

Cathedral View Limited

Cathedral View House

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?

Outstanding 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

We carried out this announced 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 and to pilot a new inspection process being introduced by CQC which looks at the overall quality of the service.

Cathedral View House is a care home for people who require nursing or personal care. It comprises of two separate buildings; the residential home provides

accommodation and personal care for up to 33 people and the nursing home provides accommodation and nursing care for up to 27 people. At the time of the inspection there were 54 people living at Cathedral View.

There was a registered manager in post at Cathedral View House. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

We inspected Cathedral View over two days. We saw people were happy living at Cathedral View. The atmosphere was friendly and relaxed and we observed

Summary of findings

staff and people using the service enjoying each other's company. One person told us "Staff are definitely kind and compassionate and treat me with respect." We saw visitors were welcomed by staff throughout our visit.

On both days of the inspection we saw people looked well cared for and their needs were met quickly and appropriately. People who used the service and their relatives were complimentary about the care they received from staff who they felt were knowledgeable and competent to meet their individual needs. For example one person told us "Staff are very particular, they keep everything to a very high standard and they all treat me like a friend."

People told us they felt safe. One person told us, "I am secure here and feel so safe." We found the service was meeting the requirements of the Deprivation of Liberties Safeguards. People's human rights were properly recognised, respected and promoted.

Staff working at Cathedral View understood the needs of the people and we saw that care was provided with kindness and compassion. People and their families told us they were happy with their care. A relative told us "I would recommend this home to anyone, I was pleased that Dad was cared for here, I would not have wanted him to go to the local hospital. They not only cared for him, they cared for us too."

Staff were appropriately trained and skilled and provided care in a safe environment. They all received a thorough induction when they started work at the home and fully understood their roles and responsibilities, as well as the values and philosophy of the home. The staff had also completed extensive training to ensure that the care provided to people was safe and effective to meet their needs.

People living at Cathedral View were supported to live their lives in the way they chose. People's preferences in how they wanted to spend their day were sought, listened to and respected. We saw people were encouraged to take part in activities both in and outside of the home.

The views of people living at Cathedral View were actively sought out by an independent visitor and by the registered manager. One person told us "The activities lady is lovely. She's always smiley. We fill out a form to say what we like and what we don't like." Another told us "I attend residents meetings where no staff are present. I am able to make my comments and make my own decisions." Views of the staff team were actively sought out by the manager.

Care plans were well laid out and regularly updated to reflect people's changing needs. People and their families were involved in the planning of their care and were treated with dignity, privacy and respect.

The premises were well maintained and comfortable. There were appropriate spaces so people could spend time taking part in activities, chatting together or on their own.

We found there were positive relationships between staff and management. One staff member told us "Everyone is treated respectfully. Staff get good support, the door is always open to management, if you have a problem you can discuss it and they are very supportive." Everyone who worked at Cathedral View who we spoke with demonstrated compassion and respect for the people they supported.

The provider had employed skilled staff and took steps to make sure the care was based on local and national best practice. Individual staff had taken on special roles, such as tissue viability, continence, dementia awareness and motor neurone disease to make sure that best practice was followed by all staff in the home.

The registered manager assessed and monitored the quality of care consistently. The home encouraged feedback from people and families, which they used to make improvements to the service.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe. People told us they felt safe, as did their relatives.

Staff we spoke to knew how to keep people safe. They could identify the signs of abuse and knew the correct procedures to follow if they thought someone was being abused.

The registered manager had an understanding of the legal requirements laid out by the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards and ensured they were used appropriately.

There were effective systems to manage risks to people's care without restricting their activities.

Good



Is the service effective?

The service was effective. People and their families were involved in their care and were asked about their preferences and choices.

People received care from staff who were trained to meet their individual needs.

External healthcare professionals were involved in providing specialist areas of care and treatment to people. Staff could access appropriate health, social and medical support as soon as it was needed.

Good



Is the service caring?

The service was caring. During our visit staff were kind and compassionate and treated people and their families with dignity and respect.

There was a choice of activities for people to participate in if they wished.

The registered manager used creative steps to support people in their home and their families. The registered manager had organised a support group for 'lone daughters' to provide emotional support, this also helped them to support their relative in the home.

Outstanding



Is the service responsive?

The service was responsive. Staff had established effective ways of communicating with people to enable them to express their views about their care. Future wishes were included in their care records, such as end of life care.

