Care Quality Commission

Gloucestershire County Council

Cathedral View

Inspection report

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Ratings

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

Overall summary

This inspection took on 12 and 17 August 2015 and was unannounced.

Cathedral View is a nine bedded care home which provides short term respite breaks for carers. People who stayed at Cathedral View had learning and/or a physical disability. They generally lived in their own home with a relative or a carer and stayed at cathedral view when their relatives needed a break from their role as a carer.

There were five people staying at the home at the time of our inspection. The home is purpose built and is set over two floors which were accessible by stairs or a lift. The home has a main lounge with an adjoining dining room. There were several quiet areas and a sensory room that people could use. They also had access to a private secure back garden.

A registered manager was in place as required by their conditions of registration. 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.

Summary of findings

Some people's care records were not always detailed and consistent. The management of their risks and medicines were not always updated and reflected in their care records. People and relatives told us staff were kind and they felt safe at the home. People were able to make choices about their stay. They enjoyed a variety of social activities and meals. Staff knew their responsibility was to support people in the least restrictive way and protected them from harm. When required people were referred to health care professionals to receive additional support and guidance was implemented in the home. People and their relatives concerns were addressed immediately.

Staff were knowledgeable about people's physical and emotional needs. They had mainly been trained to carry out their role however; some staff required training in the Mental Capacity Act. Plans were in place to address this.

There were sufficient numbers of staff available to meet people's needs. Extra staff were provided when people required additional support with their care and social activities. There was a low turnover of staff in the home. The home was managed by a registered manager who had knowledge in running homes that provide a respite service. The registered manager led by example and was supportive to people and staff. The representative from the provider regularly visited the home and supported staff but did not carry out any monitoring checks. Plans were in place to improve the monitoring of the home.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and of the Care Quality Commission (Registration) Regulations 2009. You can see what action we told the provider to take at the back of the full version of this report.

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?

Requires improvement

The service was not always safe.

People's medicine profiles were not up to date. Protocols were not in place for people who may require medicines when needed.

People's risks were known by staff. People were cared for by suitable numbers of staff who understood how to protect people from avoidable harm and abuse.

Is the service effective?

Good

This service was mainly effective

Detailed assessments were not in place for those people who lacked mental capacity. Staff had a good understanding of supporting people in the least restrictive way. Suitable equipment was in place to ensure people's needs were met. They were referred to specialist services when required.

People enjoyed a variety of meals and their diets were catered for.

Staff were supported and trained to carry out their role.

Is the service caring?

Good

The service was caring.

People's privacy and decisions were respected and valued by staff. They were encouraged to express their choices and preferences about their stay at the home.

People and relatives told us staff were kind and friendly. Staff knew people well and understood their different needs and adapted their approach accordingly.

Is the service responsive?

Requires improvement

The service was not always responsive.

People's care records were not consistent and did not always reflect their risk assessments.

People enjoyed a variety of social and leisure activities. Relatives were happy with how the service responded to any concerns.

Is the service well-led?

Requires improvement

The service was not always well-led.

Information about significant events had not been notified to the Care Quality Commission.

Plans were in place to improve the monitoring of the quality of service.

Summary of findings

The registered manager was approachable and supported staff. There was a strong sense of team work amongst staff.

Cathedral View

Detailed findings

Background to this inspection

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

This inspection took place on 12 and 17 August 2015 and was unannounced. The inspection was carried out by one inspector.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also examined other information that we held about the provider and previous inspection reports.

We spent time walking around the home and observing how staff interacted with people. Some people who were staying at Cathedral View were unable to speak with us due to their communication difficulties; however we were able to speak with two people.

We also spoke with four relatives, three members of staff, the registered manager and a representative form the provider. We looked at the care records of five people. We looked at staff files including recruitment procedures and the training and development of staff. We checked the latest records concerning complaints and concerns, safeguarding incidents, accident and incident reports and the management of the home.

Requires improvement

Is the service safe?

Our findings

Medicines which were brought in from people's homes were checked and signed in by staff and stored in a locked cabinet. Some people chose to manage their own medicines and stored them in a locked safe in their bedroom. However the risks associated with people storing and administering their own medicines in line with their prescription was not always documented. Staff were knowledgeable how people's medicines were obtained, managed and administered, however records of people's support requirements regarding their medicines were fragmented and not clear..

