

# Leading Lives Limited

# Cathedral View

## Inspection report

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### 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 ●

# Summary of findings

## Overall summary

The inspection took place on 1 February 2016 and was unannounced. At our last inspection on 6 February 2015, the service was found to be meeting the required standards in the areas we looked at. Cathedral View provides respite (short stays) accommodation for up to eight people. At the time of our inspection four people were staying at the home. The home is divided into two separate accommodations that accommodates up to four people.

There was a manager in post who had registered with the Care Quality Commission (CQC). A registered manager is a person who has registered with the CQC 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 and associated Regulations about how the service is run.

People felt safe, happy and well looked after at the home. Staff had received training in how to safeguard people from abuse and knew how to report concerns, both internally and externally.

Safe and effective recruitment practices were followed to help ensure that all staff were suitably qualified and experienced. Arrangements were in place to ensure there were sufficient numbers of suitable staff available at all times to meet people's individual needs.

Plans and guidance had been drawn up to help staff deal with unforeseen events and emergencies. The environment and equipment used were regularly checked and well maintained to keep people safe.

Trained staff helped people to take their medicines safely and at the right time. Identified and potential risks to people's health and well-being were reviewed and managed effectively.

People and relatives were positive about the skills, experience and abilities of staff who worked at the home. They received training and refresher updates relevant to their roles and had regular supervision meetings to discuss and review their development and performance.

People were supported to maintain good health and had access to health and social care professionals when necessary. They were provided with a healthy balanced diet that met their individual needs.

Staff obtained people's consent before providing personal care and support, which they did in a kind and compassionate way.

Staff had developed positive and caring relationships with the people they cared for and knew them very well. People were involved in the planning, delivery and reviews of the care and support provided. The confidentiality of information held about their medical and personal histories was securely maintained throughout the home.

Care was provided in a way that promoted people's dignity and respected their privacy. People received personalised care and support that met their needs and took account of their preferences. Staff were knowledgeable about people's background histories, preferences, routines and personal circumstances.

People were supported to pursue social interests and take part in meaningful activities relevant to their needs, both at the home and in the wider community.

Complaints were recorded and responded to in line with the service policy.

People, relatives and staff were complimentary about the registered manager and how the home was run and operated.

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

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

People were kept safe by staff trained to recognise and respond effectively to the risks of abuse.

Safe and effective recruitment practices were followed to help ensure that all staff were fit, able and qualified to do their jobs.

Sufficient numbers of staff were available to meet people's individual needs at all times.

People were supported to take their medicines safely by trained staff.

### Is the service effective?

Good ●

The service was effective.

People had their capacity assessed and best interest decisions completed to promote people's choice.

People's wishes and consent were obtained by staff before care and support was provided.

People were supported by staff that was trained to meet people's needs effectively.

People were provided with a healthy balanced diet which met their needs.

### Is the service caring?

Good ●

The service was caring.

People were cared for in a kind and compassionate way by staff that knew them well and were familiar with their needs.

People and their relatives were involved in the planning, delivery and reviews of the care and support provided.

Care was provided in a way that promoted people's dignity and

respected their privacy.

People's confidentiality of personal information had been maintained.

### Is the service responsive?

Good ●

The service was responsive.

People received personalised care that met their needs and took account of their preferences and personal circumstances.

Detailed guidance made available to staff enabled them to provide person centred care and support.

People were supported to maintain social interests and take part in meaningful activities relevant to their needs.

People and their relatives were confident to raise concerns which were dealt with promptly.

### Is the service well-led?

Good ●

The service was well led.

Systems were in place to quality assure the services provided, manage risks and drive improvement.

People and staff were very positive about the registered manager and how the home operated.

Staff understood their roles and responsibilities and felt well supported by the management team.

# 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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2012, to look at the overall quality of the service and to provide a rating for the service under the Care Act 2014.

The inspection was carried out on 1 February 2016 by one Inspector and was unannounced. Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that requires them to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed, information we held about the service including statutory notifications. Statutory notifications include information about important events which the provider is required to send us.

During the inspection we spoke with two people who lived at the home, two relatives, two staff members and the registered manager. We looked at care plans relating to two people and two staff files and a range of other relevant documents relating to how the service operated. These included monitoring data, training records and complaints and compliments.

# Is the service safe?

## Our findings

People who were staying at Cathedral View told us they were happy. One relative told us, "I feel [Name] is safe and I know if they are not happy."

