St Philips Care Limited

Cathedral Care Centre

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

About the service
Cathedral Care Centre is a residential care home situated Lincoln, providing personal and nursing care to 27 people aged 65 and over at the time of the inspection. The service can support up to 36 people. The service had10 allocated beds for people who require transitional care between hospital discharges and going back to live in the community.

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

Risks associated with people's care had not always been clearly recorded in their care plan or risk assessments with measures which were in place to reduce the risk of harm.
Medicine practices were not always in line with best practice guidelines.
Staff had received training in relation to safeguarding. Although, some were out of date, staff understood their responsibilities around safeguarding people.
There were enough staff deployed in the service to meet the needs of people. Additional staff were recruited in readiness for any staff shortages in relation to the COVID-19 pandemic.
The provider continued to have safe recruitment practices in place.
There were measures in place to reduce the risk of infection to people.

The provider had a clear process in place to assess quality of the service. However, some actions to improve areas, had not been completed in a timely manner.
The manager was highly spoken about by people, staff and relatives.
There was a positive culture developing in the service and the service had established links in the community.
Staff, people and relatives felt engaged in the running of the service.

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

Rating at last inspection (and update)
The last rating for the service was requires improvement (published on 05 March 2020) and there was a breach of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

This service has been rated requires improvement for the last three consecutive inspections

Why we inspected
We carried out an unannounced comprehensive inspection of this service on 04 February 2020. A breach of legal requirements was found. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has not changed and remains as requires improvement. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Cathedral Care Centre on our website at www.cqc.org.uk.

Follow up
We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Details are in our safe findings below.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Details are in our well-led findings below.

Cathedral Care Centre

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 team was made up of two inspectors. One inspector made telephone calls to staff and relatives. One inspector visited the service to carry out the inspection.

Service and service type
Cathedral Care Centre 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, however, they no longer worked for the provider. A new home manager was in post and had applied for their registration.

Notice of inspection
We gave the service 48 hours' notice of the inspection. This was because we needed to obtain information about the running of the service.

What we did before the inspection
We reviewed information we had received about the service since the last inspection. 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.

During the inspection
We spoke with three people who used the service and three relatives about their experience of the care provided. We spoke with seven members of staff including the manager, regional manager, deputy manager senior care workers, care workers and the administrator.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. We also looked at a variety of records relating to the management of the service.

After the inspection
We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

Requires Improvement

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 remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

At the last inspection, the provider was in breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks associated with people's care had not always been recorded with actions to prevent harm occurring. One person had experienced multiple choking episodes and had been advised to avoid a certain food in their diet until a swallowing assessment could take place. Their care plan was not reflective of this and therefore was at risk of further choking episodes.
- Weight records were not reviewed effectively, where weight loss had occurred. In one person's care plan, it stated they had lost 12.5kg in 6 months and had been assessed as being at high risk of being unable to maintain a healthy weight. In other parts of their care plan it stated they were not at risk. Actions taken to support the person to prevent further weight loss were not clearly recorded. This meant there was a risk the person may not be fully supported with their nutritional needs.
- We discussed this with the manager, who took action to ensure all care records were reflective of risks to people and the steps needed to reduce the risk of harm. We received copies of these documents following the inspection.
- Accidents and incidents had been recorded and a monthly analysis was carried out to identify themes and trends. Where people had experienced a high number of falls, associated care plans were in place with measures to reduce the risk of falls and to guide staff to support people safely.

Using medicines safely

- Medicines arrangements were not in line with best practice guidelines. The management team had carried out medicine audits to monitor the administration of medicines. Multiple shortfalls had been found and action was being taken to address these.
- Where people were prescribed 'as required' medicines, protocols were in place for some but not all 'as required' medicines. This meant there was a lack of information to guide staff on circumstances to administer this medicine.
- Prescribed creams did not have clear instructions so staff could apply this to a specific area. We discussed this with the deputy manager who told us they had started to make developments by contacting the doctor for more detailed instructions and were in the process of implementing body maps where it clearly showed which part of the body the cream is for.
- People had medicines profile's in place which detailed personal information and had a photograph. This was to ensure people were identifiable to the staff member administering medicines.