Some people's medicine records did not have photographs to confirm the identity of the person and their medicines profiles had not been updated and reviewed although staff told us they always referred to the printed medicine administration record sheets (MARS). For example one person's medicine profile referred to medicines which they no longer used. Clear guidance for when people's PRN medicines were to be administered was not in place. PRN medicines are medicines that are only given if and when required by the person such as for pain relief or anxiety. Indicators for when people may require this type of medicine or possible alternative treatments or strategies to be used before the medicines were administered were not explored or documented. There were no documented individual protocols or agreed actions in place if people became unwell while staying at the home or for the use of over the counter medicines for minor ailments.

People were potentially at risk as the management of their medicines was not always safe. **This was a breach of Regulation 12 Health and Social care Act 2008 (Regulated Activities) Regulations 2014.**

Staff who were responsible for managing and supporting people with their medicines had been trained to do so. People were given their regular medicines as prescribed to them. They received their medicines in a timely and respectful manner. Some people had given consent for their medicines to be hidden in their food as they did not like the taste of the medicines, which was authorised by their GP. Two members of staff signed the MARS sheets when medicines were administered. The stock levels of medicines were checked daily. Staff were very clear that they would not administer any medicines which were not clearly labelled with people's details, expiry date and dosage. Staff had sought additional medical advice when there had been incidents of people's medicines being incorrectly labelled.

People were referred to the service by health care professionals. Prior to people's return visits to the home, a staff member contacted the families by telephone and carried out a 'pre visit call' to understand if a person's physical, mental or social needs had changed since their last stay. Staff told us sometimes the information they received about people who stayed in the home as an emergency could be limited. One staff member said, "We have to think on our feet and assess people very quickly if we don't know them." The home had implemented short care plans for those people who arrived due to an emergency at home. This helped staff gather relevant information about people in a short time frame.

People told us they felt safe staying at Cathedral View. Relatives confirmed this. One relative said, "I know he wouldn't go through the door if he wasn't happy to stay there. He loves it and really enjoys seeing the staff and other friends." People were cared for by staff who understood their responsibility in protecting them from harm. Staff understood how to recognise signs of abuse and where to report any concerns and poor practices of care. They had been trained and were knowledgeable and understood the provider's safeguarding policies and procedures. An easy read safeguarding policy was available for people.

People were protected from financial abuse because there were appropriate systems in place to help support people manage their money safely. People brought 'pocket money' to be used during their stay at Cathedral View for additional snacks and activities in the community such as going to the pub. Those who were independent in managing their money could keep their money securely in a locked safe in their bedroom. A financial log of any transactions was kept for people who required support with their money. Regular daily money checks were in place to ensure balances were correct and receipts were kept for all purchases. Relatives told us receipts and any change was returned to them at the end of the respite stay. Staff also assisted people with budgeting to ensure their money lasted for the agreed period of time.

Each person was allocated a key worker. The key worker knew people in more detail and was responsible for over

Requires improvement

Is the service safe?

viewing their care while staying at Cathedral View and updating their care records. People's personal risks had been identified and were managed well in the home. Staff had identified and understood people's risks and how they should be managed to reduce the risk of harm. Risks assessments were in place for people who may become upset or agitated. The registered manager was working with the representative of the provider to implement new Red, Amber, Green (RAG) assessments to replace the present system. The RAG assessment would provide staff with clearer guidance about the triggers, behaviours and support for people who had the potential to become agitated and upset.

Assessments were carried out in relation to people's health risks. For example, detailed moving and handling assessments had been carried out for people who required support and equipment to help them transfer. Additional guidance from health care professionals provided staff with more in depth information to elevate people's risks of harm or injury. For example, instructions about how to position a person while resting were in place.

There was enough staff to meet people's needs. The staffing levels at Cathedral View were determined by the support requirements of people staying at the home at any one time. We were told that the minimum of two support staff were available over a 24 hour period, with additional support from the registered manager or deputy manager.

