

Cathedral View Limited

Cathedral View House

Inspection report

Kenwyn Church Road
Truro
Cornwall
TR1 3DR

Tel: 01872222132

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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?

Outstanding ☆

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

Cathedral View is a care home which provides accommodation for up to 60 older people who require nursing or personal care. At the time of the inspection 59 people were using the service. Some of the people who lived at the service needed care and support due to dementia, sensory and /or physical disabilities. The service is divided by two separate buildings consisting of a nursing home which accommodates up to 27 people, and a residential home which accommodates up to 33 people.

There was a registered manager at the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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 nursing home is managed by a matron who reports directly to the registered manager.

We inspected Cathedral View on 27 and 28 February 2017. The inspection was unannounced. The service was last inspected in July 2014 when it was found to be meeting the requirements of the regulations, and was overall rated as Good. In addition the Key Question on Caring was rated Outstanding. Therefore at this inspection we confirmed that the Quality of Caring at the home remained at this quality.

People told us they felt safe at the service and with the staff who supported them. Comments we received included: "We have no issues regarding (relative's) safety. Staff are respectful and considerate about her needs and confusion. Her possessions are carefully looked after and items of clothing for laundry are always named and returned." An external professional said: "(Cathedral View) seems very safe."

People told us they received their medicines on time. Medicine administration records were kept appropriately and medicines were stored and managed to a good standard.

Staff had been suitably trained to recognise potential signs of abuse. Staff told us they would be confident to report concerns to management, and thought management would deal with any issues appropriately.

Staff training was delivered to a good standard, and staff received updates about important skills such as moving and handling at regular intervals. Staff also received training about the needs of people with dementia. Staff told us they received "Loads" of training, "We always have training courses, training is very good," and "They are very good at training."

Recruitment processes were satisfactory as pre-employment checks had been completed to help ensure people's safety. This included written references and an enhanced Disclosure and Barring Service check, which helped find out if a person was suitable to work with vulnerable adults. One person told us: "Staff are very well chosen for their qualities, caring, dedication and sense of humour."

People had access to medical professionals such as a general practitioner, dentist, chiropodist and an optician. People said they received enough support from these professionals. We were told by a health

professional: "I feel that the care received is excellent and the treatment people receive is extremely effective and safe....I have only ever heard of or received positive feedback regarding this home."

There were enough staff on duty and people said they received timely support from staff when it was needed. People said call bells were answered promptly and we observed staff being attentive to people's needs. An external professional said: "Residents seem happy and well entertained and looked after. They are complimentary of the care they receive and never complain of having to wait to be attended to."

Care was provided appropriately and staff were viewed as very kind and caring. We received a significant number of positive comments about people's care which included: "Staff are very good and helpful," and "They are very good they make me laugh." Relatives told us: "We have been delighted with the care and support (our relative receives)," "The staff are not only caring and supportive but kind, considerate and thoughtful. I could not ask for more care and consideration. I cannot emphasize this enough they are brilliant," and "Staff are friendly, welcoming, caring and welcoming." External professionals said "They have a lovely approach to clients. They make people very welcome," and "I have always witnessed wonderful care, compassion, and professional conduct mixed with comfort and a warm atmosphere."

Activities were organised by a dedicated activities organiser. Relatives told us activities provided included sessions each morning looking at the newspaper and discussing world events, quizzes, bingo, piano recitals which were played by one of the people who lived at the service, knitting, scrabble sessions and a film afternoon. There were trips out to local places of interest. Some entertainers visited the service. Relatives told us: "(My relative) has vascular dementia and is given a variety of stimuli including foot spas, balloons, gardening and music," and "I am amazed at the variety and volume of activities which the home provides. For example visits from choirs, flower arranging and recitals. In addition a minibus takes them out on trips."

Care files contained information such as a care plan and these were regularly reviewed. The service had appropriate systems in place to assess people's capacity in line with legislation and guidance, for example using the Mental Capacity Act (2005).

People were happy with their meals. Everyone said they always had enough to eat and drink. People said they were provided with some choice of meals. People said they received enough support when they needed help with eating or drinking. Comments included: "Food is very nice. You can have what you like. If you do not like something you can send it back and have something else."