There was information and guidance displayed about how to recognise the signs of potential abuse and report concerns, together with relevant contact numbers. Information was also made available in an 'easy read' format that used appropriate words and pictures to help support people with their understanding. One staff member told us, "If I had any concerns I would report them to the manager, even if I wasn't sure it's better to be on the safe side. We are their eyes and ears." Staff could describe types of abuse and things that would concern them. For example, changes to people's behaviour. Staff were aware of how to escalate concerns and report to outside professionals such as the local authority or the Care Quality Commission.

Safe and effective recruitment practices were followed to help ensure that all staff were of good character, physically and mentally fit for the roles they performed. All staff had been through recruitment procedures which involved obtaining satisfactory references and background checks with the Disclosure and Barring Service (DBS) before they were employed by the service. We saw references were verified by the registered manager.

There were enough suitably experienced, skilled and qualified staff available at all times to meet people's needs safely and effectively. Staff felt there was enough staff to meet people's needs. One staff member said, "Most of the time there is enough staff." Another staff member said, "Yes there are enough staff and we have a good team here." The registered manager had a system in place to ensure that there were enough staff to meet people's needs and the skill and gender mix met people's preferences and needs. When staff shortages arose at short notice the shift would be offered to their own staff in the first instance then if required covered by agency staff.

Where potential risks to people's health, well-being or safety had been identified, these were assessed and reviewed regularly to take account of people's changing needs and circumstances. This included in areas such as medicines, mobility, health and welfare. This meant that staff were able to provide care and support safely. For example, one person who had a complex health condition had clear guidance for staff in their support plan on how to manage this. Staff were aware of what was required to keep the person safe. We saw that through the night the person was regularly monitored to ensure their safety. Staff also contacted each individual in advance of their stay to ask if there were any changes to their needs since their last stay to ensure people received safe and appropriate care.

Information gathered in relation to accidents and incidents that had occurred had been documented and reviewed by the registered manager to ensure that people changing needs were addressed and that reoccurring patterns were identified.

There were suitable arrangements for the safe storage and management of people's medicines. People were supported to take their medicines by staff that were properly trained and had their competency assessed.

Staff had access to detailed guidance about how to support people with their medicines in a safe and person centred way. One staff member told us, "People bring in their own medicines and staff check to ensure there is enough medicine for their stay. We will contact family and GP's if required." We completed random stock checks and found the levels were correct, we saw that staff had completed relevant documentation correctly. We found that when an error had been made this was checked with the GP or out of hours service to ensure that people were safe and documented by staff. The registered manager told us that they process? the medicine incident form and address any incidents with the staff member.

Plans and guidance were available to help staff deal with unforeseen events and emergencies which included relevant training such as first aid and fire safety. Regular checks were carried out to ensure that both the environment and the equipment used were well maintained to keep people safe. For example, the fire alarm systems were regularly tested. We saw people had personal evacuation plans in place in the event of a fire and staff knew where the evacuation pack was kept and where the fire points were.



# Is the service effective?

## Our findings

People received support from staff that had the appropriate knowledge, experience and skills to carry out their roles and responsibilities. One person told us, "I like it here."

Staff completed an induction programme, during which they received training relevant to their roles, and had their competencies observed and assessed in the work place. Staff received the provider's mandatory training and regular updates in a range of subjects designed to help them perform their roles effectively. This included areas such as moving and handling, food safety, medicines and infection control. The registered manager confirmed that all new staff were inducted on the care certificate training and had three bi-monthly reviews to ensure staff were competent and received appropriate support. Staff confirmed they had completed inductions. One staff member said, "Our training is really good here."

Staff felt supported by the registered manager and were actively encouraged to have their say about any concerns they had in how the service operated. Staff attended regular meetings and discussed issues that were important to them. They also had regular supervisions where their performance and development were reviewed. A staff member commented, "Yes we have supervisions every six to eight weeks. We talk about training and all sorts of things." They also told us that the managers' door was always open and they could see them at any time to discuss any issues. Another staff member commented, "We have staff meetings and I feel listened to."

Staff received specific training about the complex health conditions that people lived with to help them do their jobs more effectively in a way that was responsive to people's individual needs. For example, staff were trained and had access to information and guidance about how to care for people who required feeding through a percutaneous endoscopic gastrostomy (PEG) feeding tube. A PEG is used for people who cannot maintain adequate nutrition with oral intake. Staff felt confident in their skills and confirmed they had received training they needed to do their jobs. One staff member commented, "We get the basic training and we get extra added on." They explained that they had received peg training, administration of medication for epilepsy and diabetics. This was to ensure that people's needs were met.

