

Leading Lives Limited

Cathedral View

Inspection report

The Vinefields
Bury St Edmunds
Suffolk
IP33 1YU
Tel:
Website:

Date of inspection visit: 24 November 2014
Date of publication: 06/02/2015

Ratings

Overall rating for this service		Good	
Is the service safe?		Good	
Is the service effective?		Good	
Is the service caring?		Good	
Is the service responsive?		Good	
Is the service well-led?		Good	

Overall summary

This was an unannounced inspection carried out on the 24 November 2014. At the last inspection in June 2014 we found a breach of legal requirements as staff were not properly supported with training and competency assessed in the administration of insulin and percutaneous feeding (feeding via a tube inserted into the stomach). An action plan was received from the provider which stated they would meet the legal requirements by 20 August 2014. At this inspection we found that improvements had been made.

Cathedral View is a purpose built residential service which provides short stay, respite services for up to 8 people with a learning disability. There were 7 people staying at the service when we visited. Accommodation is provided across two houses with shared communal lounges and single bedrooms with en-suite bathrooms.

The service has a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

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.

The people we were able to speak with and their relatives told us they felt safe, that the staff were caring and respectful and that they met their needs. Our observations confirmed this. We saw that staff treated people with respect and were kind and compassionate towards them.

Relatives and staff told us they found the staff and management approachable and could speak to them if they were concerned about anything.

Medication was stored safely and administered correctly. The provider had systems in place to detect medication errors and took action promptly to rectify these.

People told us that staff knew them well and were aware of their individual needs, likes and dislikes. They were treated with dignity. They also told us that they were supported to express their choice, wishes and preferences.

Staff had been trained and had the skills and knowledge to provide support to the people they cared for. They

understood the requirements of the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards which meant they were working within the law to support people who may lack capacity to make their own decisions.

People had access to healthcare professionals when they became unwell. Relatives told us that the service kept them informed of any incidents or changes in their relative's healthcare needs during their short stay for respite.

People's independence was encouraged and their hobbies and leisure interests were individually assessed. Staff encouraged and supported people to access leisure pursuits according to their expressed choice and with access to the local community.

The provider had a system in place for responding to people's concerns and complaints. People told us they were confident that the manager and staff would respond and take action to support them.

There were systems in place to assess the quality and safety of the service provided. However, the provider should consider strengthening systems for evidencing their planning for improvement of the service.

Summary of findings

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 safe. The provider had systems in place to make sure that people were protected from abuse and avoidable harm.

Staff were recruited safely and trained to meet the needs of people who were supported within the short stay, respite care service.

There were enough staff to provide the support people needed.

Good



Is the service effective?

The service was effective.

People's needs were assessed and care plans written in detail so that staff had the guidance they needed to support people's individual needs appropriately.

People were provided with a choice of nutritious food. They told us they could ask for what they wanted and that their views and opinions had been sought when planning menus.

Good



Is the service caring?

The service was caring. People told us that they were well cared for and we saw that the staff were caring and people were treated in a kind and compassionate way. The staff were friendly, patient and discreet when providing support to people.

Staff took time to speak with people and to engage positively with them. This supported people's wellbeing.

Staff were knowledgeable about the support people required and about how they wanted their care to be provided.

Good



Is the service responsive?

The service was responsive. People's needs had been assessed and people's support was provided as agreed in their care plans.

We found that people made choices about how they lived their daily lives and were provided with a range of opportunities according to their individual wishes and preferences, including support to access the local community.

There was a robust system in place to receive and handle concerns, comments and complaints.

Good



Is the service well-led?

The service was well-led. There were systems in place to assess the quality and safety of the service provided.

The staff were well supported by the manager and there were good systems in place for staff to discuss their personal development, performance management and to report concerns they might have.

Good



Summary of findings

People who used the service were provided with limited opportunities to express their views and opinions about how the service was 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 was planned to check 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 the 24 November 2014 and was unannounced.

This inspection was carried out by one inspector.

Before we visited the service we checked information that we held about the service and the provider. No concerns had been raised.

During our inspection we observed how the staff supported and interacted with people who used the service. We reviewed four care records related to the people currently using the service, staff recruitment records and records related to the management of the service.

We spoke with two people who used the service and one relative of a person who used the service. We also spoke with three support workers, the registered manager and the deputy manager. After our visit to the service we contacted five relatives of people who used the service and one health and social care professional on the telephone.

Is the service safe?