People we spoke with said if they had any concerns or complaints they would feel confident discussing these with staff members or management, or they would ask their relative to resolve the problem. They were sure the correct action would be taken if they made a complaint.

People felt the service was well managed. Comments about management included: "The manager is very approachable and capable," and "Cathedral View is an extremely well run establishment. I visit several homes and this is by far the best I have been to." The service had appropriate quality assurance systems.

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.

Medicines were suitably administered, managed and stored securely.

There were satisfactory numbers of suitably qualified staff on duty to keep people safe and meet their needs.

Staff knew how to recognise and report the signs of abuse.

The service was clean and well maintained. Overall, health and safety checks were satisfactory. Prevention of infection and cross contamination were to a good standard.

Is the service effective?

Good ●

The service was effective.

People's capacity to consent to care and treatment was assessed in line with legislation and guidance.

Staff supported people to maintain a balanced diet appropriate to their dietary needs and preferences.

People had access to doctors and other external medical support.

Is the service caring?

Outstanding ★

The service was very caring.

People were cared for by staff who were very kind and very compassionate and treated people with dignity and respect. Staff were extremely attentive to people's needs.

People's privacy was respected. People were encouraged to make choices about how they lived their lives.

Visitors told us they felt welcome and could visit at any time.

Is the service responsive?

Good ●

The service was responsive.

People received personalised care and support responsive to their changing needs. Care plans were kept up to date.

People told us if they had any concerns or complaints they would be happy to speak to staff or the manager of the service. People felt any concerns or complaints would be addressed.

There were suitable activities available to people who used the service.

Is the service well-led?

The service was well-led.

People and staff said management ran the service well, and were approachable and supportive.

There were systems in place to monitor the quality of the service.

The service had a positive culture. People we spoke with said communication was very good.

Good ●

Cathedral View House

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.

We visited Cathedral View on 27 and 28 February 2017. The inspection was carried out by two inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. The inspection was unannounced.

Before visiting the home we reviewed information we held about the service and previous inspection reports. We also reviewed notifications of incidents. A notification is information about important events which the service is required to send us by law. This enabled us to ensure we were addressing potential areas of concern.

During the inspection we spoke with nineteen people who used the service. We had contact (either through email or speaking to) with thirteen relatives. We also spoke with the registered manager and twelve members of staff. Before and after the inspection we had written contact with five external professionals including GP's and other health and social care professionals who visited the service regularly. We inspected the premises and observed care practices during our visit. We looked at four records which related to people's individual care. We also looked at six staff files and other records in relation to the running of the service.

Is the service safe?

Our findings

We were told people were safe. For example relatives told us: "We have no issues regarding (relative's) safety. Staff are respectful and considerate about her needs and confusion. Her possessions are carefully looked after and items of clothing for laundry are always named and returned." Another relative said: "To the best of my knowledge the service is safe." An external professional said: "(Cathedral View) seems very safe."

The service had a satisfactory safeguarding adult's policy. All staff had received training in safeguarding adults. Staff demonstrated they understood how to safeguard people against abuse. Staff told us they thought any allegations they reported would be fully investigated and satisfactory action taken to ensure people were safe.

Risk assessments were in place for each person. For example, to prevent poor nutrition and hydration, skin integrity, falls and pressure sores. Risk assessments were reviewed monthly and updated as necessary. People were provided with safe moving and handling support where this was necessary. Staff said they had received training about moving and handling, and we were able to check this was the case from the records we inspected. The service had a wide range of manual handling equipment to meet individual needs.

People's medicines were administered by staff. Medicines were stored in locked cabinets, and trolleys. The medicines trolley, at the residential home, was not fixed to the wall, but the registered manager said she would ensure this occurred when the trolley was not being used. Medicine Administration Records (MAR) were completed correctly. However, at the nursing home, some of the medicines in blister packs were not being administered in the correct order. The registered manager said she would ensure this happened in future, and informed us, after the inspection, that the matter had been addressed. A satisfactory system was in place to return and/or dispose of medicine. Medicines which required refrigeration were appropriately stored, and the temperature of the refrigerator was checked daily. Training records showed that staff who administered medicine had received training. The pharmacist had checked the system, and their report said its operation was satisfactory.

