

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 well-led?

Good ●

Summary of findings

Overall summary

About the service

Cathedral View House is a care home that provides personal and nursing care and is currently registered for up to 60 primarily older people. There were 50 people using the service at the time of our inspection. The service comprises of two separate units, one residential, one nursing, separated by a garden area.

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

At the previous inspection we found medicine systems and processes were not robust. At this inspection we found improvements had been made. People received medicines as prescribed. Staff had received additional training in supporting people with medicines. Management had oversight of medicine systems and followed best practice guidelines.

At the previous inspection we found care plans did not always report on when people's needs changed and information in care plans was not always up to date. At this inspection we found improvements had been made and care planning, reviews and staff understanding of people's needs were current. Staff told us they had the information they needed to support people. Improvements had been made in auditing systems and processes.

At the previous inspection we found risks to people were not always being monitored and recorded accurately. Staff did not always follow guidance provided, such as when to re-position some people. Pressure relieving mattresses were not always set correctly. At this inspection improvements had been made. There were records showing risks and monitoring of equipment was in place.

At the previous inspection we found infection control measures were not effective. There was no clear system for staff to ensure effective cleaning of equipment. At this inspection we found improvements had been made. There were processes in place to prevent and control infection at the service.

At the previous inspection we found people living with dementia did not have pictorial signage to support them to navigate their environment. At this inspection improvement had been made. Signage for bedrooms, bathrooms and communal areas supported people to navigate around the service independently.

Safeguarding processes were in place to help safeguard people from abuse. Risks associated with people's care had been assessed and guidance was in place for staff to follow. Medicines were safely managed.

The service's recruitment practices were safe and there were sufficient numbers of staff available to meet people's care needs. People told us, "If you need them, they come quickly, they are very quick" and a relative said, "The carers, they are amazing".

People's capacity had been assessed following the principles of the Mental Capacity Act 2005 (MCA). Where people lacked capacity there had been applications made to the local authority for any Deprivations of

Liberty Safeguards that were necessary to keep people safe and protect their rights.

Staff were using PPE correctly and following current infection prevention and control guidance to help keep people safe. All staff had been provided with additional training in relation to the Covid-19 pandemic and arrangements made to enable relatives to safely visit.

The registered manager provided effective leadership. Staff told us they had been well supported and reported the registered manager had made significant improvements within the service.

The service's quality assurance systems were effective, and action had been taken to address and resolve the breaches of the regulations identified at our last inspection.

Feedback from people and relatives about the service's performance was valued by the registered manager and any issues raised had been investigated and resolved. The duty of candour was understood by the registered manager and relatives told us the service communicated with them effectively.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection. The last rating for this service was Requires Improvement. (Published 8 November 2019)

Why we inspected

We undertook this inspection to check previous breach of regulation had been met.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well led.

Details are in our well led findings below.

Cathedral View House

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by one inspector.

Service and service type

Cathedral View House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was announced. We notified the registered manager 24 hours before due to the inspection being undertaken outside normal working hours. We needed to be sure essential staff would be on available and there was full access to records.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service.

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all this information to plan our inspection.

During the inspection

We spoke with four people who used the service about their experience of the care provided. We spoke with seven members of staff including the registered manager, manager and deputy manager. Four care staff and cook.

We reviewed a range of records. This included three people's care records, medication records and a range of audits. We looked at two staff files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures were reviewed. We looked around the environment of the nursing home and residential service.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Using medicines safely

At the previous inspection the provider had failed to ensure the safe management, storage and recording of medicines. This was a breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found action had been taken and the service was no longer in breach of this regulation.

- People received their medicines in a safe way, as prescribed for them.
- People's medicine support needs had been assessed and were recorded in care plans. Care plans included additional risks related to medicines. For example, highlighting allergies and reactions to certain medicines.
- Medicines were ordered, stored and disposed of safely and securely. Staff recorded medicines following administration.
- Some people were prescribed medicines to be taken when required. Staff knew people well and administered these medicines safely and in a caring manner.
- Staff responsible for administering and managing medicine systems had competency checks in place as part of the supervision programme to ensure they had the necessary knowledge and skills to administer medicines.