People, where able, consented to their care. For those who could not, the home made sure that steps were taken so that decisions were made in their best interest.

During our visit we saw that staff responded quickly and appropriately to people's needs.

Good



Summary of findings

Is the service well-led?

The service was well-led. Staff said they felt well supported and were aware of their responsibility to share any concerns about the care provided at the home.

Managers monitored incidents and risks to make sure the care provided was safe and effective. The home used systems to make sure that there were enough staff to care for people safely.

The provider understood national best practice standards and put these into practice.

Good



Cathedral View House

Detailed findings

Background to this inspection

We visited Cathedral View on 15 and 16 July 2014. 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. Their area of expertise was in older people's care.

The inspection was announced. This was because we needed to gather information from the provider prior to our inspection visit. We reviewed the Provider Information Return (PIR) and previous inspection reports before the inspection. The PIR is a form that asks the provider to give some key information about the service. This enabled us to ensure we were addressing potential areas of concern. We also reviewed the information we held about the home and notifications we had received. A notification is information about important events which the service is required to send us by law.

At our last inspection in December 2013 we did not identify any concerns with the care provided to people who lived at the home.

During the two days we spoke with 14 people who used the service and four visiting relatives. We also spoke with the registered manager, the nursing manager, the provider, a

visiting healthcare professional and 12 other members of staff. We also received comments from an independent visitor who chaired the homes 'service user's committee meetings'. We looked around the premises and observed care practices on both days of our visit. We looked at four records which related to peoples' individual care. We also looked at seven staff files and records in relation to the running of the home.

We used the Short Observational Framework Inspection (SOFI) over the lunch time period in both the residential and nursing home. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

This report was written during the testing phase of our new approach to regulating adult social care services. After this testing phase, inspection of consent to care and treatment, restraint, and practice under the Mental Capacity Act 2005 (MCA) was moved from the key question 'Is the service safe?' to 'Is the service effective?'

The ratings for this location were awarded in October 2014. They can be directly compared with any other service we have rated since then, including in relation to consent, restraint, and the MCA under the 'Effective' section. Our written findings in relation to these topics, however, can be read in the 'Is the service safe' sections of this report.

Is the service safe?

Our findings

People who lived at Cathedral View were safe because the home had arrangements in place to make sure people were protected from abuse and avoidable harm.

We spoke with 14 people who used the service. Some of the comments we received included; “(the registered manager) is my friend and protector, I am secure here and feel so safe”, “I definitely feel safe here.” “I have occasionally had a resident suffering with dementia enter my room but staff have been able to deal with the problem and it has now stopped.” “I am able to walk in the grounds, I have freedom but also feel protected.” “I would think that staff have had sufficient training to keep people safe here and they are learning all the time.” “This is an incredible home and I feel very safe here.”

We spoke with four relatives who told us “I moved mum from a care home as there were many problems. She has not had any problems here, she feels safe and even sleeps with her door open.” “I can go home and relax knowing that mum is looked after well and is safe, I can’t praise them enough.” “I visit at different times of day and the home is always working well and organised. They never know what time I might be visiting.”

Staff had access to guidance about safeguarding to help them identify abuse when it occurred and respond appropriately. We saw the home’s safeguarding and whistle blowing policies, these were readily available to staff, both in the office and within the staff handbook. The policies were comprehensive and up to date. This meant staff were able to access relevant and recent information regarding safeguarding processes easily and quickly.

We looked at staff records to establish what training they had undertaken in regards to safeguarding. We saw all staff had up to date safeguarding vulnerable adults training and training in the Mental Capacity Act (2005) and associated Deprivation of Liberty Safeguards (DoLS). We talked with staff about their understanding of these processes. Staff told us they would have no hesitation in reporting abuse and were confident management would act on their concerns. They told us they would take things further if they felt their concerns were not being taken seriously and were aware of what outside agencies, such as the Local Authority

and police, they could also contact. We saw referrals to the safeguarding team had been made and this showed that appropriate concerns were reported to the relevant authority.

We discussed the requirements of the MCA and DoLS with the registered manager. They demonstrated an understanding and knowledge of the requirements of the legislation. CQC is required by law to monitor the operation of DoLS. We found the service to be meeting the requirements of the DoLS. The registered manager had submitted a DoLS application as required and was waiting for the DoLS team to undertake their own assessment. Documentation showed that the person, their representatives and professionals had all been consulted about the process. The registered manager had written to families explaining about the DoLS process so that they members were fully informed and involved. We found that people’s human rights were properly recognised, respected and promoted.