Incidents and accidents were recorded in people's records. These events were audited by the registered manager to identify any patterns or trends which could be addressed. Where necessary, action was taken to reduce any apparent risks.

The service kept monies on behalf of some people. This was for when people needed to purchase items such as toiletries and hairdressing. Suitable records were kept, and receipts were obtained for expenditure. For other people the service did not keep money on their behalf and any expenditure was invoiced to the person's representative. Where necessary the registered manager said she would provide families with receipts and invoices for any expenditure. The registered persons' did not act as appointee or as a signatory for financial purposes for any individual. No staff had access to PIN numbers for any individual's cash or credit cards. This meant the way the service managed people's monies was safe.

There were enough staff on duty to meet people's needs. In the residential home rotas showed there were

six care staff on duty in the morning, three staff in the afternoon, and four staff in the evening. During the night there were two care staff on waking night duty. In addition there was a senior care member of staff always on duty from 7am until 10pm. In the nursing home rotas showed there were seven care staff on duty in the morning and four staff in the afternoon and evening. During the night there was one care assistant on waking night duty. In addition there was always one registered general nurse on duty throughout the 24 period.

The registered manager worked at the service on a full time basis. There was also a manager who had responsibility for managing the nursing home. They worked four days a week. Ancillary staff such as catering, laundry, cleaning, administrative and maintenance staff were also employed.

At the time of the inspection staff appeared not rushed and attended to people's needs promptly. Staff told us the residential and nursing homes had separate staff teams, although staff would work at both services if there was an emergency. Most staff told us they felt there were enough staff and staffing was "evenly spread out." However we also received comments that: "On the whole (staffing levels) are good, but it can be hard if people's needs are high," and another comment was "There is not enough staff on at certain times, and for example, if people's needs change." The registered manager said staffing levels were kept under review, and were altered if dependency and occupancy levels changed to ensure people's needs were met.

Recruitment checks were in place and demonstrated that people employed had satisfactory skills and knowledge needed to care for people. All staff files contained appropriate checks, such as two references and a Disclosure and Barring Service (DBS) check. Registered nursing staff all had evidence of current registration with the registration body, and received suitable assistance with revalidation of their registration. One person told us "Staff are very well chosen for their qualities, caring, dedication and sense of humour."

The service was warm, and had sufficient light. There were no offensive odours. The environment was very clean and well maintained. Appropriate cleaning schedules were used. Hand gel was available to assist in minimising the risk of cross infection. Staff wore uniforms and had aprons available to them to assist in preventing cross infection. A relative told us: "The communal areas are always clean, tidy and well presented, and the gardens are maintained to a high standard which residents enjoy watching and talking about as they change over the seasons."

We were told the laundry service was efficient. We saw there were appropriate systems in place to deal with heavily soiled laundry. We spoke with the laundress. We were told all clothes were marked and labelled. We were told there were two baskets with personal clothing to be laundered on each floor of each home. We were told the baskets were emptied five or six times a day. The laundress was observed to be returning clean clothing on individual hangers to individuals, knocking on people's doors, and asking where the person would like them placed.

The boiler, gas appliances and water supply had been tested to ensure they were safe to use. Portable electrical appliances had been tested and were safe. A current gas safety certificate was in place. The electrical circuit had been tested and was judged as requiring some remedial work. We have requested written confirmation from the registered manager that this work has been completed. The registered manager wrote to us, after the inspection, to state the relevant matters had been addressed. Records showed the passenger lift and manual handling equipment had been serviced. There was a risk assessment to minimise the risk of Legionnaires' disease, and systems were in place to take action to minimise the risks identified. There was a system of health and safety risk assessment in place. There were smoke detectors and fire extinguishers on each floor. Fire alarms, emergency lighting and fire extinguishers were checked by

staff, the fire authority and external contractors, to ensure they worked. This meant the service took system checks seriously to ensure they were safe.

Is the service effective?

Our findings

Staff had received suitable training to carry out their roles. For example staff members told us they received "Loads" of training, "We always have training courses, training is very good," and "They are very good at training."

New staff had an induction to introduce them to their role. The registered manager said when people started to work at the service senior staff spent time with them to explain people's needs, the organisation's ways of working, and policies and procedures. New staff also worked alongside more experienced staff before being expected to complete shifts.

