

Gloucestershire County Council

Cathedral View

Inspection report

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18 December 2017

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Ratings

Overall rating for this service	Good ●
Is the service effective?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

We undertook an unannounced focused inspection of Cathedral View on 18 December 2017. This inspection was carried out to check that improvements to meet legal requirements planned by the provider after our October 2016 inspection had been made.

The inspector inspected the service against two of the five questions we ask about services: Is the service effective and is the service well led? This is because the service was not meeting some legal requirements. No risks, concerns or significant improvement were identified in the remaining Key Questions through our on-going monitoring or during our inspection activity so we did not inspect them. The ratings from the previous comprehensive inspection for these Key Questions were included in calculating the overall rating in this inspection.

A registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Cathedral View is a nine bedded care home which provides short term respite breaks for people to give their relative or carer a break from their role as a carer. People who stayed at Cathedral View had learning and/or a physical disability. The level and amount of support people need is determined by their own personal needs. There were three people staying at the home at the time of our inspection.

Improvements had been made to the assessment of people's mental capacity to make decisions about their care and support. We observed staff supporting and encouraging people to make choices about their stay at the home. Records showed that people's mental capacity to make specific decisions about their care had been assessed. The outcome of the assessment and best interest decisions were recorded in people's care plans. Staff demonstrated a good understanding of the principles of the Mental Capacity Act and how to support people in their best interest.

People were encouraged to have a healthy diet and referred to health care professionals if their needs changed. Staff told us they had received adequate training and support to care for people who stayed at Cathedral View. A new registered manager had been appointed and had made some changes to the home such as changing the layout of the communal areas. Systems were in place to identify and action any shortfalls in the service being provided.

This report only covers our findings in relation to those requirements. You can read the report from our last inspection, by selecting the 'all reports' link for Cathedral View on our website at www.cqc.org.uk.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service effective?

Good ●

The service was effective

We found that action had been taken to improve the assessment of people's mental capacity to make decisions about their care.

Staff had been trained and supported to carry out their role.

People enjoyed a diet which was based on their preferences and choices.

There was a good relationship between the home and health care professionals.

Is the service well-led?

Good ●

The service was well led.

A new manager was in post who was aware of their responsibilities and legal requirements to run a safe and responsive home.

The service was well managed and was available to support the staff team..

The quality of the service was regularly monitored to identify shortfalls in the service being provided.

Cathedral View

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

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During this inspection we spoke with two members of staff, the deputy manager and registered manager. We looked at the care records of three people and staff files relating to the training and development of staff. We also checked the latest records associated with the management of the home.

Is the service effective?

Our findings

At our last inspection in August 2016, we found people's mental capacity had not been adequately assessed and recorded in accordance with the Mental Capacity Act 2005. This was a breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We issued the service with a requirement notice regarding the relevant breach. The provider sent us an action plan on how they would meet the regulations. At this inspection we found the provider had taken actions and the service now met this regulation as improvements had been made in the recording of the assessment and outcomes of people's mental capacity.

We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA) and whether any conditions on authorisations to deprive a person of their liberty were being met. 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.

Where possible staff ensured people were involved in decisions about their day to day activities and the support they required with their personal care while staying at Cathedral View. Records showed that people's mental capacity had been assessed when there had been concerns about their capacity to make an informed decision. For example, records showed whether people were able to retain and weigh up specific information and decisions such as in relation to the management of their medicines. The outcome of the assessments and the plans on how staff should manage people's medicines in their best interest were reflected in their care plan. Records also showed that significant people such as their family members or health care professionals were asked about their favourite meals and activities to ensure that staff delivered person centred care in the best interest of people. For example, records showed that the GP and other significant people had been involved in the decision that it would be in the best interest of one person to receive their medicines covertly.

Staff had received training and support in MCA through courses, staff meetings and supervision. We found they were knowledgeable about the principles of the MCA and showed good practices of supporting people. The MCA assessments used by staff and MCA training delivered to staff was supported by the provider's MCA policies and procedures and best practice.