We looked at four people’s care records and saw they contained appropriate risk assessments which were reviewed regularly. Two of the people whose records we looked at had been assessed as being at high risk of falls. There was detailed guidance for staff on how to reduce the risk or information to highlight when people might be at increased risk. We saw in another care record a person was assessed for the use of bed rails, they had been involved in this decision, along with their relative, staff and doctor. The documentation was signed by the person who commented “I feel safer with them.” From our conversations with staff it was clear they were knowledgeable about the care needs of people living at Cathedral View, including associated risks and when people might require additional support. During our visit we observed care staff supporting people appropriately whilst moving around the home.

People were supported because the organisation had sufficient numbers of staff to meet the needs of the people living there, at all times. People and relatives we spoke with all said they felt there were enough staff to meet people’s needs and they always appeared competent and knowledgeable. The registered manager told us that the numbers of staff were reviewed regularly to ensure that the correct number of staff were available at all times to meet people’s care needs. From our discussions with staff they told us there were sufficient staff on duty. Staff told us if they believed more staff were needed due to people’s

Is the service safe?

changing needs they were able to approach the registered manager and ask for more staff and this had been responded to. One staff member said, “There are always enough staff to allow us to provide individualised care.” Another said “if we are busy the manager will make sure there are extra staff available.” People told us that staff understood how they needed support and this was provided promptly. From our observations we saw staff were unrushed and available to support people as required. Relatives we spoke with all said they felt there was enough staff to meet people’s needs and they always appeared competent and knowledgeable.

Relatives told us that they felt staff were highly skilled and able to provide their family member with the care they needed. The staff employed by the service had completed a thorough recruitment process to ensure they had the specialist skills, qualifications and knowledge required to

provide the care, treatment and support that the people at the home needed. We looked at seven recruitment files and found they included all relevant recruitment checks to confirm the staff member’s suitability to work with vulnerable adults. This ensured that the home could be confident the staff they employed were competent and safe to work with vulnerable people.

New staff had completed an induction when they started to work at the home, and a copy of the induction checklist filled out by the staff member and their supervisor was seen. We spoke with a new member of staff who had joined the team six months previously, they told us they had worked with a more experienced member of staff for the first few shifts to enable them to get to know people and see how best to support them prior to working alone. This showed that staff were able to meet people’s needs in a consistent manner.

Is the service effective?

Our findings

People who lived at the home received effective care and support from well trained and well supported staff.

Care staff knew the people they supported well and that their needs and preferences regarding their care and support were met. Comments we received from people included; "If I mentioned I was short of anything they would get it for me." "Staff are very particular, they keep everything to a very high standard and they all treat me like a friend." "One carer plucks my eyebrows and any facial hair I have. I am treated with dignity and respect."

We saw 52 compliment letters the home had received in the last year. Comments regarding staff competencies included; "I compliment you on your staff, they are certainly the right people for the job and nothing was too much trouble for them to help mum." Another recorded that their relative "received nursing care conducted with the highest professionalism by staff."

People told us they had been involved in the development of their care plans. We looked at four people's care records and found they contained detailed information regarding many aspects of people's care. For example there were sections on mobility, eating and drinking, mental well-being and communication. We saw that they had been discussed with the person or a family member and that they had signed the care plan to show that they were in agreement in how they would receive their support. We saw all sections of the care plans were reviewed on a regular basis which meant the information was up to date and reflected people's changing needs and level of support required. Therefore staff had access to up to date guidance to ensure they were able to meet people's needs.

Staff told us they received supervision at approximately six weekly intervals. We saw staff files contained a record of people's most recent supervision that showed they were a two way process which gave staff an opportunity to raise any issues or concerns they might have and identify any training needs. There was also an opportunity to make suggestions. Staff told us they found supervisions useful and felt management listened to any ideas they had. Staff had attended training suitable to their role. Individual staff had taken on special roles, such as tissue viability,

continence, dementia awareness and motor neurone disease to make sure that best practice was followed by all staff in the home. This showed us staff had the support and training they needed to help them meet people's needs.

People told us "The food here is very nutritious, balanced and well presented." "I like to have breakfast in my room and I always have a choice of food." And "I've put on weight, the food is so good." People told us that they were asked what they would like for their meal and if they did not want the options available another meal would be prepared for them. We saw this to be the case.