Our findings

People who were able to speak with us, told us they felt safe when staying at the service. One person told us, “I like it here, they look after me OK.” Relatives also told us they had no concerns about the way their family members were supported. Comments received from relatives included, “[My relative] always comes back from their stay happy”, “I am very pleased with the service they provide, [my relative] always looks forward to going and gets excited so I know they feel safe and happy there” and “I know I can relax when [my relative] stays there as I am confident they are safe and well looked after.”

Staff received training with regular updates on how to recognise and safeguard people from the risk of abuse. They demonstrated their awareness of what steps to take to report any concerns if they had any. Staff described the importance of maintaining and understood the lines of reporting within the organisation as well as how to contact the local safeguarding authority should they need to do so.

Risks to people’s safety had been assessed by the service. Individual risk assessments with action plans had been provided for staff with information which described how to manage risks safely when supporting people. For example, with safe moving and handling techniques and how to react positively when someone may present with a distressed reaction to a situation or another person. Guidance described triggers, de-escalation and distraction techniques. This enabled staff to support people in a safe manner.

People who used the service and relatives told us there was always enough staff available to help them. Staff also told us they felt there was enough staff available to meet people’s needs. They described how they worked well as a team and had a number of relief staff who worked on an as and when needed basis, available to cover at short notice in managing any staff absences. The numbers of staff available was assessed according to the needs of people and adjusted to suit the dependency needs of individuals. For example, staffing levels were increased when planning for the needs of people who required one to one support during their respite stay.

Staff recruitment files demonstrated that the provider operated a safe and effective recruitment system. The staff recruitment process included completion of an application form, a formal interview, previous employer references obtained, identification and criminal records checks. People who used the service could be assured that their needs would be met by staff who had been checked to ensure they were appropriately qualified.

People told us they needed support from staff to receive their medicines. They also told us that staff supported them to receive their medicines in a timely manner.

Medication was stored safely in locked medicines cabinets, one within each house. There was a system of regular audit checks of medication stock and administration records. At the time of our visit we had access to check the stock of only one person’s medication as people had gone home after their weekend short stay. The stock we checked balanced with the records we reviewed.

The manager told us how they identified and responded to medication errors. Medication errors had been recorded and analysed by the provider to identify any trends. Before each stay relatives gave an update on medicines prescribed. This also included a record of all the medication to be administered from original, pharmacy prescribed containers. Staff explained how they checked in medication and recorded medicines received into the service and those returned. This evidenced a good process for identifying medication errors and ensuring that people received their medicines as prescribed.

Staff and the manager told us that all staff had received training in the safe handling and administration of people’s medicines. The manager informed us that the provider’s medication policy was currently under review. They described the plans to improve the policy to provide staff with robust guidance in relation to the regularity of training and competency assessment for staff involved in the administration of insulin.

Is the service effective?

Our findings

When we inspected this service in June 2014 we found that the provider did not have robust systems in place to ensure that staff received up to date training within a framework of competency assessment. This was in relation to the administration of people's insulin as well as safely supporting people with severe or chronic illness who received their nutrition and medication via a percutaneous endoscopic gastronomy. This is a tube exiting from a stoma attached to the abdominal wall known as a (PEG). We found that there had been improvements made.

The manager told us that all staff had received recent training in supporting people with the administration of insulin and PEG feeds and had been assessed as competent by health professionals qualified to do so. Discussions with staff and training records we reviewed confirmed this.

People told us that their health care needs were met. One person told us, "My teeth are going bad and staff have been helping me go to the dentist."

People's health care needs had been assessed in consultation with relatives and advocates. Staff described how they are kept informed of any changes in people's healthcare needs through regular fortnightly staff and daily handover meetings. Relatives told us that the service kept them informed of any incidents or changes in their relative's healthcare needs during their short stay for respite.

Staff told us they received induction training when they first started working at the service. They also told us that they had access to training in a number of areas that helped them when supporting people with learning disabilities.

Staff had been supported with regular one to one supervision meetings with their manager, fortnightly staff meetings and annual appraisals where their training and development needs had been discussed.

Relatives told us they felt the staff were well trained and communicated effectively. One relative told us, "They are well trained and understand my [relative's] needs." Another said, "They are all professional and seem to know what they are doing."

The manager told us that all staff had received training in understanding their roles and responsibilities with regards to the Mental Capacity Act (MCA) 2005. Staff we spoke with demonstrated their understanding of the principles of the MCA. Staff were aware that any decisions made for people who lacked capacity had to be in their best interests. For example, describing how they would respond and support a person who may repeatedly request to go home and attempted to leave the service. The manager was aware of the Deprivation of Liberty Safeguards (DoLS) and what authorisation they needed to apply for if they had to restrict a person's freedom of movement and deprive them of their liberty.

