

Cathedral Homecare Ltd

Cathedral Homecare

Inspection report

Voluntary Action Rutland
Lands End Way
Oakham
Rutland
LE15 6RB

Date of inspection visit:
28 September 2018
04 October 2018

Date of publication:
05 November 2018

Ratings

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

Summary of findings

Overall summary

We visited Cathedral Homecare Ltd on 28 September and 4 October 2018. The inspection was announced. We gave the provider notice of our visit, as we wanted to be sure that we had access to records and documentation that are stored at the office location.

When we last visited the service on 24 May 2017, we found there was a breach of Regulation 17 HSCA RA Regulations 2014 relating to good governance. Quality assurance systems had not been effective at identifying the shortfalls we found during our inspection. Staff feedback had not been acted upon or addressed. Following the last inspection we asked the provider to complete an action plan to show what they would do and by when to improve the key questions of Safe, Effective and Well Led.

At this inspection we found the provider was no longer in breach of this regulation, action had been taken to ensure they met with all required regulations.

This service is a domiciliary care agency. This service provides care at home to older adults living with a range of health conditions and needs to live independently in their own houses and flats in the community. CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do, we also take into account any wider social care provided. At the time of our inspection, 49 people were receiving personal care and support as part of their care package.

Cathedral Homecare Ltd had a registered manager at the time of this inspection. 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.

People received safe care. Staff understood their responsibilities to keep people safe from harm. Safeguarding policies and procedures were in place and staff understood their duty to report potential risks to people's safety.

People received their medicines as prescribed and risk assessments were in place to manage any risks. Guidance was in place for the service to take appropriate action when things went wrong. Lessons were learnt and then improvements made where needed to improve the service.

Staffing levels ensured that people's care and support needs were safely met and safe recruitment processes were in place.

Staff induction training and on-going training was provided, both internally and externally, to ensure staff had the skills and knowledge needed to undertake their roles. Staff were well supported by the provider and

the registered manager, with regular supervision meetings taking place.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service support this practice. People made decisions about their care and staff helped them to understand the information they needed to make informed decisions. Staff sought people's consent before they provided care and they were helped to make decisions which were in their best interests.

Staff supported people to access healthcare professionals when needed and supported them to maintain a healthy lifestyle. The service worked with other organisations to ensure people received person-centred care and support.

Staff treated people with kindness, dignity and respect and spent time getting to know individuals and their wishes.

The provider had systems in place to monitor the quality of the service and had a process in place that ensured people could raise any complaints or concerns.

The service was being well led by a staff team that supported each other to meet people's needs. Senior staff, the registered manager and the provider were readily available to speak with people using the service, to relatives and also to members of staff.

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.

Staff knew how to keep people safe and understood their responsibilities to protect people from harm.

Risks to a person's health and safety were managed and information in support plans enabled staff provide support safely.

Sufficient staff were deployed to meet a person's needs. Staff were recruited following full safety checks.

Is the service effective?

Good 

The service was effective.

Staff were supported through regular training and supervision

Staff understood the principles of the Mental Capacity Act 2005 (MCA). People were supported to make decisions and choices and staff sought consent before providing care and support.

People were supported to access appropriate health care professionals when required. Staff were committed to achieving positive outcomes to maintain people's health and well-being.

Is the service caring?

Good 

The service was caring.

People were supported by staff who respected them as individuals.

People were provided with opportunities to be involved in making decisions about their care and support.

Staff upheld people's rights, including their right to privacy and dignity.

Is the service responsive?

Good 

The service was responsive.

People were involved in the planning of their care. Care plans enabled staff to provide personalised care.

People were supported to undertake various outings in the local community when they had chosen to do so.

People felt confident to raise concerns and complaints if they needed to.

Is the service well-led?

Good ●

The service was well-led.

The service worked in an open and transparent way at all times.

Systems and process were in place to monitor and assess the quality of the service. When identified, improvements were implement and appropriate action taken.

There was a registered manager in place who promoted an open culture in the service. The provider's values were embedded in staff working practices.

People were supported to share their experiences of the service and the care provided.

Cathedral Homecare

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. We undertook an announced inspection of Cathedral Homecare Ltd on the 28 September and 4 October 2018.

This inspection was carried out to check that the provider had taken action to make improvements, meet legal requirements and comply with regulations. The inspection was carried out by one inspector.