The registered manager said she was aware of the need for staff, who were new to the care industry, to undertake the Care Certificate. The Care Certificate is an identified set of national standards that health and social care workers should follow when starting work in care. The Care Certificate ensures all care staff have the same introductory skills, knowledge and behaviours to provide necessary care and support.

Staff induction checklists were completed. One person had a copy of a certificate to verify they had obtained the Care Certificate. However there was not a copy of a checklist to state this person had received an initial induction at the service (for example had ways of working, policies and procedures explained; completed shadow shifts and so on.)

We checked training records to see if staff had received appropriate training to carry out their jobs. Records showed that people had received training in manual handling, fire safety, health and safety, infection control, safeguarding, and first aid. All staff had also undertaken further training about dementia awareness. Staff who administered medicines, and who handled food had received suitable training. Most staff had completed a diploma or a National Vocational Qualification (NVQ's) in care. Staff had additional training, to help meet people's needs, over and above what was legally required. For example staff had received training about dealing with aggression, incontinence, caring for people who had a stroke, pressure care, equality and diversity, dealing with difficult and challenging behaviour, and death and dying. Nursing staff had also received additional training for example about venipuncture, use of catheters and use of syringe drivers. An external professional said "Staff are well informed, helpful and encouraged to take the various courses available to them." This showed staff were supported to gain the knowledge and skills they needed to support people effectively.

Staff told us they felt supported in their roles by colleagues and senior staff. One member of staff said "If there is anything wrong they (senior staff) will sit down with you, one thing you can say about here is they support you." There were records of individual formal supervision with a manager. For example there were records in all staff files we inspected which showed these staff had received at least three supervisions in the last year, including an appraisal. The most recent set of supervisions had occurred in January 2017.

People told us they did not feel restricted. However, due to some people having dementia, and the high level of vulnerability of everyone, the front door was locked for security reasons and to maintain people's safety.

People said they felt involved in making choices about how they wanted to live their lives and spend their time. For example, people told us staff involved them in decisions about how their personal care was given and they were able to choose when they got up and went to bed. Relatives told us: "(My relative) can get up and go to bed when they choose. They are not restricted in any way. When they first went to live there it was emphasised that this was their home and that they were to treat it in that way, without feeling that they could or could not do things," "(My relative) can get up and go to bed when (they) want. (They) go to bed when (they) please." and "(My relative) is independently minded and seems to do what she wants."

People's capacity to consent to care and treatment was assessed in line with legislation 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 people lack mental capacity to take particular decisions, any decisions 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. The registered manager said, where necessary, applications had been submitted to the local authority to assess people who may lack mental capacity to make decisions for themselves. The staff we spoke with demonstrated a basic awareness of the legislation. Staff had received formal training about the Mental Capacity Act and Deprivation of Liberty Safeguards.

People were happy with their meals. For example people said: "Food is very nice. You can have what you like. If you do not like something you can send it back and have something else." There were some comments in the minutes of the last two resident meetings which said some people found portions too big. The registered manager said the service had experimented with various solutions such as smaller portions and giving people smaller plates but as yet it had been difficult to find a solution which pleased the people concerned. A relative told us "The food is excellent. Menus are published each week, and a copy is kept (in people's) room(s). It is a massive relief to family to know that (my relative) is benefitting from good, nutritious meals at regular mealtimes, in a formal setting for company, which makes a difference to (my relative's) state of health and wellbeing."

At lunchtime we observed that everybody had enough to eat and drink. Throughout the day, people were regularly offered cups of tea, coffee or a cold drink. We observed mid-morning drinks being served. A member of staff had a large plate of a variety of biscuits, and spent lots of time with people allowing them to choose which biscuits they personally wanted.

There was a menu on each table which outlined what people had for their meals for the week. This included a photo of the meal. Although there was not a formal choice of meal on the menu, if people did not like what was to be provided, they would be offered an alternative. People were offered a cold drink or a glass of wine with their meal. At lunch time, either in the dining room, or in their bedrooms, we observed people receiving appropriate support to eat their meals. Napkins were provided for people. Staff wore clean, fresh aprons. Food looked nutritious and it was noticeable that everyone we observed ate their lunch. People told us "The food is very good and the chef is good."

