Gloucestershire County Council

Cathedral View

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

Cathedral View 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. Cathedral View can accommodate up to nine people for short periods of care and support, who have a learning disability, autistic spectrum condition and a physical disability. At the time of our inspection four people were staying there. People had their own bedrooms and shared bathrooms and a shower room. They had the use of a lounge, various areas around the home to sit and watch television, a sensory room and dining facilities. Grounds around the property were accessible.

Cathedral View had been developed and designed in line with the values that underpin the Registering the Right Support, Building the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service lived as ordinary a life as any citizen.

This inspection took place on 28 September 2018. At the last comprehensive inspection in October 2016 the service was rated as Good overall. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and on-going monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

At this inspection we found the service remained Good.

A registered manager was in post who had been registered with the Care Quality Commission (CQC) in January 2017. 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. The registered manager was not present during this inspection. The assistant manager was available.

People's care and support was individualised reflecting their needs and wishes. Prior to each stay they and their family were contacted to make sure their needs had not changed. Any changes were noted in their care records and shared with the staff team. People were supported by staff who knew them well. They had developed positive relationships with staff. Staff anticipated what would make people anxious or uncertain and supported them to cope with these. Risks were well managed promoting people's independence. Staff knew how to keep people safe and how to raise safeguarding concerns. There were enough staff to meet people's needs. This was kept under review as their needs changed.

People made choices about their day to day lives. 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 supported this practice. People were involved in the planning and review of their care and support. People's diversity was recognised and people were treated with fairness, dignity and respect. Activities reflected their interests and lifestyle choices. People said they liked to go to the cinema, garden centres and day trips. They kept in touch with those important to them.

People's health and wellbeing were promoted. They helped to plan the menu and they prepared their own drinks and lunches. They liked to go out to a local café and pub. People were registered with a local GP and had access to a range of health care professionals. People's medicines were safely managed. People had access to easy to read information which used pictures and photographs to explain the text. Staff understood how they preferred to communicate encouraging them to express themselves in the way they found most comfortable.

People had information about how to raise a complaint. At the end of their stay their views were sought to monitor the quality of the service provided. Their relatives were invited to give feedback as part of the quality assurance process. The registered manager and provider completed a range of quality assurance audits to monitor and assess people's experience of the service. Any actions identified for improvement were monitored to ensure they had been carried out.

The registered manager worked closely with local organisations and agencies and national organisations to keep up to date with current best practice and guidance. They made sure a safe environment was maintained and ensured compliance with national safety regulations. Lessons were learnt from incidents and near misses to improve the quality of care.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service remains Good.	**Good**
Is the service effective? The service remains Good.	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? The service remains Good.	**Good**

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 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This was a comprehensive inspection, carried out by one inspector. The inspection took place on 28 September 2018 and was unannounced.

Prior to the inspection we looked at the information we had about the service. This information included the statutory notifications that the provider had sent to the Care Quality Commission (CQC). A notification is information about important events which the service is required to send us by law. We reviewed the Provider Information Record (PIR). This is a form that asks the provider to give some key information about the service, tells us what the service does well and the improvements they plan to make.

During our inspection we met and spoke with three people staying at Cathedral View. We spoke with the assistant manager and four members of staff. We contacted two health care professionals for feedback. We looked at the care records for three people, including their medicine records. We looked at recruitment records for two members of staff, training records and quality assurance systems. We have referred to feedback from people, staff and their relatives given to the provider as part of their quality assurance systems.

Good

Is the service safe?

Our findings

People's rights were upheld. People told the provider they felt safe staying at Cathedral View. A person said, "I do feel safe here" and a relative commented, "I knew she was in safe hands." People had access to information about how to recognise abuse, hate crime and bullying and harassment. When they stayed at Cathedral View they signed up to a code of conduct which set out how they should treat and respect other people staying there. Staff kept their knowledge and understanding of safeguarding up to date with refresher training. They had access to updated policies and procedures guiding them what they should do if they suspected abuse. Staff described how they would keep people safe and the processes they would follow if there were any safeguarding concerns. Staff were confident action would be taken in response to any concerns they raised. The registered manager had taken the appropriate action in response to a safeguarding concern. The safeguarding team and the Care Quality Commission had been kept informed.

People had support to manage their finances if needed. They signed their financial records which noted any payments made to them. Receipts were kept for any expenditure. Staff audited people's financial records; balances had been checked daily. People had lockable facilities in their rooms to keep any valuables safe.

People's independence had been promoted and any risks had been identified and discussed with them. The Provider Information Record (PIR) stated, "We compile risk assessments with service users, carers and other professionals which strive to empower service users whilst managing identified risks." For example, staff helped people to make hot drinks, providing verbal prompts to keep them safe. Staff described the strategies developed to prevent the risk of injury or harm. For instance, grab rails had been replaced with a new version which locked into place when used.

People who occasionally became upset or anxious were supported by staff who had access to training which promoted best practice. Staff had a good understanding about each person and what made them uneasy or uncertain. Staff described how they considered the compatibility of people staying together. They booked people to stay with other people they liked to spend time with. Incident records had been completed to analyse changes in people's behaviour. These were monitored to assess if a trend appeared to be developing and action needed to be taken. For example, was it health related or due to the dynamics of people staying at Cathedral View?