The registered manager was aware of their responsibilities in supporting people in the least restrictive manner and applied to the local authority if they were to deprive people of their liberty. Records showed that staff had considered the principles of the DoLS code of practice and assessed whether people's liberty was being restricted during their stay at the home. 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). At the time of our inspection, nobody was being deprived of their liberty.

People were supported to maintain a healthy and balanced diet during their stay at Cathedral View. Staff were informed about people's meal and food likes and dislikes prior to people's arrival to the home and planned meals around their preferences. A selection of meals were in stock in case people did not like the meals the staff had planned on people's behalf or if they were admitted into the home in an emergency. People's dietary needs such as soft meals, allergies or cultural dietary requirements were catered for. Some people enjoyed eating out or taking part in the planning of their meals.

People were supported to maintain their health and well-being while staying at Cathedral View. We were told that people who became ill during their stay at Cathedral View would be referred to the GP surgery associated to the home. The staff had good contacts with their local GP surgery and people were supported to make temporary resident applications if required. Records showed that where staff needed additional advice when supporting people at Cathedral View, they had contacted local health care professionals such as a physiotherapists and speech and language therapists and had implemented their recommendations.

The provider's policies, procedures and systems were underpinned by latest legislation and practices which ensured that people received the appropriate care and support. Staff had received the training they required to carry out their role. We found that staff had the same level of skills and experience to enable them to meet people's needs as we found at our last inspection. Plans were in place for the home to close for a week to enable staff to update their training and care skills. Staff met frequently with their line manager to discuss any concerns and evaluate their professional development. Regular team meetings were held to give staff the opportunity to raise and share any information about people's care and the running of the home.

The registered manager had responded to people's comments and views about the home's environment. As a result they had reviewed and changed part of the layout and decoration of the home which gave people choices about where they wished to spend their time while staying in the home. For example, a separate quite space way from the main lounge had been created to allow people to sit separately if they wished to have some quiet time to themselves.

Is the service well-led?

Our findings

A new registered manager had been appointed since our last inspection who had had many years of experience in social care and supporting people with learning disabilities. They were supported by a new deputy manager and an established staff team.

During our inspection, the registered manager was transparent about the changes they had made to the home. They explained that they believed that their management style had brought a different dynamic to home and staff team, which had changed the culture of the home. They said, "It is important to get the team working with you instead of against you, so that you are all going in the same direction." Staff confirmed that they felt supported by the registered and deputy manager and received regular supervision. They told us they felt the managers were always approachable and had always addressed any concerns that they had been raised. They explained that the registered manager was visible around the home and looked at different ways to resolve problems to enhance people's stay at the home. One staff member said "(manager's name) is very good to get along with. Her door is always open and you can approach her at any time." They explained that they felt valued by the registered manager who always thanked them for their contribution at work.

The ethos and culture of the home was centred on the needs of people. Most people regularly stayed at the home so staff knew their individual needs and preferences well. Staff were kept informed about the needs of people staying and those who were due to stay as effective communication systems were in place. Staff consistently contacted people and their families before each visit to the home to get an update on people's well-being and make the necessary adjustments such as adjusting the staffing levels to accommodate people's needs. One staff member said, "We are very 'service user' orientated here. We do our best to give them a nice time when they stay here." A keyworker system also helped staff and people's families to communicate and be informed of significant changes in people's well-being.

Since being in post the registered manager had reviewed and had made changes to the staffing of the home and the systems which ensured that the home and staff were effectively responding to people's needs. They had also made improvements to the home's environment based on people's views and comments about their stay at the home. The registered manager carried several quality assurance audits to ensure the home ran safely and effectively. For example, they regularly audited and checked the management of people's medicines and the health and safety of the home such as the cleanliness of the kitchen and the management of infection control.

The registered manager was supported by a representative of the provider and regularly met other CQC registered managers employed by the provider to share information, good practices and provide peer support. They also peer reviewed and assessed each other's services using an assessment tool based on CQC inspection methodology.