The registered manager planned the staff rotas and booked additional staff to work when required. The registered manager said, "With planned respite care, I am able to plan ahead and request additional staff." The staffing levels were always assessed and confirmed before the home accepted people in the event of an emergency such as a break down in the care package in their own home. Staff confirmed that the numbers of staff on duty was flexible and was dictated by the people's support and social needs. For example, extra staff were provided when people wanted to visit the swimming pool or required the support of two carers with their personal hygiene. A staff member said, "I feel that the home is safe, sometimes it (staff numbers) can be tight but I would definitely say if I felt the service users or us staff were not safe." An effective on call system was in place to ensure staff had support in the event of an emergency in the evening or at weekends.

The registered manager had not recently recruited any new staff as the staff turnover was low. We were told that in the event of needing new staff, an effective recruitment system was in place. The registered manager would work with the provider's head office to ensure the previous employment of new staff would be verified and that employment and criminal checks would be carried out. We were told the registered manager and senior management team would be attending a 'safer recruitment' course to ensure their knowledge about employing suitable staff was up to date.

Good

Is the service effective?

Our findings

Staff were positive about the support and training they received. One staff member said, "This is the best place I have worked. I enjoy working in respite and meeting a variety of people."

We were unable to inspect the induction process of new staff as no staff had recently been recruited. However, the representative of the provider told us new staff would be inducted into the service by a period of shadowing experienced staff and a series of training. The registered manager had attended a course on the new care certificate. The care certificate is a new induction course which gives providers clear learning outcomes, competences and standards of care that will be expected from staff. The registered manager was carrying out a project to compare the old common induction standards training and the new care certificate to identify gaps in staff's knowledge and skills. Staff were being asked to undergo specific units of the care certificate to strengthen and refresh their knowledge. For example, staff were undertaking the 'Equality and diversity' unit to ensure all people were treated fairly and equally.

People were cared for by staff who had been supported and trained in their role. Most staff had carried out training deemed as mandatory by the provider such as moving and handling. Some staff had received additional specialised training to support people with more complex needs. Plans were in place to provide additional training.

People and their families were involved in the decision to use the respite service at Cathedral View. People who were able to make decisions for themselves had consented to the care and support being provided. Where people lacked capacity to understand, other significant people such as their families and social workers had been involved in helping them to understand the care and support they should expect when staying at Cathedral View. Records showed some people had been assessed as lacking mental capacity under the Mental Capacity Act 2005 (MCA). However, their mental capacity assessments lacked personal detail and did not always demonstrate how this decision had been made. The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant.

Best interest decisions had been made, where people had been assessed as not being able to make specific decisions. For example, a GP and staff had made a best interests decision to disguise a person's medicine into their porridge as they disliked the taste of the medicine. Staff confirmed they always told the person that the medicines were hidden in their food or drink.

CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The registered manager was aware of their role and responsibilities when identifying people whose may be deprived of their liberty. People's liberties were being assessed and monitored as required. Where people needed to be deprived of their liberty, the registered manager had applied for authorisation to do this. Staff had a relatively good understanding of how to support people in the least restrictive way. However, not all staff had completed or undergone refresher training in Mental Capacity Act or DoLS training but we were told this was being addressed.

Meals were planned around people's likes, dislikes, special diets and allergies. Staff knew people's preferences from previous visits at Cathedral View and information kept in their care records. Where possible staff planned menus ahead of people arriving to ensure food they enjoyed was available for them to eat. They were also consulted about the food and drinks that they would like during their stay at the home. Alternative food was available if people did not like the meal options available. People's food and fluid intake was recorded and monitored, if they had been identified as being at risk of malnutrition or dehydration. People were encouraged to eat a healthy balanced diet but most people saw their stay at Cathedral View as a holiday and therefore often chose to have a more relaxed "holiday" diet. People enjoyed going out for snacks and meals in the local community. Some people who had stayed at the home for a period of time were being supported to regain their food planning and preparation skills before they moved into the community.

People could use the local GP surgery if they became ill during their stay. Staff supported people in their routine health appointments such as dentists and the chiropodist

Good

Is the service effective?

if required. Staff had sought additional advice from specialist health care services when needed. For example, a physiotherapist and occupational therapist had provided equipment and guidance for the resting position for one person.

A variety of equipment such as a specialised bath and shower chairs were available for people with more physical needs as well as a bedroom with a ceiling track hoist.

Increased numbers of referrals were being made to the home for people with more complex physical needs. The registered manager was planning to install a ceiling track hoist into a second bedroom to address this problem. They said, “A second bedroom with a fixed ceiling hoist will allow us to be more flexible. At the moment we are using a mobile hoist when needed.”