We observed one person being given individual assistance to eat their meal. The staff member sat with the person, talking with them and encouraging them to eat. The member of staff helped the person at their own

pace, and did not rush the person. Lunch appeared to be hot when served. People chatted while they were having their meal, and staff mixed with people and made conversation. There was plenty of staff, in both homes, at lunchtime, to help people if they needed assistance. Overall the dining experience was positive for people using the service.

People told us they could see a GP if requested. We were also told that other medical practitioners such as a chiropodist, dentist or an optician visited the service. A relative told us (My relative) is able to understand a little of what is going on, and her health and care is openly discussed with (them)." Another relative said: "(My relative) has had cataract operations and the staff have taken (them) to the hospital, stayed with (them) and managed all the follow up visits." A health professional said: "In the course of my work (physiotherapy) I receive very good support which is helpful as rehabilitation is able to continue between my visits and we have had some excellent results with people who have been very debilitated becoming mobile." Another health professional said: "I feel that the care received is excellent and the treatment people receive is extremely effective and safe...I have only ever heard of or received positive feedback regarding this home."

Records about medical consultations showed that people saw, where appropriate, GP's, opticians and district nurses regularly. However there were limited records, on some people's files, whether they needed or wanted to see a dentist. The registered manager said everyone had the opportunity to receive dental treatment at the service. The dentist was at the service on the day of the inspection. The dentist commented that "They call me out for regular checkups...They are one of the only homes to do this."

The home had appropriate aids and adaptations for people with physical disabilities such as bath aids to assist people in and out of the bath, and a passenger lift. The registered manager said it was hoped to convert one of the bathrooms into a wet room which would be a more practical option for people with limited mobility. The home's environment was maintained to a good standard. All areas were well decorated, with clean and comfortable furnishings and fittings. The home was clean and tidy, and there were no offensive odours.

There was no signage, for example, for people with dementia. In the residential home corridors on the first and second floors were identical, so the lack of signage or any differences could make it difficult for some people to find their way around. We discussed this with the registered manager.

There were electronic signs in both services which stated what day it was. Two people told us how much they appreciated the reminder of what day it was. People told us they liked their bedrooms and these were always warm and comfortable.

The lounges in the residential home were under used during the day. Most people either spent their time in their bedrooms, or in the dining room. There was a conservatory off the dining room which was very popular with people, but got very full. It was suggested the conservatory was extended, but the registered manager said this was not possible due to the siting of drainage.

We were told there were some difficulties with storage, particularly in the nursing home. As a consequence, for example, hoists needed to be stored in bathrooms and corridors, in the nursing home, when these were not being used. We were also told some of the toilets in the residential home were small, at it could be difficult to help people on and off the toilet if they were physically disabled. As a consequence, we were told, some people would need to go to their bedrooms if they needed to the toilet.

We recommend that the registered persons should increase signage, at the service, to assist people to find their way around the home.

Is the service caring?

Our findings

We received a significant number of positive comments from people, their relatives, staff and external professionals. People told us: "It suits me, I find them (the staff) nice," "Staff are very kind," "Staff are very good and helpful," and "They are very good they make me laugh." Relatives told us: "We have been delighted with the care and support (our relative receives)," "Staff are friendly, caring and welcoming." "They are supportive and caring. They have made a massive improvement in (my relative's quality of life since (my relative) moved there. (My relative) is more mobile, better fed and happy," and "The care and support in this home are outstanding. My mother wants for nothing and she is always supported by the staff." Staff members told us: "People receive a good standard of care," care was "Excellent," and "Very good, I would not work anywhere where standards are not good." External professionals said "They have a lovely approach to clients. They make people very welcome," "I have always witnessed wonderful care, compassion, and professional conduct mixed with comfort and a warm atmosphere." and "There is consistently a nice feeling in this home and the staff members are very helpful and welcoming. It is always a pleasure to visit Cathedral View."

We observed staff working in a kind, professional and caring manner. Staff were judged to be patient, calm, and did not rush people. Relatives said: "The care the staff show is outstanding and way beyond what I expected. (My relative) has all (they) want and I am absolutely satisfied that (they) are looked after well and is safe," and "The staff are not only caring and supportive but kind, considerate and thoughtful. I could not ask for more care and consideration. I cannot emphasise this enough they are brilliant."