We gave the service notice of the inspection as we needed to ensure that staff were available to support the inspection. We visited the office location and we made telephone calls to people using the service, to staff and also to relatives.

Prior to the inspection we reviewed information received about the service such as notifications. A notification is information about important events, which the provider is required to send us by law.

Before the inspection we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what it does well and improvements they plan to make.

We also contacted commissioners, responsible for funding some of the people using the service, to gain their views about the care provided.

During this inspection, we spoke with three people using the service and three relatives. We also spoke with members of staff, including the registered manager, a director and a trainer plus five support staff.

We looked at records relating to the personal care and support of four people using the service. We also looked at four staff recruitment records and other information related to the management oversight and governance of the service. This included quality assurance audits, staff training and supervision information, staff deployment schedules.

Is the service safe?

Our findings

At our last inspection on 24 May 2017 we found that improvements were required in relation to minimising risks to people. Risk assessments had not always been fully completed to ensure the safety of people. Not all staff were aware of how to safeguard people.

At this inspection we found the provider had made the required improvements and was compliant with the requirements to support the safety of people.

We looked at the risk assessments in place that had been fully reviewed and re developed. The risks to people's safety were clearly identified and measures in place to reduce or eliminate these risks. Risk assessments also supported people to be as independent as possible in the least restrictive way possible.

The information for staff to follow was detailed and gave clear guidance on how to support people with the different aspects of their life. For example, the risk assessments gave staff clear guidance on how to support a person with their mobility in a safe way. When we spoke with staff they were able to described this to us, showing they knew people's needs and how they chose to be supported.

People told us they did feel safe and received care and support from staff they knew. One person said, "I feel safe, yes always." Another told us, "I have the same one [staff] come. If they are on holiday, they tell me who is coming." One relative said, "Staff are always careful and make certain [relative] is in the equipment properly." Another said, "We get a rota, so [relative] always knows who is coming. It's mostly the same person."

Staffing numbers had previously not been stable. At this visit we found that staffing numbers were appropriate and the correct allocation of staff were deployed. This followed a full assessment of needs, to ensure staffing numbers supported people's needs safely. People we spoke with confirmed this was the current practice.

Staff knew their responsibility in relation to safeguarding people. Staff told us they had regular training on safeguarding people. This was regularly updated and records confirmed this. All staff said they felt confident that any concerns would be dealt with by the registered manager. They confirmed that they would speak out and not hesitate to report any kind of abuse.

We saw that all appropriate checks had been completed before any new members of staff started work. This ensured that the staff who worked at the service were suitable to work with people. These checks covered such areas as identification and a check through the disclosure and barring service (DBS). The DBS is a national agency that keeps records of criminal convictions. Staff files were fully completed with records showing additional details covering such areas as training and qualifications.

Medicines were safely managed. One relative said, "The staff make certain [relative] takes the tablets before they leave. They are very good with that."

Staff had completed regular training in the safe handling of medicines. We saw that regular checks were completed to ensure staff continued to be competent and used appropriate practices. If any errors were made relating to medicines, staff were encouraged to bring these to the attention of the registered manager so these could be addressed immediately. This would then be discussed at supervision, additional training then provided and the person would be observed until they met the expected standards. We were told that, if needed, disciplinary measures would also be introduced.

We saw that medicine administration records (MAR) sheets were routinely collected and audited. These records showed the medicines administered, the amount, date and signature of the member of staff involved. These audits ensured that every person received the correct medicines at the prescribed time.

Records showed that lessons had been learnt and used to drive improvements. For example, a new medicines folder had been introduced and this was kept in the person's home to support dealing with certain medicines and any short courses of antibiotics.

Policies and practices in the service ensured people were protected by the prevention and control of infection. For example, staff had received training on infection control, also in food and hygiene, as food was prepared for some people. Staff confirmed they had protective items issued, such as aprons and gloves, supporting infection control and to ensure people were protected from the risk of infection.

Is the service effective?

Our findings

At our previous inspection we checked that the provider was meeting the requirements of the Mental Capacity Act 2005 (MCA), we found that staff knowledge and practices did not meet with this legislation.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to make particular 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.

At this inspection we found that the provider had ensured all staff completed training in relation to the requirements of the MCA. Support plans contained assessments to ensure they received the appropriate support when needed. People were encouraged to make decisions about their care and their day-to-day routines and preferences. Staff confirmed that they had received training on this legislation. The management team and staff understood and worked within the principles of the MCA and understood their responsibility to protect people from any type of discrimination.