People told us that the food provided was, "Good. I get to choose what I eat", "I can choose what I want and help do cooking and stuff" and "I now eat more healthy foods to help me look after my teeth."

Support plans recorded people's likes and dislikes as well as the support they required to eat sufficient amounts of food and maintain their hydration. Picture prompts were used to enable people with limited communication skills to express their choices and preferences when planning meals.

Is the service caring?

Our findings

Staff treated people with kindness and compassion. The atmosphere in the service was calm and relaxed.

People who used the service and relatives told us they were happy with the care and support received at the service. Relative's comments included, "The staff are marvellous. [My relative] always comes back from their stay happy and content so I know they have been well cared for", "I cannot fault the caring attitude and kindness of the staff" and "The staff have never given us any cause for concern they all appear to be kind and caring."

People were supported to express their views and had been actively involved in making decisions about their care, treatment and support. Care plans reflected people's wishes, choices and preferences. One person told us, "Staff ask me what I like. If I was unhappy I would speak to [them]", whilst pointing to a member of support staff.

Discussions with relatives and a review of care records demonstrated that people had been supported to access advocacy services.

People told us their privacy was respected by staff when supported with personal care such as bathing. One person showed us their room and told us, "When I want to be alone I can go to my room away from people who are noisy."

One person described to us how staff supported them to maintain contact with a relative who they described as important to them.

Staff demonstrated their understanding of what privacy and dignity meant in relation to supporting people with their personal care. Staff described how they supported people to maintain their dignity and how they respected people's wishes in how they spent their day and the individually assessed activities they liked to be involved in.

We observed during our visit that positive caring relationships had developed between people who used the service and staff. People who could communicate with us, told us they knew who their keyworker was and how they supported them. Staff we spoke with were aware of people's life histories and were knowledgeable about their likes and dislikes and the type of activities they enjoyed.

Is the service responsive?

Our findings

People who used the service and their relatives told us they received care and support that was personalised and responsive to their individual needs and interests. One relative told us, “[Relative] is always happy when they return home and gets excited when they know they are going for their stay.” Another relative told us, “They know [relative] well, what they like and what they need.”

People had their needs assessed and were able to spend time at the service before making a decision to stay for a period of respite care. This gave people the opportunity to see if this was the right place for them and would meet their needs. This also gave the service the opportunity to make sure that the skills of staff and the facilities were sufficient to meet people’s needs and respond to their wishes and preferences.

At the time of our visit one person had been placed as an emergency and was in the process of considering a move to a permanent care service. Staff and the manager explained the process and plans in place to support this person to transition from one service to another. We saw that visits had been arranged to help them make a decision. However, we noted that this person’s support plan had not been reviewed and updated to reflect their current care and support needs following their emergency admission. There was a potential risk that staff may not have the up to date guidance they needed to support this person appropriately. We discussed this with the manager who told us that a corporate project group had recently been set up to implement changes to support planning documentation. They felt that this would improve the quality of support plans and improve the reviewing process.

People took part in activities according to their individual interests and abilities. One person told us, “This weekend I have been out to the town and [staff] helped me to do my Christmas shopping. I also went to a Christmas fair.” Another person told us, “I get to go to college and go out with [staff] and do the things I like to do.” We observed staff supporting people to access the local community. One member of staff explained how they planned ahead activities according to the individual needs and abilities of people attending the respite service. This enabled people to experience effective and appropriate support that met their needs and preferences.

The complaints procedure was on display in the service and was available in an easy read format accessible to some people who used the service. Relatives of people told us, “I would complain to the manager if I was concerned about anything”, “If I had a complaint they would quickly know about it but I know they would respond promptly if I did. They know me well” and “I sometimes complain about laundry going missing but have never received compensation for the missing items.” Other relatives gave examples where they had raised minor concerns regarding the support provided by staff and how they were satisfied that their concerns had been dealt with promptly and resolved to their satisfaction. We looked at the complaints received by the service within the last 12 months. Complaints had been logged and responded to within the timescales specified according to the provider’s complaints policy.

The provider sought feedback from people about the quality of care they had received at the end of their respite stay. This survey document was presented in an easy read format. We saw only one completed survey within a person’s care records. The manager told us that few surveys were returned and they were looking at other formats to support people to express their views.

Support plans evidenced how people were supported to access advocacy services. The provider encouraged people and their relatives to express their views at the end of their respite stay by completing with the support of their carers an easy read document. This enabled the provider to receive feedback and implement changes where required to improve the service provided.