We used our Short Observational Framework for Inspection tool (SOFI) for approximately one hour in both dining rooms: the residential home and the nursing home. This allowed us to spend time watching what was going on and helped us record how people spent their time, the type of support they got and whether they had positive experiences. We saw people were provided with the assistance they required. We observed lunchtime and saw that people were provided with the necessary specialist equipment they needed to maintain their independence. For example, specialist cutlery and plate guards. Staff sat with people and provided discreet assistance when they assisted a person with their meal. We saw people were given options of what they would like to drink with their meal, non-alcoholic or alcoholic. A menu for the day's food was on display so that people were reminded what they had chosen to eat. We heard lots of banter and good humour throughout the mealtime. We saw that the mealtime was an unrushed and social occasion and people appeared to enjoy this time as they were smiling and engaged in conversation.

Staff had a good knowledge of people's likes and dislikes in respect of food and catered for these. For example, the catering staff told us one person did not like fish so an alternative on 'fish days' was provided. Catering staff also catered for vegetarian dishes and for softer diets. One person told us "As I now have difficulty swallowing I am asked what food I am able to eat and it is prepared for me." Care records showed that if needed, people had been assessed by the speech and language therapist / dietician to ensure that they were provided with a nutritious diet that was presented in a way that was easier for them to eat. This was also recorded the care plan. This meant staff knew how food should be provided to meet the individual's care needs.

Is the service effective?

We spoke with a general practitioner who told us that the staff contacted them appropriately, listened to their advice and immediately put any new treatments or actions into place. They told us they were confident that the staff had the skills and knowledge in caring for people at Cathedral View and said the home provided “very good care, probably one of the best in the area.”

Staff at the home involved external healthcare professionals and therapists in the care, treatment and

support for people when they had identified a need. For example, dietitians, physiotherapists and specialist nurses. Individualised care plans for specific areas, such as dietary requirements and physiotherapy exercise plans, had been developed with the involvement of the person, their family, staff at the home and the healthcare professional. The specific care plans had been reviewed regularly to ensure they remained up to date and reflected the person’s needs.



Is the service caring?

Our findings

People who lived at the home were supported by kind and caring staff. Some comments we received from people included; “I decided to come here after my husband had been treated so well here until he died. My sister in law also decided to come here as she had seen how caring the staff were with my husband and how well I was treated.” “I’m very vulnerable as I can’t do anything myself, not even scratch an itch. I can’t blow my nose as I can’t move my arms. I have a lot of pain in my arms, the carers are very careful not to lift my arms to cause me pain, they take their time with me.” “Staff are definitely kind and compassionate and treat me with respect.” “The care I get definitely meets my needs.” “I am able to choose what clothes to wear and they are usually laundered in a day.”

Relatives told us “Staff can’t do enough for mum.” “Mum could have a shower every day if she wanted.” “I couldn’t have found a better home if I had gone to the other end of the earth. The care and attention my husband received was second to none, it was given with love and dignity. My husband had a dignified and pain free death.” “I would recommend this home to anyone, I was pleased that Dad was cared for here, I would not have wanted him to go to the local hospital. They not only cared for him, they cared for us too.” “Mum was treated with respect and dignity, care and compassion and we thank you deeply for the care she received.”

A relative told us how the registered manager had set up a support group for ‘only daughters’ as they were the lone relative supporting their family member in the home. The relative said this support group had been very positive and they had found that, by talking to others who shared a similar experience, they were more able to cope emotionally. They said this also had a positive impact on the support they were then able to provide to their family member in the home. This showed that the manager had innovative ways of supporting people and their families. The registered manager said the ‘lone daughter’ group was set up as at this time they were providing support to their relative, however if a male relative needed support this would be provided.

Staff were attentive and prompt to respond to people’s emotional needs. For example, a person was sitting in the dining area and started to cry quietly. The member of staff was on the other side of the dining room and came over,

knelt by the person, put their hand on their shoulder and asked them what was the matter and how could they help. The person responded by smiling at the staff member and holding their hand. This reassurance was enough to reduce the anxiety the person felt as the staff member continued to talk and reassured the person that they were there if they wanted to talk. The person smiled at the staff member and said “thank you”. We saw other examples throughout our visit when staff responded to people’s needs in a discreet manner. For example one person was not eating, staff came and sat with the person and gave one to one attention and encouragement with a lot of patience until the food had been eaten. This showed staff were able to recognise people’s needs and respond to them in a caring manner.