Staff treated people with kindness, dignity and respect and spent time getting to know individuals and their wishes. A relative said, "Staff are introduced before they provide care, my [relative] likes her carer and enjoys the home visits." We saw that staff spoke in a respectful manner to one person we met. They clearly knew this person and enjoyed conversation and jokes in an appropriate way.

People received care from staff who were competent and had the appropriate skills and knowledge to support people. Staff felt their training gave them the information they needed to do their job. They also felt that they could ask for any additional training they felt was relevant to their role. All new staff undertook a thorough induction programme and worked with experienced members of staff until they were fully competent.

Staff said they were well supported and encouraged to develop in their career. One member of staff said, "I can ask and discuss anything without worrying, I feel well supported." Staff also had regular supervision and appraisals. These provided the opportunity to discuss their performance and personal development, as well as any issues relating to any of the people they supported.

Each person received an assessment of their needs before the service agreed to provide their care. The initial assessment considered all the areas in which staff may need to support the person. For example, communication, physical health and wellbeing, eating and drinking and personal routines people had requested. This information was regularly reviewed to ensure staff knowledge was current, and to allow for any changes in a person's wishes.

People were encouraged and assisted to maintain a healthy balanced diet and those at risk of not eating

had additional records to monitor this situation. One person told us, "Staff do make certain I eat regularly." A relative said, "They [staff] do ensure [relative] has eaten. They forget and staff can remind [relative] about this. It does stop me worrying and helps to make certain [relative] is OK."

People were supported to access a variety of health and social care services when this was part of their support plan. Staff were vigilant to report any changes in a person's health.

Is the service caring?

Our findings

Cathedral Homecare had a caring culture that people recognised. One person told us, "A first class service, no complaints at all" Another said, "Staff are very caring and they take their time."

People confirmed that staff respected their wishes and only provided support after they had asked if this was needed. This meant that people had a choice and were able to change their routine when needed. One relative told us, "They [staff] are amazing and so very caring and kind." Another said, "We get to know them, they become like our friends, they take time and always chat as they do things. You could not have them in your home if things did not work."

Staff were happy in their job and said that they felt they all worked well as a team to support people as they had chosen. All the staff we spoke with confirmed that they worked with people consistently and were able to get to know their needs and preferences.

Staff understood the importance of promoting equality and diversity, respecting people's religious beliefs, their personal preferences and choices. Details in support plans also reflected all areas of a person's life and preferences, to recognise their equality and diverse needs.

Staff were aware of the need to ensure people's information was kept confidential and not disclosed to anyone without appropriate consent and authorisation. People's records and information were kept in the office, which was lockable and only accessed by staff giving permission. One relative told us, "You never hear staff talking about other people they call on. They respect people and I like that, it's so important."

Confidential information regarding people's care was stored securely and only shared with people's consent on a need to know basis. We saw signed consent forms and a policy and procedure that supported access to information.

People were fully involved in making decisions about how they wanted their care and support provided. People said staff supported them to make their own decisions about their daily lives. Support plans reflected the person as an individual and were written in a person centred way. For example, "Due to not feeling well lately I need....." showing that changing needs and wishes are clearly reflected.

Staff understood the importance of respecting people's privacy and dignity when providing people's support. As some staff were supporting one person to a coffee morning, we saw that staff interacted with this person in a respectful manner. The coffee morning was for charity and was being held in the same building as the office location. There was much laughter and conversation enjoyed. Staff were able to describe how they upheld people's dignity when supporting.

Is the service responsive?

Our findings

People received care and support that was responsive to their needs. Staff were committed to providing individualised support. One relative told us, "Staff know what to do and they do it in just the right way." Another told us, "Staff are adaptable, people have different days, they respond to that."

One relative explained that at the beginning of their relative's contract, for no specific reason, the allocated member of staff did not suit. This was discussed with the registered manager, who immediately changed the member of staff without fuss or question. This showed us that the service was flexible and responded to people's wishes, while ensuring their comfort.

Reviews and updates to care plans took place, with the involvement of people as and when their needs had changed. This ensured people consistently received appropriate care and support. Records showed care plans were regularly reviewed and were signed by people or their chosen individual.

