

## Cathedral House Care Services Limited

# Cathedral House

### Inspection report

St. Thomas Road  
Huddersfield  
HD1 3LG

Tel: 01484467320

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05 February 2020  
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07 February 2020

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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

### About the service

Cathedral House Care Services is a small domiciliary care service run by Huddersfield Christian Fellowship. It provides care and support to people in their own homes, who are from the church congregation, or are connected to the church community. At the time of our inspection the service was supporting eight people.

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

People who used the service and relatives were very complimentary about the care and support provided by Cathedral House Care Services. They told us they received support from a small team of familiar staff, who were friendly, kind and caring.

Staff had developed close relationships with people and knew them well. People were treated with dignity and respect and support was provided in a person-centred way. People were involved in making decisions about their support and involved in reviews to ensure their support plans met their needs and preferences.

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.

Staff understood safeguarding procedures and had received training in recognising the signs of and types of abuse. Safe recruitment practices were followed to ensure staff were suitable to support vulnerable people. Staff received an induction to the service, training and on-going supervision.

Medicines were managed safely.

There was an open and honest culture at the service and the registered manager showed committed leadership. Staff told us they all worked well together as a team. There was good oversight of the service, with effective systems in place to monitor the quality of support provided and to drive improvements.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Why we inspected

This was the service's first planned inspection. This service was registered with us on 6 February 2019.

### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Cathedral 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 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was carried out by one inspector.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes. The service employs four support workers.

The service had a manager registered with the Care Quality Commission. This means that they 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

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure the registered manager would be in the office to support the inspection. Inspection activity started on 5 February 2020 and ended on 7 February 2020. We visited the office location on 5 February 2020.

#### What we did before the inspection

We reviewed information we held about the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

#### During the inspection

We looked at three people's care records, which included their support plans and risk assessments and one

person's medicines record. We reviewed a range of documents relating to how the service was managed, including training records, staff recruitment files, policies and audits.

We spoke with the registered manager during our visit to the service office. We spoke with two support workers on the 'phone. We also spoke on the 'phone with two people who used the service and four relatives to ask their opinion of the support provided.

# Is the service safe?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Systems were in place to protect people from the risk of harm.
- The service had a safeguarding policy and all staff had received training in safeguarding adults and children. Staff we spoke with understood what abuse was, the signs to look for and their obligation to report any concerns. Discussions at team meetings were used to reinforce the importance of being vigilant about safeguarding matters.
- People we spoke with and their relatives confirmed they felt safe with the support they received. Comments included, "I can trust them with [name]."

Staffing and recruitment

- There were enough staff to meet people's assessed needs, and people told us they were consistently supported by the same regular staff.
- The provider followed a robust recruitment and selection process. Pre-employment checks were completed, including checks with the Disclosure and Barring Service. These ensured staff were of a suitable character to work with vulnerable people.

Using medicines safely

- Medicines were managed safely.
- Only staff who had been trained in the safe management of medicines, and whose competence had been checked gave medicines to people.
- People who required support with medicines had a medicines profile which provided staff with clear guidance to follow. This ensured medicines were given as prescribed.

Preventing and controlling infection; assessing risk, safety monitoring and management

- Staff had completed training about infection control and food safety.
- Staff used disposable gloves, aprons and anti-bacterial hand gel to minimise the risk of infection when carry out personal care tasks.
- Risks associated with people's physical health, care needs, and their home environment had been assessed. Support plans contained explanations of the control measures staff should follow to keep people safe.

Learning lessons when things go wrong

- Staff knew how to report and document accidents and incidents. The incident log showed the action taken to reduce the possibility of them happening again.

- The registered manager and staff learnt from their mistakes and used them as a way of improving the service. For example, the registered manager had recently reviewed their system for managing visit rotas following an incident where a person's visit had been missed.
- The registered manager did not have a system in place to analyse accidents and incidents, to help identify any trends, such as, if incidents were occurring at a specific time of day or in a particular place. We discussed the benefit of introducing regular analysis in the future.

# 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.

This is the first inspection for this newly registered service. This key question has been rated good. 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;  
Supporting people to eat and drink enough to maintain a balanced diet

- People's needs were assessed before they were offered a support package. This ensured the service could meet their needs.
- People's support plans described the help they required at each visit and reflected their personal choices and preferred routines.
- Staff prepared simple meals for people if this was part of their care plan. Staff offered people a drink during their visit and ensured people were provided with enough drinks to help themselves to after staff had left.