Assessing risk, safety monitoring and management

At the previous inspection there were concerns the service did not have effective systems in place to ensure people's risks were managed safely. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found action had been taken and the service was no longer in breach of this regulation.

- Staff regularly assessed risks associated with people's care and well-being and took appropriate action to ensure the risks were managed and that people were safe. For example, where people's health had deteriorated, they had been referred to clinicians for diagnosis and guidance. People's care plans had individual risk assessments which guided staff in providing safe care. Risk assessments for weight management and nutrition, falls and dependency levels had been undertaken and regularly monitored by senior staff.
- Where people required monitoring of their food and fluid intake improvements had been made in the record keeping and monitoring. Staff were following guidance provided by health professionals. Regular reviews of this information supported any changes required. This ensured people's intake could be managed effectively. A staff member told us, "The record sheets are much better now. They make more sense."
- Equipment required to support people risk of skin damage was in place. Pressure relieving mattresses were set accurately for people and this was being monitored regularly in order to make changes if necessary.

- Contingency plans were in place on how the service would support people when COVID-19 outbreaks occurred.
- When people experienced periods of distress or anxiety staff knew how to respond effectively.
- The environment was well maintained. Utility services and equipment were regularly checked to ensure they were safe.
- Emergency plans were in place outlining the support people would need to evacuate the building in an emergency. Fire safety procedures and appropriate checks and training for staff were in place.

Preventing and controlling infection

At the previous inspection we found infection control systems did not always protect people from the risk of cross infection. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

At this inspection we found action had been taken and the service was no longer in breach of the regulations

- The service no longer relied on refillable soap dispensers and this reduced the risk of cross infection.
- Regular audits were now taking place to ensure infection control systems were safe and effective.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

The service was supporting visits from families and friends. Systems were in place using current COVID-19 guidance to support these visits.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

At the previous inspection we found that the system for ensuring people's money was appropriately managed was not safe or effective. People's monies were held collectively, and records were not clear, meaning there was a risk of money not being able to be accurately accounted for. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found the service had made improvements and was no longer in breach of this regulation.

- The service no longer held people's money. Purchases were made on behalf of the person who were then invoiced so there was an accountable trail.
- People were protected from potential abuse and avoidable harm by staff who had received safeguarding training and knew about the different types of abuse.
- People were relaxed and comfortable with staff and had no hesitation in asking for help from them. People told us they were happy with the care they received and believed it was a safe environment to live in. One person told us, "Feel absolutely safe living here. All is good."
- The provider had effective safeguarding systems in place. Safeguarding processes and concerns were discussed at staff meetings. Staff knew how to report and escalate any safeguarding concerns.
- Learning and any improvements from accidents, incidents and safeguarding concerns were shared with staff in team meetings.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. 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.

- Capacity assessments were completed to assess if people were able to make specific decisions independently.
- For people who lacked mental capacity, appropriate applications had been made to obtain DoLS authorisations, when restrictions or the monitoring of people's movements were in place.
- Records were held showing which people, living at the service, had appointed Lasting Powers of Attorney (LPA's). Families were encouraged to be involved in people's care plan reviews.
- Staff worked within the principles of the MCA and sought people's consent before providing them with personal care and assistance.

Staffing and recruitment

- There were sufficient numbers of staff employed and on duty to meet people's assessed needs. During the inspection we saw staff were responsive to requests for assistance and recognised when people needed support. Staffing levels could fluctuate due to staff sickness and due to the impact of the COVID-19 pandemic. However, staffing levels were kept at a consistent level.
 - Staff told us they felt valued by the provider who had increased reimbursement in recognition of the commitment of the staff team. Comments included, "It can be tough at times, but we are a good team and work well together" and "We have time to spend with residents and if things take longer than they do. We never take shortcuts."
 - Staff were recruited safely. Staff files showed a range of checks including references, an application form with any gaps in employment explored, proof of identity and a Disclosure and Barring Service check (DBS). This informs the service if a prospective staff member has a criminal record or has been judged as unfit to work with vulnerable adults.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question Requires Improvement. At this inspection the rating has changed to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At the previous inspection failure of the provider to ensure robust oversight of the service, maintain accurate records and support the registered manager to keep up to date with nationally recognised guidance meant governance systems were not effective. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulations.