Good

Is the service caring?

Our findings

People were supported by staff who were kind and passionate about supporting people to have a good quality of life. People who were able to express their views told us they enjoyed staying at Cathedral View. One person said, "Yes, I like it here. It's good. The staff are very nice." People saw their stay at the home as a holiday. Where possible, staff arranged people's stay so they could be with friends or people of a similar age. People's families and friends were invited to visit the home at any time if they wished.

Relatives were positive about the care and support that people received. One relative said, "It's lovely there. It's like home from home for my son." Another relative said, "I couldn't survive without them. I know they will help if I'm struggling, they will do their best to get him in so I can have a break." We were told that relatives would recognise if they felt people weren't happy staying at the home. One relative told us, "She is always happy to go and be picked up. She would refuse to go if she want happy there. I would definitely know."

We observed staff interaction with people throughout the day of our inspection. Staff cared for people in a respectful and compassionate manner. The staff knew the residents well and demonstrated that they knew individual preferences and choices. We saw many warm exchanges between people and staff. Staff spoke to people as they passed by each other in the corridor or helped them move around the home. Staff chatted to people and encouraged people to join in the activity. Staff adapted their approach and level of communication so that people with different cognitive and communication needs understood them.

People's dignity and privacy were respected. They had the freedom to move around the home and have time to themselves in the quite room or sensory room. Those people who were mobile moved around the home in a calm and relaxed manner and approached staff confidently if they needed assistance. Staff supported people with empathy and spoke to people privately about any personal issues. Staff communicated well with people and used age appropriate language and demonstrated understanding by using open questions and waiting for answers. We observed staff talking to people who were unable to verbally communicate. They talked to them about their day and what activities may be happening later on in the day. Staff told us about other people who required additional physical or emotional support when they stayed at the home. They gave us examples of how they supported these people if they become upset.

People were encouraged to remain independent and retain their daily living skills. Two people viewed a prospective new flat during our inspection. On their return to Cathedral View, staff enquired about the viewing and discussed the possible options. Staff were encouraging and positive and provided the people with possible solutions to their initial concerns.

Requires improvement

Is the service responsive?

Our findings

People and their families were allocated a period of respite for the year which could be used as required throughout the year. Information had been sought about people's needs from the person, their relatives and other professionals involved in their care. Staff at Cathedral view were implementing a new care plan which gathered information about people's support needs, past histories and preferences, as the old care plans did not provide staff with adequate guidance. Staff were asked to read the new care plans and also read other related care documents such as moving and handling risk assessment forms.

Staff were knowledgeable about people and were able to tell us how they managed people who were at risk or may become agitated. However the details of some people's care plans were not consistent and did not always reflect the management of their potential risks. For example, some care plans provided staff with a lot of detail about how to support people such as 'ask the person to make a big smile when supporting them with their teeth cleaning'. Other care plans did not always provide staff with adequate guidance especially when risks had been identified or an incident had occurred. For example, one person had been assessed as being at risk of developing pressure ulcers and another person was known to become upset if they were not allowed to access the food pantry. There was limited recorded guidance on how these people should be supported to help mitigate these risks. However, risk assessments on how to support people if they had a seizure were in place.

Some of the new care plans had not been signed or dated and did not have a photograph to identify the person. Records showed that some people lacked capacity about their care and support but there was little evidence of a personalised assessment of specific decision making. There was no documentation to support staffs knowledge of how to support people if they became unwell during their stay at the home. A clear health action plan of contact details, risks and individual support needs if people's health deteriorated was not available to guide staff or other health care professionals.

The details of people's risks, mental capacity assessments and care plans records were not consistent and therefore did not provide adequate guidance on how to support people with their needs. **This was a breach of Regulation 17 Health and Social care Act 2008 (Regulated Activities) Regulations 2014.**

Staff wrote daily notes about people, which captured their mood, support tasks, social activities and general well-being. Daily charts were in place for people who needed additional monitoring, for example reviewing daily fluid and food intake of people who were at risk of malnutrition and dehydration.

We were told by the registered manager that the old system of reviewing two people's care plans during their key worker supervision meetings would be re-introduced to ensure that people's care plans were updated and reflected their needs.