One of the people who lived at the home had a dog. However the dog had started to become protective of the person during the night when staff needed to provide care, and impeded the staff from doing this. The registered manager told us they had considered how they could keep the dog but also ensure the staff were safe. They had identified another area in the home where the dog could sleep at night. The registered manager and staff all acknowledged how important the dog was to the person. This showed that the manager and staff considered all options when thinking about how to support people’s emotional wellbeing.

Staff told us “We aim to be respectful of people’s choices”, “For some people here we (staff) are their family”. Staff told us how they maintained people’s privacy and dignity generally and when assisting people with personal care. For example, by knocking on bedroom doors before entering, gaining consent before providing care and ensuring curtains and doors were closed. They told us they felt it was important people were supported to retain their dignity and independence. As we were shown around the home we observed staff knocked on people’s doors and asked if they would like to speak with us. A relative we spoke with told us they popped into the home frequently and unannounced and had never seen staff being anything other than respectful towards the people they supported.

Staff told us they had opportunities to have one to one time with people. Staff told us people had social history books which identified people’s particular interests so they could encourage the person to continue with their hobbies. For example one person told us that a staff member came



Is the service caring?

back in the evening, when they were not working, to watch the world cup final with them. Staff had also brought him an alcoholic drink of his choosing and snacks. The person said "she didn't have to come in on her time off of work, but that's what the staff do here". We saw staff sit and chat with people throughout our visit, and people told us this happened "all the time." We spoke with a visitor to the home who commented: "There are always staff around".

People we saw throughout the day were smartly dressed and looked physically well cared for. This showed that staff took time to assist people with personal care. We saw there was a room which had been turned into a hair salon and were told a hairdresser came in once a week. People were able to ask their own hairdresser to attend if they wished.

We saw from care records that staff had clear guidance in how to approach people, for example "not to stand over a person and feed them", "if you start a task you finish it and check the person is ok after; for example if you escort a person to breakfast you check they are seated comfortably, you then go back later and check the person has had enough." This showed staff followed through each task with care and respect.

People living at Cathedral View were supported by care staff who knew them and their needs well. We saw in all of the care records a 'social history book.' This book covered

the person's lifetime in the areas of 'my early years and childhood memories/ growing up and my teenage years/ family life/ wartime history/ my family tree and my life now.' As staff had access to the person's life history they were more likely to understand a person's past and how it could impact on who they are today. This ensured care was consistent and delivered in a way which met people's individual needs.

We saw from the records, that staff turnover was low. Staff we spoke with all said it was a, "strong and supportive" staff team. They told us staff tended to remain working at the service because it was a good place to work. One commented: "It is an excellent staff team...our main concern is for the residents."

We saw care records which showed that end of life care had been discussed with the person and their relative so that a person's wishes in the event of their health deteriorating were made known. We also saw that some people had an advanced care plan which identified the persons' wishes for their end of life care. Where a person had been assessed as lacking capacity involvement with family members and other professionals had been sought to ensure decisions were made in the person's best interest. This showed staff were aware of what process needed to be followed to ensure that people's human rights were protected.

Is the service responsive?

Our findings

Throughout our inspection we saw staff responded appropriately to people's needs for support. We spoke with people about how they spent their time. Some comments we received from people who used the service included; "My family and friends can visit me at any time." "I enjoy watching sport and watch it in my room." "We can join the planned activities if we want to, but sometimes I prefer to spend time on my own." and "the activities lady is lovely. She's always smiley."

People were able to take part in a range of activities which suited their individual needs. One person told us; "We fill out a form to say what we like and what we don't like." We saw that people received visitors, read newspapers, were listening to music and attended a committee meeting. People told us they enjoyed the 'mystery bus trips', attending the quiz sessions, listening to the students from college who came in to visit and provided talks. One person told us they like putting ships in bottles and another said they enjoyed watching the sport. People who used the service told us they never felt lonely and there was always someone to talk to if they wanted company. A relative told us "if staff see a talent here they will foster and encourage it." This showed us people were supported to take part in activities they enjoyed.

People told us "A priest visits twice a month to give Holy Communion which is important to me as I have always been a church goer." "I listen to Songs of Praise every Sunday and I see the visiting priest twice a month for Holy Communion". This showed us some people's cultural needs and wishes were acknowledged and respected.