Staff support: induction, training, skills and experience

- Staff had received the appropriate induction, training and support to enable them to meet people's needs. People and relatives told us they felt staff were well-trained.
- All staff received an induction to the service and completed a range of training, including the Care Certificate. This is a set of standards and knowledge for health and social care workers.
- Supervision meetings provided staff with an opportunity to discuss their responsibilities, concerns and training needs. Where people raised issues in supervision these were responded to. For example, one person had asked for basic training in end of life care. The registered manager had contacted the local hospice who had provided them with a workbook to use with their planned training.
- The registered manager carried out supervision checks where they observed staff carrying out support tasks. This helped them monitor the quality of care and support provided by staff. Staff told us they felt they received good support. One told us, "I find them (the registered manager) really supportive, really helpful."

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

- Staff referred people to other social care and healthcare professionals when they needed specialist help or advice.

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 when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- People's records contained evidence to demonstrate support plans were discussed and agreed with people and their representatives.
- People were encouraged to make choices about everyday tasks. Staff sought people's consent before assisting them.

# 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.

This is the first inspection for this newly registered service. This key question has been rated 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; Respecting and promoting people's privacy, dignity and independence

- Without exception everyone we spoke with was complimentary about Cathedral Care Services and its staff. Comments included, "Above and beyond is how I'd describe it [the service]."
- People who used the service and relatives told us they had developed trusting relationships with staff and felt comfortable with them. They told us staff were kind, caring and friendly.
- Staff spoke fondly of people they supported and knew their needs and routines well. One support worker told us, "You feel like you're supporting your family. You want to give your best because they are your family."
- Staff received training in equality and diversity. This ensured they respected people's individual needs and circumstances. Wherever possible, the service tried to respect people's wishes for a male or female support worker.
- Staff understood the importance of protecting people's dignity and privacy. For example, staff told us how they occasionally supported a person with a personal care task while they were in public. They described to us how this was done in a discreet way.

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

- The service provided support tailored to people's requirements.
- People and their relatives were involved in agreeing their support package. This gave them the opportunity to specify their support needs and the times they wished staff to visit.

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. 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; 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

- People had support plans for the different areas they needed assistance with, such as personal care and domestic tasks. These gave staff up-to-date information and helped them support people in a person-centred way.
- Where appropriate, people were supported and encouraged by staff to take part in activities and maintain their social relationships to promote their wellbeing. For example, some people were supported to attend the 'young@heart' group; a social group for the over 50s run by the church.
- People who used the service and relatives told us staff were punctual and reliable.

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.

- People's communication needs were assessed and recorded in their support files. This helped ensure staff understood how best to communicate with each person.
- Information could be produced in different formats if required. For example, we saw a copy of the complaints procedure which had been printed in large format for people with sight problems.

Improving care quality in response to complaints or concerns

- The service had not received any complaints.
- Information about the complaint's procedure was given to people when they started using the service and was kept in the support file in their home. People told us they knew how to raise any concerns or complaints, although they had not had to.

## 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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- From our discussions it was clear the registered manager was committed to providing person-centred support which put people at the heart of the service. People and relatives spoke highly of Cathedral House Care Services and the support staff provided. One person said, "I'm very, very happy with the service. It's made such a lot of difference to [name]."
- The registered manager had developed an open and transparent culture within the service. They were aware of their responsibility to act on their duty of candour and apologise to people and/or their relatives when mistakes were made. They told us this was regularly discussed with staff to emphasise its importance.
- Relatives confirmed the service was transparent. One person told us, "When something goes wrong, it doesn't get hidden."

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

- The service was well managed. Audits and checks were completed on a regular basis and action taken to address any issues identified by these, or issues raised by staff. This helped to drive continuous improvement of the service.
- The registered manager showed committed leadership and was keen to further develop the service. They were forward thinking, and evidence showed that when they identified areas of concern they made changes. For example, we were shown new medicine administration records they had recently re-designed to incorporate more information and improve medicines administration safety.
- Staff understood the importance of maintaining confidentiality and respecting professional boundaries. Staff met people who used the service outside of their professional capacity at church services. The registered manager told us there was a clear understanding that matters relating to people's support were not discussed in this situation. One support worker told us, "We are very strict on what we can say."
- The manager was aware of their regulatory requirements, such as their responsibility to notify the Care Quality Commission and other agencies when incidents occurred which affected people's welfare.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; working in partnership with others

- The service involved people and their relatives in discussions about their support. People and relatives told us they were listened to and their opinions were valued. Comments included, "The communication has

been fantastic" and "The line of communication is extremely good."

- The registered manager told us that as the service had been operational for a year plans were in place to gain formal feedback from people, and they were in the process of devising a questionnaire.
- The registered manager had regular contact with members of staff who could call into the office at any time, and through staff meetings. They told us they were currently reviewing the aims, objectives and values of the service and minutes from the most recent staff meeting showed that staff were fully involved in this process.
- The registered manager and the director of the organisation were in regular contact, which ensured there was a good level of oversight of the service.
- The registered manager attended the local registered managers network meetings to obtain information and share best practice. They told us they valued this opportunity to learn about different aspects of service management and we saw that suggestions made by a manager from another care service about care documentation had been implemented.