We observed staff helping people, during the morning, in the lounge of the nursing home. Staff were ensuring that people were comfortable, and people were provided with pillows and footrests. Everyone had a soft drink or water provided.

One person walked accidentally into a door. Within seconds two members of staff went to assist them. The staff were observed to be very kind, concerned and caring.

When speaking face to face with people in the lounge staff sat down to talk with individuals listening attentively to the people they were speaking with. Staff provided personal care discreetly.

The people we met were all well dressed and looked well cared for. People's bedroom doors were always shut when care was being provided.

Where people displayed confused or distressed behaviours, we observed that staff were responsive to provide comfort and support, and where appropriate to distract the person to minimise distress.

One relative told us "I came in one day. He had had a very bad time and was in bed. I stood at the bedroom door and the first thing I heard was complete respect, gentle caring with some humour. Staff were not patronising at all. He is extremely happy, eats like a horse. I have been visiting for a long time and every time I walk out of the door there is nothing to concern me."

Care plans we inspected contained enough detailed information so staff were able to understand people's needs, likes and dislikes. There was some information about people's background, and life prior to moving into the home, on some people's files, but not on others. This information is useful to staff to help to get to know the person when they move into the home. The registered manager said where possible care plans were completed and explained to people and their representatives. Where possible people, or their relatives, participated and /or were consulted about monthly reviews of their care plans. For example we were told: "(My friend) has a care plan. I was involved in it...I was asked to go through it and agree with it."

People said their privacy was respected. For example, we were told staff always knocked on their doors before entering. To help people feel at home their bedrooms had been personalised with their own belongings, such as furniture, photographs and ornaments. The people we were able to speak with all said they found their bedrooms warm and comfortable. Relatives said staff had been very supportive when people moved in. For example we were told: "When (my relative) came (they) had personal items, furniture and pictures. When we next visited all the pictures had been put up. We suggested a bookcase. The handyman said he would fix the bookcase to the wall for safety. They are all so kind with great attention to detail."

Family members told us they were made welcome and could visit at any time. People could go to their bedrooms, and also to one of the lounges if they wanted to meet with visitors. One relative said "My sister checks everything. At first she came at all different times to see if everything was all right. She soon found she was wasting her time. It was always fantastic every single visit at whatever time."

Is the service responsive?

Our findings

People and their relatives were very positive about the care people received from staff. For example one person told us: "They are very efficient. I have no issues at all. ... This place is as good as I could ever hope it to be." An external professional told us: "The staff are efficient, knowledgeable, courteous, attentive and quick to respond to the needs of the residents."

We observed staff acting in a kind and considerate manner. When people rang call bells for help we observed and were told these were answered promptly. For example a relative said: "Call bells are attended to promptly. Staff are always supportive and attentive." An external professional said: "Residents seem happy and well entertained and looked after. They are complimentary of the care they receive and never complain of having to wait to be attended to."

Before moving into the home the registered manager told us she visited people to assess and check whether the service could meet the person's needs. People, and/or their relatives, were also able to visit the service before admission. Copies of pre admission assessments on people's files were comprehensive and helped staff to develop a care plan for the person. One relative said: "When (my relative) moved into Cathedral View (they) were in a bad state and I was completely overwhelmed by the care and professionalism the manager and staff showed. The manager assessed (them), and calmed (them) in a way I have never experienced before. The manager organised for (my relative's) telephone to be transferred. This was a lifeline for when (my relative) felt unsettled."

Each person had a care plan. Care plans contained appropriate information to help staff provide the person with individual care. Care plans also contained appropriate assessments for example about the person's physical health, personal care needs, and moving and handling needs. Risk assessments were also completed with the aim of minimising the risk of people having inadequate nutrition, falls and pressure sores. Care plans were regularly reviewed, and updated to show any changes in the person's needs. All staff we spoke with were aware of each individual's care plan, and told us they could read care files at any time.