One relative wrote to the home and stated "In both homes there is a pervasive culture of caring and kindness. This is not a 'box ticking' culture but of responding to the emotional, mental and cultural aspects of life. Cathedral View is not just a 'home', it is home to people who are as happy and fulfilled as their individual capacity allows. I would have no hesitation in recommending Cathedral View to a friend or family member."

The registered manager said they had installed Skype so that people could stay in touch with people who were important to them. People confirmed they used Skype so they could have contact with family who lived some distance away. Throughout the inspection we saw relatives

visiting people who used the service. We saw staff greet the visitors in a friendly manner and were prompt in answering any of their queries regarding their family member. One person told us "Visitors can visit at any time and tea or coffee is brought to them." Relatives told us they felt welcomed to the home. This showed that the home communicated with family members well.

The registered manager and a person who used the service told us they discussed with various medical professionals how technology could improve their ability to communicate. A computer system had been ordered which would be operated by eye movement to improve the person's ability to communicate with all people they came into contact with. The person showed us their bedroom and how staff had altered the layout of their room to make it easier for them to move around the space, plus various technical equipment had been installed. This showed that staff had considered how to promote a person's ability to be as independent for as long as they were able.

We were invited to join the two 'service users committee meetings', one held in the residential home (seven people who used the service attended) and at the nursing home (six). The committee meetings were chaired by an independent visitor. The registered manager told us they felt having an independent chair for the meeting would allow people to speak more freely about their experiences of the home. In the meeting topics that were discussed included menus, care, laundry, activities, access to health professionals, the environment and management of the home. Any suggestions for improving the service or new ideas were then raised with the registered manager for them to consider. For example due to feedback at these meetings the menus were reviewed in line with suggestions made by people. One person told us "it's all done in the right spirit. People genuinely want to listen and I feel valued and my opinions are listened too." This showed that the management team actively sought out and listened to people's views.

We asked people and their relatives about the involvement they had in developing their care plan. They all told us they discussed with staff their care needs, they were listened to and any changes needed to the care plan were put in place. For example changes in respect of mobility equipment and dietary needs. This showed that people were consulted about all areas of their care.

Is the service responsive?

People received personalised care which was responsive to their needs. One person told us “Since I’ve been here my needs have changed and the staff have catered to the changes without being rushed or making me feel like a nuisance.” The changes they referred to were reflected in their care plan. In discussion with staff they were aware of people’s changing needs as they were discussed at staff handover and were recorded immediately in the person’s care records. This meant that staff had up to date guidance on how to support the person in a consistent way.

The four care plans we looked at were individualised and took into account information regarding the person’s interests and preferences as well as their health needs. For example, one person’s file stated they did not wish to have any personal care undertaken by a male member of staff. Staff were aware of this and respected this person’s wishes. We saw the care plans also contained information about people’s routines. For example one stated: the person “likes to be woken at 8am with a cup of coffee.” In speaking with this person they confirmed this occurred every morning.

A relative told us “The staff have phoned me if mum is poorly or needs to see a doctor. They keep me informed in what is going on.” We also saw records that confirmed contact with family members regarding their relative occurred. This showed that the home ensured that with the person’s permission, they kept their family members updated regarding their care at all times.

Staff told us “there is a lot of pride taken in this home. If people need anything it is done straight away and there is good communication with staff.” From our discussion with people who used the service they confirmed this. We saw throughout the inspection staff responded to peoples

request for assistance promptly. People living at Cathedral View had call bells in their rooms and we saw people had call bells with them as they moved around the home during the day. One care plan specified a person needed to hold the call bell in their right hand so that they could summons assistance if needed. We saw this person was holding their bell in their right hand. People we spoke with told us call bells were answered quickly. One relative told us “The staff have always been very quick to answer mum’s call bell.” This showed that staff ensured people were able to summons staff for assistance at all times to respond to their needs.

We saw the home’s complaints procedure which provided people with information on how to make a complaint. The policy outlined the timescales within which complaints would be acknowledged, investigated and responded to. It also included contact details for the Care Quality Commission, the local social services department, the police and the ombudsman so people were able to take their grievance further if they wished. We asked people who lived at Cathedral View if they would be comfortable making a complaint. People told us they would be, one person commented: “If I had a complaint I know I can talk to the manager and she would deal with it.” No-one we spoke with had made a complaint. One person commented: “No complaints, nothing at all and I’m not just saying that.” We saw the provider chatting with people and asking after their welfare throughout the day. A relative told us they had not had cause to complain.” They said they would feel confident to approach management or staff if they had any concerns.