There was no set activities programme in the home. The decision about activities was made on a day to day basis with each person. Staff told us activities were determined by people wishes and the weather. One staff member said, "We see what people want to do. This time of the year people like to go out." Staff had access to a company vehicle and were able to support people carrying out activities in the community such as going to the cinema or going for a walk in the local countryside. Activities such as puzzles, electronic games and board games were available for people to use, although these were not actively promoted on the day of our inspection. A room with objects and lights which stimulates people's sensory needs gave people the opportunity to have some quiet time or listen to music. We were told the home had good contacts with the local church and were often invited to events at the church. Relatives told us people saw their stay at Cathedral View as a holiday and enjoyed a different range of activities.

People were given a large print, pictorial service user guide which provided the reader with information about the home and what to do if they were not happy about their stay. People's day to day concerns and issues were addressed immediately. Relatives told us staff always responded and actioned any concerns. One relative said, "I rarely have any problems, but when I have, I just ring them and it is sorted, no problem." People were asked to complete a pictorial feedback sheet called 'My stay at

Requires improvement

Is the service responsive?

Cathedral View." The form had recently been updated and was more user-friendly. The registered manager told us they were trying to look at other ways of gaining feedback from people such as using technology.

Requires improvement

Is the service well-led?

Our findings

The provider's company policy and procedures on safeguarding people and providing quality care was present and accessible to staff. However, the registered manager and other senior staff did not always share their concerns relating to safeguarding people with appropriate agencies who have a responsibility to safeguard people including the Care Quality Commission (CQC). We were not told of incidents when people had become agitated with each other and hit out at staff or other people staying in the home.

The registered manager is required by law to notify CQC about any incidents that affect the health, safety and welfare of people who use the service. **This was a breach of Regulation 18, Care Quality Commission (Registration) Regulation 2009.**

The registered manager managed three homes which provided a respite service for families who cared for people with a learning and/or physical disability. We were told by staff the registered manager was regularly present at Cathedral View or was always available by telephone or email. The registered manager was knowledgeable about the people and their families who used the service. Families generally booked their respite breaks in advance where possible; however the staff remained flexible to people's respite needs. Relatives and carers were positive about the home. One relative said, "I wouldn't like them to go anywhere else. They are very happy there."

The registered manager received regular support from their line manager and other representatives from the provider. The registered manager and staff had developed strong working relationship and links with external health care professionals. There was a strong sense of team work within the home. Staff worked together to ensure people enjoyed their stay and their relatives received a break from their role as a carer. The registered manager and senior management team had an 'open door policy' which was demonstrated during our inspection as staff and people were comfortable in seeking advice from senior staff and the registered manager. Staff told us they felt supported and were happy to raise their concerns. One staff member said about the management team, "I can't knock them, they are very good and will always help out if we are stuck." Another member of staff said, "The manager is amazing, so supportive. Any problems you can talk to her, she is always there for us."

The registered manager told us the main challenge for the home was to manage and adapt to the needs of an increased number of people with more complex and profound needs. Staff confirmed they had more people with complex needs staying in the home in emergency situations.

The registered manager and senior team identified some shortfalls in managing and monitoring the quality of the service provided as a result of submitting their Provider Information Return (PIR) form to CQC. This resulted in an action plan being developed and implemented to address some of the gaps in monitoring the quality of service provided. For example, the senior team have now started to carry out observation and competency assessments of staff; cleaning schedules have been reviewed and an audit of people's care plans will be implemented.

Other monitoring systems such as fire safety checks and regular servicing of the hoist and slings were in place. The staff were responsible for checking people's personal equipment and reporting any concerns. A representative from the provider regularly visited the home but there were no records in place to evidence the monitoring of the quality of the service by the provider.

Accident and incidents had been reported and recorded. The registered manager had reviewed these reports and had implemented changes where needed and shared any learning from these incidents with staff.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **The management of people's medicines was not always safe.**

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA (RA) Regulations 2014 Good governance **The details of people's risks, mental capacity assessments and care plans records were not consistent.**

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 CQC (Registration) Regulations 2009 Notification of other incidents **The registered manager did not notify CQC about any incidents that affect the health, safety and welfare of people who use the service.**

This section is primarily information for the provider

Enforcement actions

The table below shows where legal requirements were not being met and we have taken enforcement action.