Systems and processes to safeguard people from the risk of abuse

● People and relatives told us they felt the service was safe. One person said, "Oh yes, I am very safe here." Another person commented, "The staff keep me safe."

● Staff had received safeguarding training and knew what to do if they felt a person was being harmed. Some staff training was out of date, but this had been identified by the provider as a training need.

Staffing and recruitment

● During the last inspection, we identified the service did not deploy enough staff, in line with their own staffing tool. During this inspection, we found there had been improvements made and the provider deployed enough staff to meet the needs of people. Additional hours were recruited to in readiness of any staffing need relating to the COVID-19 pandemic.

● The provider continued to carry out pre-employment checks for staff. This included obtaining references and checking criminal records. This was to ensure staff were suitable to work with people using the service.

Preventing and controlling infection

● The provider had measures in place to reduce the risk of infection to people.

● Personal Protective Equipment (PPE) was available to staff and we observed them wearing this appropriately during the inspection. Staff were aware when they were required to use additional PPE, such as, if they were supporting a person in isolation.

● The provider took part in a COVID-19 testing regime for staff and people to ensure any positive cases were identified in a timely way.

● The service appeared clean and was odour free.

Requires Improvement

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 the last inspection this key question was rated as requires improvement. At this inspection this key question has now remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The provider had a clear process in place to monitor quality of the service. This included an internal audit undertaken by the quality team each month and audits which were carried out by the management team in the service. Shortfalls had been identified and there were action plans in place. However, some actions were not completed in a timely way and some actions had been carried over to the following months action plan.
- The service had a registered manager. However, they were no longer in their role. There was a manager in place, who had applied to become the registered manager and was awaiting their assessment. The provider had also recruited an additional deputy manager, this was to drive improvement in the service.
- The manager had implemented additional audits which were undertaken by the deputy managers, where there were concerns about a particular part of people's care. For example; medicines. Areas of improvement had been identified and actions were being taken to rectify these.

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; Continuous learning and improving care; Working in partnership with others

- The manager understood their responsibility to be open and honest when something goes wrong. The commission had been notified of events which had taken place in the service. Such as; injuries and safeguarding concerns.
- There was a clear passion from the manager about continuous learning and improving care for people.
- The service had established links in the community. Local residents had donated Christmas presents to people using the service and the local school had sent Christmas cards to wish people and staff a Merry Christmas. The manager told us they had plans to work with a local university in the new year on a garden project.
- Staff worked with other agencies to ensure people received the care and support they required. For example; district nurses, the transitional care team and the falls team.

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

- There was a positive culture developing in the service. Staff, people and relatives spoke highly of the impact of the manager. A relative told us, "I can't knock [name of manager]. She is doing a great job; they are contactable and responsive to anything raised." A staff member commented, "[Name of manager] is turning

the place around, they are fair and approachable."
● The manager had implemented a 'positive day' chart. This was to show staff the amount of positive days at work in a month against the challenging days. They told us, "Staff remember the challenging days, but I wanted to show them, we have more positive days. This will help us move the culture in the service."
● Staff interacted positively with people and they knew people they were supporting well. Staff were keen to shared their personal values and one staff member told us, "The main value for me is that the care is given well. It is about people [using the service] first."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
● People using the service had been involved in the development of a new menu. Staff consulted people to see what they wanted to see on the menu and where it could be improved.
● The manager had set up a social media-based communication group for staff. This was an aid to communication in the service. Additional flash meetings had been introduced to keep staff up to date, celebrate success and address shortfalls.
● Relatives told us they were kept up to date, especially during the COVID-19 pandemic. One relative told us, "It's frustrating about COVID-19 and not visiting [name of relative] but they [staff] do seem to be doing the right thing. The service has kept us updated with anything related to COVID-19."