Is the service well-led?

Our findings

We found Cathedral View was managed effectively and had a positive culture and clear set of values which included compassion, dignity, respect and independence. The homes values and philosophy were clearly explained to staff through their induction programme and training.

People told us; “Staff are definitely well led by the manager, it couldn’t be better.” “The owner visits every day and is very approachable.” “If I had an opinion on anything I would not be afraid to express it.” “I attend residents meetings where no staff are present. I am able to make my comments and make my own decisions.” “I cannot think of any improvements I would like to make.” A relative told us; “Staff are so honest and so straightforward here. I really respect the approach of staff.”

Staff were positive about the support they received from management. They told us, “Everyone is treated respectfully. Staff get good support, the door is always open to management, if you have a problem you can discuss it and they are very supportive.” One new member of staff told us they felt able to ask if they had any concerns or were unsure about any aspect of their role. Staff described the staff team as, “like one family. There’s no back biting, everyone works together.” Staff were clear about levels of responsibility and accountability at Cathedral View and were aware of whom to go to with any problems.

The provider lived very close to the care home and they and staff told us they were available at all times. The registered manager told us they felt well supported and would have no hesitation in contacting the provider for help or advice if they felt they needed it.

All the staff we spoke with confirmed that they understood their right to share any concerns about the care at Cathedral View. They said that they were aware of the provider’s whistleblowing policy and they would confidently use it to report any concerns. Staff also told us that the registered manager at the home was a good “role model” and “trusted manager”. They said that the registered manager always acted immediately on any concerns they reported while maintaining their confidentiality.

Staff told us they felt supported and enjoyed their work. One staff member said, “I love working here.” Another staff

member said, “it’s really nice working here. Management are supportive and accommodating of our jobs and our family lives.” Records showed that staff received regular supervision and appraisals. We saw from the staff supervision records that there was an opportunity within supervision sessions to air any problems staff might have or suggest any ways in which the service could improve. Staff we spoke with confirmed they were encouraged to make suggestions regarding how improvements could be made to the quality of care and support offered to people. Staff and management told us staff meetings were held regularly. We saw the minutes from the last staff meeting. The meeting was an opportunity to discuss the health needs of people living at the homes and organisational issues, as well as any concerns staff might have. This demonstrated the management believed in openness and were willing to listen.

There was a clear management structure at the home. The staff we spoke with were aware of the roles of the management team and they told us that the managers were approachable and had a regular presence in the home. During our inspection we spoke with the registered manager and the nursing manager. Both demonstrated to us that they knew the details of the care provided to the people who lived at the home which showed they had regular contact with the staff and the people who used the service.

The registered manager monitored the quality of the care provided by completing regular audits, for example of medicines management, care records and educational resources. They evaluated these audits and created action plans for improvement, when improvements were needed. For example, one audit had highlighted improvements were needed in collating the homes library where they gathered up to date information on specific social and health matters, such as motor neurone disease.. This was then addressed and demonstrated the service kept up to date with current guidance around best working practice.

We saw that environmental health had carried out an inspection in October 2013 and rated the home as level five, which is the highest rating that could be achieved. Regular fire audits had also been completed.

The management team involved people and their families in the assessment and monitoring of the quality of care. This was completed via ‘service users committees’, questionnaires and from talking regularly with people and

Is the service well-led?

their relatives about the care they were receiving. Following these consultations the 'lone daughters' support group had been created, which relatives told us had been very supportive to them and also positively impacted on how they provided support to their relative in the home. This showed that the provider was keen to gain people's views on the service when considering how to improve the service further.

Records showed that staff recorded incidents that happened at the home. The registered manager and nursing manager used this information to monitor and investigate incidents and take the appropriate action to reduce the risk of them happening again. Staff were then

told about any changes that had been implemented in response to these incidents. The provider had received no complaints since our last inspection, but we saw there was an appropriate system to monitor and investigate complaints.

Staff at the home worked with other organisations to make sure that local and national best practice standards were met. For example link nurses in the areas of infection control, continence, tissue viability, and motor neurone disease. The nurses were involved in the training of staff in the home and helped ensure up dated guidance was adhered to.