- The provider had improved oversight of the service by reporting on visits, identifying any issues or concerns and reporting on actions required or taken. For example, working with other agencies to review the quality of care by looking at good practice. Introducing new work patterns and working with the staff team to implement operational changes. A staff member told us, "There have been a lot of changes, but they are for the better."
- The registered manager was now taking part in area manager meetings in order to share good practice and to support development in the service. For example, learning and sharing through online events and meetings [Webinar].
- The registered manager had improved their understanding of their responsibility to regular audit and monitor the services systems and operation to ensure they were safe and effective. All breaches of regulations found at the previous inspection had now been met. This demonstrated the provider and registered manager had improved all areas of governance of the service.
- At the previous inspection some information was not up to date. This included supervision records. At this inspection we found all records for the operation of the service including staff supervision were accurate and up to date.
- The management structure at the service provided clear lines of responsibility and accountability across the staff team.
- There was a positive attitude in the staff team with the aim of trying to provide the best care possible for people living at the service.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong.

- The registered manager and provider understood their responsibilities under the duty of candour. Relatives were kept well informed of any changes in people's needs or incidents that occurred.
- The ethos of the service was to be open, transparent and honest. Staff were encouraged to raise any

concerns in confidence through a whistleblowing policy. Staff said they were confident any concerns would be listened to and acted on promptly.

- The provider had notified CQC of any incidents in line with the regulations.

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

- The registered manager, clinical lead and provider had comprehensive oversight of the service and understood the needs of people they supported. There was a strong emphasis, within the staff team, on meeting people's individual needs and staff demonstrated a thorough understanding of people's differences and individual preferences. For example, a staff member told us the service supported them as they had a disability affecting reading, writing and spelling. They told us, "I've been really well supported. It gives me confidence to do my job." A relative told us, "I am always made to feel welcome. I visit most days and the staff are always welcoming."
- We observed people were familiar with members of the management team. They were engaging with people who clearly knew them well. Staff told us they found working in Cathedral View House to be open and inclusive. A staff member told us, "Managers are always available and step in if we are short staffed."
- People told us they were satisfied living at Cathedral View House; their care needs were met, and they felt well supported by the staff team. One person told us, "I have all my needs met here. The staff are very good and around if I need them."
- There were systems, policies and procedures in place which promoted and enabled person-centred care to be delivered to people. For example, staff knew each person's individual choice about how they liked to spend their day. A staff member said, "Most people in the nursing side are either in bed or in their rooms, but some people use the lounges and dining area. We support residents to make choices wherever possible."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The service had managed effective communication during the pandemic by use of technology and holding interactive meetings and following government guidance on meeting safely in the service.
- Staff and people using the service told us the managers regularly engaged with them and involved them in decision making. There had been a recent quality assurance review, gaining the views of stakeholders. Comments were positive and included, "My [relative] never complains about the food and says it's always good. Staff all very professional," "[Person's name] feels happy and lucky to be here. Very well cared for. Has been bored at times due to poor eyesight. but happier now has a larger TV" and "Has been difficult for last few years because of COVID-19. But always maintained a high standard".
- Managers and staff had a good understanding of equality issues and valued and respected people's diversity. Staff requests for reasonable adjustments to their employment conditions had been looked upon favourably by managers.

Continuous learning and improving care; Working in partnership with others

- The registered manager and provider were keen to ensure a culture of continuous learning and improvement and kept up to date with developments in practice through working with local health and social care professionals.
- The registered manager and the provider completed regular checks on the quality of the service. Action was taken when a need to improve was identified.
- Regular management meetings were held to support improvements to the service.
- The service worked effectively and in partnership with health and social care professionals. This was evidenced in records we viewed. Records demonstrated prompt and appropriate referrals had been made to enable people to access health and social services.