People who used the service and their relatives told us they received care and support that was personalised and responsive to their individual needs and interests. One relative told us, “[Relative] is always happy when they return home and gets excited when they know they are going for their stay.” Another relative told us, “They know [relative] well, what they like and what they need.”

People had their needs assessed and were able to spend time at the service before making a decision to stay for a period of respite care. This gave people the opportunity to see if this was the right place for them and would meet their needs. This also gave the service the opportunity to make sure that the skills of staff and the facilities were sufficient to meet people’s needs and respond to their wishes and preferences.

Is the service responsive?

At the time of our visit one person had been placed as an emergency and was in the process of considering a move to a permanent care service. Staff and the manager explained the process and plans in place to support this person to transition from one service to another. We saw that visits had been arranged to help them make a decision. However, we noted that this person's support plan had not been reviewed and updated to reflect their current care and support needs following their emergency admission. There was a potential risk that staff may not have the up to date guidance they needed to support this person appropriately. We discussed this with the manager who told us that a corporate project group had recently been set up to implement changes to support planning documentation. They felt that this would improve the quality of support plans and improve the reviewing process.

People took part in activities according to their individual interests and abilities. One person told us, "This weekend I have been out to the town and [staff] helped me to do my Christmas shopping. I also went to a Christmas fair." Another person told us, "I get to go to college and go out with [staff] and do the things I like to do." We observed staff supporting people to access the local community. One member of staff explained how they planned ahead activities according to the individual needs and abilities of people attending the respite service. This enabled people to experience effective and appropriate support that met their needs and preferences.

The complaints procedure was on display in the service and was available in an easy read format accessible to

some people who used the service. Relatives of people told us, "I would complain to the manager if I was concerned about anything", "If I had a complaint they would quickly know about it but I know they would respond promptly if I did. They know me well" and "I sometimes complain about laundry going missing but have never received compensation for the missing items." Other relatives gave examples where they had raised minor concerns regarding the support provided by staff and how they were satisfied that their concerns had been dealt with promptly and resolved to their satisfaction. We looked at the complaints received by the service within the last 12 months. Complaints had been logged and responded to within the timescales specified according to the provider's complaints policy.

The provider sought feedback from people about the quality of care they had received at the end of their respite stay. This survey document was presented in an easy read format. We saw only one completed survey within a person's care records. The manager told us that few surveys were returned and they were looking at other formats to support people to express their views.

Support plans evidenced how people were supported to access advocacy services. The provider encouraged people and their relatives to express their views at the end of their respite stay by completing with the support of their carers an easy read document. This enabled the provider to receive feedback and implement changes where required to improve the service provided.

Is the service well-led?

Our findings

Relatives and people who used the service told us, “If I have a problem I can go to the manager. I have known them for a long time and they know me well”, “I would not hesitate to speak to the manager and any of the other staff if I had concerns.”

There was a registered manager in post at the time of our inspection. From our discussions with them it was clear that they were familiar with the people who used the service and their relatives and carers.

Staff told us the management team were approachable and supportive. Staff told us they were able to raise concerns with their manager and had been listened to. Staff also told us they were able to suggest ideas for improvement. Staff had access to regular staff meetings, supervision and annual appraisals. Staff meeting minutes reviewed demonstrated that staff had been consulted regarding health and safety issues and proposed changes such as the implementation of revised care and support plan documentation. The manager and staff told us that they worked well as a team and that their work involved, “Supporting people to be independent and respecting people’s choices about how they spend their day.”

The provider had systems in place to monitor incidents and accidents. Incident reports included details of the incident and any follow up action to be taken. Incidents were reviewed by the manager to identify any trends that needed addressing. The manager told us that the provider analysed all accidents and incidents and monitored trends such as the number of falls and medication errors. We saw that incidents such as falls, had been recorded within people’s care records and staff had been given guidance to safeguard people. Issues identified and the response of the manager protected people from identified risks and reduced the likelihood of re-occurrence.

The manager told us that, in addition to the audits carried out by other staff who worked directly in the service, the provider had recently implemented a system whereby managers carried out quality and safety audits of each other’s services. The one quality assurance peer review report available from a recent management audit demonstrated that the views of staff and people who used the service had been consulted. Shortfalls had been identified such as menus lacking details of vegetable choice and the staff use of mobile phones. The provider had also monitored the quality of the service by conducting an annual family carer, satisfaction survey. However, both audits did not evidence of any planning for driving forward improvement of the service.