in their chosen way. The protected characteristics of the Equality Act, such as age, sexual orientation and gender, were embraced rather than treated as barriers to people leading their lives in their preferred way.
- People's care records were stored safely, ensuring the information within them was treated confidentially. Records were locked away from communal areas to prevent unauthorised personnel from accessing them. The registered manager was aware of the requirements to manage people's records in accordance with the Data Protection Act and the General Data Protection Regulations (GDPR).

# Is the service responsive?

## Our findings

Responsive – this means that services met people's needs

People's needs were not always met. Regulations may or may not have been met.

The provision of accessible information

- All providers of NHS care or other publicly-funded adult social care must meet the Accessible Information Standard (AIS). This applies to people who use a service and have information or communication needs because of a disability, impairment or sensory loss. There are five steps to AIS: identify; record; flag; share; and meet.
- We observed staff communicate with a person who did not speak English but understood the spoken word. The person responded to staff with a series of nods and facial expressions. The service had taken steps to meet the AIS requirements.

Personalised care

- People had their care needs assessed and personalised care plans were introduced to outline the care they received. Care was person centred and people and their relatives were involved in planning their care.
- We saw that staff and people who lived in the service respected peoples' religious and spiritual beliefs and supported them to follow the faith of their choice. For example, it was one person's custom to wash their hands in a bowl of water after a meal, and staff enabled them to do so. Staff had received training in equality and diversity and understood how to use this knowledge to reduce any possible barriers to care.
- People were supported to take part in trips out and events, such as a visit to the Cathedral, the local pub and making flags for a recent Royal wedding. The service took part in Remembrance Day celebrations and hosted a visit from members of the Armed Forces. People enjoyed their visit and found it was an opportunity to reminisce on their own experience of serving their country in either the armed forces or land army.
- A new activity coordinator had been appointed two days before our inspection. We observed them meeting with people and finding out about their favoured interests, hobbies and past-times. This information gathering would help provide people with activities that met their needs and preferences.

Improving care quality in response to complaints or concerns

- Information on how to make a complaint was prominently displayed on a poster at the main entrance. Complaint leaflets were also available and people could read these in the privacy of their own bedroom.
- No formal complaints had been logged with the provider.

End of life care and support

- Staff and supporting healthcare professionals communicated with each other and worked in partnership with the person and their family when planning their end of life care. We saw that measures were in place to

promote a comfortable, pain free and dignified death. For example, one person's GP had prescribed anticipatory drugs to be used when needed to keep the person comfortable and pain free at the end of their life.

- People had their end of life care wishes recorded. For example, we read in one person's care plan that staff were not to provide last rites when they died, but to take instructions from the person's family and recorded, "My family to be consulted in my preparation when I pass."

# Is the service well-led?

## Our findings

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

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

### Leadership and management

Provider plans and promotes person-centred, high-quality care and support, and understands and acts on duty of candour responsibility when things go wrong

- We have concerns that the registered manager was not an effective role model to members of staff. Their recent involvement in the abuse of a person who lived at the service may have a negative impact on the culture of the service and the people who lived there.
- Staff told us that they felt supported by the deputy manager and senior care staff in their roles.
- Staff were aware of the whistleblowing policy and reporting procedure and told us that they would not hesitate to share their concerns of poor standards of care or a bullying culture.
- No whistleblowing concerns had been raised since the service was registered in October 2018.

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements

- In the absence of the registered manager, the deputy manager had taken on the manager's responsibilities. The regional manager visited the service every day and provided additional support.
- We saw that an inspection report from the previous provider was on display at the main entrance. We requested that this be removed as it did not apply to the current provider.
- The registered manager and provider's current certificates of registration were on display.
- A visiting healthcare professional told us that the service had improved since the new provider had taken over and that the deputy manager was approachable.
- A relative told us that the deputy manager and senior care staff were always available to assist. However, they added that the registered manager was always in the "top office".

### Engaging and involving people using the service, the public and staff

- A notice was on display in the main hallway, informing family and friends that the registered manager had an open-door policy. However, relatives told us that the door to the office was always closed. Our observations confirmed this.
- Copies of recent newsletters from the provider were on display.
- Some people had become involved in the recruitment of new staff and sat in on the interview process. The deputy manager told us that the benefits of this were two-fold. People had a say in who would be

appointed and the interview panel could observe the interviewees reaction and interaction with the person.

- Staff had a say on the running of the service and attended meetings chaired by the registered manager. We looked at the minutes from the most recent team meeting held in November 2018 and noted that there was discussion around personal care, dignity training and contact details for raising safeguarding and whistleblowing concerns. We also saw that the registered manager used this forum to share best practice and give positive feedback to their staff.

- We read the minutes of the previous kitchen staff meeting held in November 2018. The provider had introduced "Friday downtime". People were provided with a fish and chip supper, to free up kitchen staff time to clean the kitchen. Other topics for discussion included menus and presentation of meals.

#### Continuous learning and improving care

- Staff had access to policies and procedures that reflected current national guidelines. However, we found copies of the previous provider's policy and procedure manual in the staff room. The administrator said they would remove these to ensure staff did not have access to them.

- The provider had introduced an audit programme that covered key areas, such as medicine management, meals and nutrition and care files. We looked at the audits undertaken in December 2018 and found that actions had been identified for areas that required improvement. However, the care plan audit did not identify the discrepancies we found in the between risk assessments and care plans.

- The manager delegated responsibilities to their heads of department and enabled them to develop their leadership skills. For example, the head housekeeper had recently completed a nationally recognised qualification in team leadership. We found that they were responsible for undertaking the infection control audits and a daily walkabout to check that all areas of the service were clean.

#### Working in partnership with others

- The management team were building links with the local community. Integrated play sessions had been arranged with children and their parents from the local toy library.