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 when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA and found that they were.

Staff understood the importance of ensuring people gave their consent to the care and support they received. The registered manager told us that they had introduced new consent forms. One staff member said, "I always ask what people want and I personally encourage peoples independence. Today they may need my help and tomorrow they may not. You should never assume." Throughout our inspection we saw

that staff sought to establish people's wishes and obtain their consent before providing care and support. One person told us, "Staff are very nice."

People were supported to eat healthy meals and had their likes and dislikes noted in their support plans. People were asked what they wanted to eat from the two choices on the menu. However they could choose an alternative if they wanted. The registered manager told us that they looked at people's dietary requirements and planned the menus accordingly to ensure people's dietary needs are met. One relative said, "[Name] has specific dietary needs [Name] has gluten and dairy free diet." They confirmed that the registered manager had worked closely with them and they were happy with the way their relative's needs were met. One person said, "I do like the food."

People received care, treatment and support which promoted their health and welfare. People had access to GP's and other care professionals when required.

## Is the service caring?

### Our findings

People were cared for and supported in a kind and compassionate way by staff that knew them well and were familiar with their needs. One person told us, "I get outside for a walk when I want." A relative said, "[Name] has been going there for a number of years and they are really happy there."

Staff supported people with dignity and respected their privacy. Staff were able to tell us how they promoted people's dignity and respect by closing doors and good communication. We saw staff knocking on people's doors. Staff had positive and caring relationships with people they supported and were knowledgeable about their individual needs and preferences. One staff member said, "I like this place we provide a good service, people get good care." Another staff member commented, "I always let people know what we are doing and cover them up when helping with their personal care to protect their decency."

We saw that staff had developed relationships with people they supported. One staff member described the people's different behaviour and support they required and we saw kind and caring interaction. Staff had time to stop and listen to the people they supported. For example, one person was telling the staff member jokes that they read from their joke book. And the atmosphere was relaxed and homely.

People stayed at Cathedral View for respite to give friends, family and the person a chance to have a break. Although the stay could be short, people returned on a regular basis and relationships were formed and people were coming back to familiar surroundings. A relative said, "I think they are a good service and [Name] is happy there." People, and their relatives where appropriate, had been fully involved in the planning and reviews of the care and support provided. One relative said, "We are involved in their care and [Name] is also involved. As they are getting older they are showing more of an interest in what's going on." Another relative confirmed they and their relative had been involved in meetings to discuss the support they received. They also said the communication was good and they could always email the registered manager. Relatives felt they were listened to and supported.

Confidentiality was well maintained throughout the home and information held about people's health, support needs and medical histories was kept secure. Information about advocacy services was made available to people and their relatives should this be required.

## Is the service responsive?

### Our findings

People received personalised care and support that met their individual needs and took account of their life history and personal circumstances. We saw staff deliver care that followed the guidance. For example, in one person's care plan it stated the person likes to have staff knock on their door at 7 am to remind them it's time to get up and they may need support with shaving. We looked at the daily notes that staff had completed for the person and we noted that staff had documented '[Name] was up at 7am, medicine taken assisted with shaving and brushing their teeth'. Staff were able to answer questions about people's required support. This showed staff knew people's needs.

People who used the service were allocated a Keyworker whose role included keeping contact between the person and their family as well as keeping their care plan up to date and they would be involved in the annual review of the care. However we found that people had a choice with this as the registered manager commented that one person had requested a preference for a different key worker and this request had been actioned to ensure the person's preference was respected.

Staff had access to information and guidance about how to support people in a person centred way, based on their individual preferences, health and welfare needs. For example, we noted that one person who was arriving later on that day had received a plan for their stay at Cathedral View. The plan had been sent to their home address and was in an easy read format with pictures. The plan described what was going to happen throughout their stay, where the person would be sleeping, what they would be doing and activities they might like to do. For example, drawing and colouring, helping with the cooking, going for walks in the park and bowling. There were also pictures of the staff that would be at the home. Staff explained to us that this was important for this person as it helped them with how they managed their anxieties. It was important the person knew what was happening in advance. We spoke with the person's relative who told us, "We worked with the [registered] manager to put this together, it has helped [Name] with their anxieties. If there are any problems [Staff] will let us know."