People's care plans included a history of their health, diagnosis, medicines and treatments. This supported staff to identify any patterns or trends in people's mental health and known risks. Staff were then able to respond to any changes in behaviour or routines, which could be possible indicators of a decline in people's wellbeing. Staff were open regarding observations and discussed the slightest change in a person, ensuring their continued welfare.

People were supported to undertake various outings in the local community when they had chosen to do so. For example, one person had been invited to attend a coffee morning and staff ensured this took place. The person concerned told us, "Staff are good." Staff explained that they took people out when possible, the person attending the coffee event smiled and confirmed this was the case.

The provider told us that a section in support plans that related to communication was to be further developed. The service looked at ways to make sure people had access to the information they needed in a way they could understand, to comply with the Accessible Information Standard (AIS). The AIS is a framework put in place from August 2016 making it a legal requirement for all providers of NHS and publicly funded bodies to ensure people with a disability, or sensory loss, can access and understand information they are given. The provider understood their responsibility to comply with the AIS standard.

We saw that there was a clear complaints policy and procedure in place. We were told by people and their relatives that any issue they had had been promptly dealt with, they were confident any complaint would be taken seriously and handled appropriately.

People were encouraged to raise any concerns or complaints. People and their relatives said they knew who to speak to at the service if they had any complaints. One person's relative said, "I can always ring the office, they are really good." One person using the service said, "[provider] always visits and rings, their high standards are maintained."

Staff training covers end of life care. The service supports people for as long as possible, to enable them to remain in their own home for as long as they wish to.

Is the service well-led?

Our findings

At our last inspection we found that the provider was in breach of regulation 17 HSCA RA Regulations 2014, relating to good governance. Quality assurance systems had not been effective at identifying the shortfalls we found during our inspection. Staff feedback had not always been acted upon or addressed.

At this inspection we found the provider as no longer in breach. They had appropriately addressed issues of concern and made improvements to the service.

Staff and the provider were aware of the responsibilities regarding their registration with us. They ensured we received notifications about important events so that we could check that appropriate action had been taken. The provider was aware of their responsibility to submit notifications to the Care Quality Commission (CQC). A notification is information about important events that the service is required to send us by law. They also shared information as appropriate with health and social care professionals; for example social workers involved in commissioning care on behalf of people.

We had previously found that the provider had not always acted on issues or matters raised with them. People had not always felt listened to.

At this inspection we found that people were contacted on a regular basis to check that they were receiving the service and support they needed. People told us that they felt they were listened to and action was quickly taken regarding any raised issues or worries. One person said, "Carers and the office staff are always available and ready to listen." People told us that the registered manager and provider were approachable and supportive. One member of staff said, "We are always able to discuss anything at any time." A relative told us, "The office staff are wonderful and are always there to help."

The people using the service and their relatives were able to feedback on quality. We saw that quality questionnaires were completed by people, which enabled them to provide their view of the service they received. People felt able to speak to the registered manager and senior staff about their experiences of the service. People we spoke with confirmed there was regular contact and discussions about the quality of their care and support.

The service had a clear vision and values that all staff were committed to working together to achieve. One member of staff said, "We work with people to support their independence." The registered manager and provider regularly had contact with people using the service and with their relatives. People told us they felt the service had greatly improved and that staff times and deployment had also improved.

The service had an open culture where staff had opportunities to share information; this culture encouraged good communication, learning and development. Staff felt they were listened to and their comments taken on board. One staff member told us, "We can talk about anything, we feel we can take part in developments and discussions."

The service had a registered manager in post. Staff were positive about the leadership and management and spoke of strong teamwork. The registered manager, who was supported by the provider, encouraged an open line of communication with their staff.

Regular staff meetings were held. We viewed minutes of previous staff meetings held in September 2018. Best practice, such as skin integrity and specific areas of care for individuals had been discussed. This helped to ensure staff were kept up to date and involved in current issues and changes. Operational decisions, any changes to the service or policies were discussed with staff, keeping them fully informed at all time.

Regular audits were completed to ensure records and information remained up to date and met with current requirements. These included spot checks on staff themselves, to make certain practices reflected the procedures in place. Records relating to medicines, moving and handling risk assessments and daily records were also routinely reviewed and monitored.

The service worked in partnership with other agencies in an open and transparent way. The provider is required to display their latest CQC inspection rating so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had displayed their rating as required.

Partnerships had been developed with a range of health care professionals. The service also worked with social care professionals when people required any reassessment for their needs.