The service arranged organised activities for people. Activities were organised by a dedicated activities coordinator. Relatives told us activities provided included sessions each morning looking at the newspaper and discussing world events, quizzes, bingo, piano recitals which were played by one of the people who lived at the service, knitting, scrabble sessions and a film afternoon. There were trips out to local places of interest. Some entertainers visited the service. For example on the day of the inspection there was a singer / guitarist playing songs from the 1950's and 1960's which people enjoyed. The activities organiser said she would do some one to one activities for example hand massages, or reading the newspaper with people who could not, or did not want to attend group activities. The library visited the service. A record was kept of activities which had taken place. Relatives told us: "(My relative) has vascular dementia and is given a variety of stimuli including foot spas, balloons, gardening and music," and "I am amazed at the variety and volume of activities which the home provides. For example visits from choirs, flower arranging and recitals. In addition a minibus takes them out on trips."

A Christian minister visited the service. A relative told us "(My relative) attends a regular communion service provided by Cathedral View...which (they) love to go to."

People said if they had any concerns or complaints they would feel confident discussing these with staff members or management, or they would ask their relative to resolve the problem. People said they felt confident appropriate action would be taken if they raised a concern. For example a relative told us: "I would have no hesitation in raising any concerns with staff. I have not had cause to make any serious complaint but I do have information about who to speak with, and I feel my concerns would be listened to." Another relative told us: "We are aware of the complaints process however we have never had cause to follow it. We feel if we did complain it would be listened to." The registered manager said the service tried to encourage people and relatives to discuss any concerns informally, and as soon as they occurred, so issues could be swiftly resolved. The registered manager said no complaints had been received by the service in the last six months.

Is the service well-led?

Our findings

There was a registered manager at the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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 nursing home is managed by a matron who reports directly to the registered manager.

People and staff had confidence in the registered persons (owners and manager of the service.) For example relatives told us: "The manager is very approachable and capable," and "The management have always been helpful and make themselves available." An external professional told us: "Cathedral View is an extremely well run establishment. I visit several homes and this is by far the best I have been to," and "This is one of the most well run care homes I have come across."

The registered manager had taken up post in the last year. The previous registered manager had worked at the service for many years, and the current manager had previously been the manager at the nursing home, so they knew the service well. Staff told us the transition had been managed well and: "Things had not changed much, the change had been smooth."

Staff were positive about the culture of the team. For example staff told us there was "A good atmosphere," and there was "A big family atmosphere between us (the staff) and the residents." None of the staff we spoke with had ever witnessed any poor practice, and all said if they had they were confident this would be immediately addressed by management. Staff members said morale was good within the staff team. Staff told us: "I really enjoy working here... staff are friendly and helpful and work well together. Everyone is easy to talk to." Staff told us that if they had any minor concerns they felt confident addressing these with their colleagues. They said major concerns were addressed appropriately by the registered manager.

The registered manager worked in the service full time, and worked alongside staff. The registered manager said she was on call when she was not at the service. The manager of the nursing home worked at the service four days a week.

Several relatives confirmed communication between staff and families was good, and they were informed of any concerns staff had about people's health and welfare. For example we were told: "(My relative) was not well recently and they rang me regularly with updates," and "I am impressed with the contact maintained by Cathedral View to inform me promptly of health incidents, no matter how minor."

The registered manager monitored the quality of the service by completing regular audits of care records, medicines, health and safety, training provision, accidents and falls. An annual survey of relatives, staff and professionals was completed to find out their views of the service. Results of previous surveys were positive. A survey had recently been sent out to relatives. Results were yet to be collated, but there were many positive comments such as "Your staff are kind and caring and totally committed," and "All members of staff are excellent and easy to deal with." Where respondents had raised an issue which needed some feedback the registered manager demonstrated this had been completed, and any concerns raised had been

resolved.

The registered manager said the owner visited the service regularly. There were formal handovers between shifts. Staff were observed talking with each other to decide who would do what, and equitably sharing out the tasks which needed to be carried out in the service.

There were records that staff meetings had occurred four times, in both the residential and nursing homes, in the last year. There were also records that residents meetings occurred for example we saw copies of minutes that showed two meetings occurred, in both the nursing and the residential homes, in 2016. This demonstrated the service gave people the opportunity to express their views and share information.

The registered manager was registered with the CQC in 2016. The registered persons have ensured CQC registration requirements, including the submission of notifications, such as deaths or serious accidents, have been complied with.