Care plans were personalised and captured the individual well and all the details that mattered to that person were included. For example, their likes and dislikes, individual cultural and religious needs were also documented. The care plan also included person centred reviews that celebrated areas of progression or skills learned. For example, one person's review acknowledged the achievements made in relation to the confidence gained around eating in front of others.

Identified needs were documented and reviewed to ensure that the care and support provided helped people to maintain good physical, mental and emotional health. For example, pre assessments were completed when people came to use the service and on returning there would be contact with the person and their family if appropriate to discuss any changes to the person's need. A relative said, "Staff call the weekend before we are due to come and check if we are still coming and ask if there are any changes to [Name] needs." The registered manager said if there was a big gap since the last attendance then another assessment would be completed. Staff knew the people they supported. One person told us, "I like it here." A relative said, "Staff call the weekend before we are due to come and check if we are still coming and ask if

there are any changes to [Name] needs."

People were supported to maintain their interests and to take part in activities which they enjoyed. For example, people were supported to attend their day clubs. One person told us, "I play cards." Cathedral view had a day care centre for people to pop in and spend time socialising and take part in activities. We noted that one person who used the service spent most of their day there; they played cards and had their packed lunch with other people from the community.

On the day of our inspection most of the people who used the service were out at their day clubs. The registered manager told us, and staff confirmed that people were supported to access the community. There was a vehicle used to take people out. The registered manager said, "We want people to tell us what they want to do, people are on respite." There were also games, arts and crafts for people to use. The registered manager told us that they had arranged to have activity weekends. They confirmed this had been successful and there were plans to make this available again. People who use the service were notified in advance of activity weekends and they could book their stays around these events. These had included a festival, concert, boat trip, a visit by the fire brigade and other events.

People and their relatives told us they were consulted and updated about the services provided and were encouraged to have their say about how the home operated. They felt listened to and told us that staff and the management responded to any complaints or concerns raised in a prompt and positive way. One relative told us, "Sometimes I have had to call and discuss issues. They listen and will sort things out." We saw that information and guidance about how to make a complaint was displayed in an 'easy read' format appropriate to people who stayed at Cathedral View. We saw where complaints had been received these were responded to in line with the service complaints procedure. We also saw that people had sent in compliment letters thanking the staff for the care and support provided.

## Is the service well-led?

### Our findings

People who stayed at the Cathedral View, their relatives and staff were all very positive about how the home was run. They were complimentary about the registered manager who was described as being approachable and supportive. One staff member said, "The [registered] manager has an open door policy and I can see them at any time."

The registered manager was very clear about their vision regarding the purpose of the home, how it operated and the level of care provided. They told us they completed regular walks about the home where they talked to people and to check everything was alright they observed and checked staff competency and ensured the environment was safe. Staff we spoke with confirmed the manager was visible around the home.

The registered manager told us that they have two development days a year for staff to attend and the home was closed on these days. They said, "This gives the staff a chance to bond and feel supported by each other." They confirmed that staff looked at stress awareness and how to support each other. This showed that staff were supported with development and team building.

The registered manager was knowledgeable about the people who were used the service, their different needs, personal circumstances and relationships. Staff understood their roles; they were clear about their responsibilities and what was expected of them. A staff member commented, "I know my role we have good training and communication."

Audits were carried out in areas such as medicines, infection control, care planning and record keeping. The registered manager told us that they carried out regular checks of the environment, performance of staff and quality of care and support provided. There were bi-monthly audits completed by other managers that ensured best practice. Where issues were identified, action plans were developed to improve the service. This meant there were systems in place to monitor the quality of the service.

The registered manager received support from their operations director and they had regular meetings to support learning. They also met with other local managers and team leaders to discuss ideas and share knowledge. The registered manager said, "I do feel supported I know if I need something I can find it." The registered manager told us they had regular supervisions and felt listened to and supported. They commented, "If I need support I can just pick up the phone or send an email." They also confirmed that they received updates from the provider via email and they attended forums and used web sites such as CQC to ensure they were abreast of best practices.

They also confirmed that they met with the local authority regularly to discuss all who use the service all area are looked at to ensure a positive experience. This also includes looking at fundraising, transport, people's needs and behaviours of concern. The registered manager told us, "This is a good piece of partnership work and allows us to address any issues early on especially addressing people's changing needs. People are also offered as many visits as required to help with familiarisation and to help people feel

confident to take the next step in respite."

Services that provide health and social care to people are required to inform the CQC of important events that happen in the service. The registered manager had informed the CQC of significant events in a timely way. This meant we could check that appropriate action had been taken.