People stayed in a well maintained home. Staff confirmed they raised day to day issues to make sure the environment was maintained and any maintenance issues were dealt with. Staff checked to make sure fire systems were in working order. People took part in fire drills. People who needed a personal evacuation plan had one in place describing how they would leave the home in an emergency. A fire inspection was carried out by the local fire service in September 2018 and found the fire systems to be satisfactory. A business continuity plan was in place should there be an emergency which required evacuation of the home. Health and safety checks had been completed at the appropriate intervals and equipment had been serviced.

People had enough staff to meet their needs. The assistant manager said staffing levels were reviewed with

respect to the changing needs of people. Additional staff would be provided if people needed individual support. People benefited from the same staff team supporting them. The assistant manager said they occasionally used agency staff. They requested agency staff who had previously worked in the home. Recruitment processes ensured all the necessary checks had been completed prior to staff starting work in the home. These included a full employment history, confirmation of their character and skills and a Disclosure and Barring Service (DBS) check. A DBS check lists spent and unspent convictions, cautions, reprimands, final warnings plus any additional information held locally by police forces that is reasonably considered relevant to the post applied for. New staff completed an induction programme which included training in health and safety systems.

People's medicines were safely administered and managed. Staff had completed training in the safe administration of medicines which included observations of them administering these to people. People who needed to have their medicines given in their food had a record of their GP's consent to this form of administration. Staff contacted people and their relatives prior to each stay to check their current medicines prescription. There was evidence staff closely checked medicines at the start of each stay to make sure they were correct and raised issues with the family or pharmacy if they had any concerns.

People were protected against the risks of infection. Staff were aware of the importance of maintaining a clean environment and cleaning schedules were in place. The registered manager monitored infection control as part of their quality assurance checks. An annual report for 2018, in line with the requirements of the code of practice on the prevention and control of infections, had been produced. An outbreak of an infectious disease, in 2017, had been reported to the appropriate authorities and the correct procedures had been followed.

People's care and support had been adapted and improved upon in response to lessons learnt from incidents or near misses. The assistant manager described the action they had taken in response to a medicines error. The staff team had discussed this and new systems for recording changes in people's medicines had been put in place. Staff had access to safety alerts and national guidance with respect to inquiries and investigations.

Good

Is the service effective?

Our findings

People's needs had been assessed to make sure the care and support they required could be provided. Their physical, emotional and social needs were monitored and reviewed each time they stayed to ensure their care continued to be delivered in line with their requirements. People's care and support had been developed in line with nationally recognised evidence-based guidance (Building the Right Support) to deliver person-centred care and to ensure easy access and inclusion to local communities. People and staff had access to a range of information technology promoting effective communication about their care, support and people's independence. For example, people's care plans were maintained electronically and could be quickly updated. People staying at Cathedral View had access to electronic hand held devices, computers and emergency call bells.

People were supported by staff who had the knowledge, skills and expertise to meet their needs. Staff confirmed training and support had been provided to maintain their knowledge and skills. Individual records confirmed they had access to refresher training when needed such as first aid, food hygiene, Mental Capacity Act and fire safety. Staff had completed the Diploma in Health and Social Care or a National Vocational Qualification up to level five. Staff also accessed training specific to people's needs such as a proactive approach to conflict and nutrition and healthy eating. Further training in the administration of insulin and end of life care was being planned. Staff had individual support meetings scheduled to discuss their training needs and the care being provided. These included observations of their practice in areas such as infection control and delivery of personal care.

People were supported to eat and drink healthily. People were observed helping themselves to drinks and making their lunch. People's individual nutritional requirements had been identified in their care records. They were involved in planning the menu during their stay to reflect their preferences. One person told us they had helped to cook fish and chips. Speech and language therapist recommendations had been incorporated into care plans. People at risk of choking had access to a soft or fork mashable diet and were seated according to the guidance in their plans. Staff had easy to read information about how to support people if they were choking. People told us they liked the food and were observed making choices about what to eat and drink.

People's health and wellbeing was promoted. Their care records described their health needs and each time they stayed, these were reviewed. People were able to register temporarily with a local surgery for the period of their stay. Staff worked closely with social and healthcare professionals to share information to ensure people received co-ordinated and timely services when needed. People had emergency information prepared, about their health care needs, should they need to go into hospital.

People stayed in a house which had been adapted to meet their needs. The house was similar to other houses in their street. Adaptations, such as grab rails, had been made to the house so people could use the bathroom and stairs independently. People had been offered keys to their bedrooms. They brought personal possessions with them. People had been asked if they preferred single or double beds and wherever possible their wishes were met. One person told us they usually had the same room when they

stayed, with a double bed.

People made choices about their day to day lives. They were observed choosing where to spend their time, what activities they wanted to do and what to eat and drink. People's capacity to consent had been assessed in line with the Mental Capacity Act (MCA) 2005. 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 take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. There were records confirming any decisions made in people's best interests had been discussed with their family and health care professionals. For example, giving people their medicines with food.

People were not being deprived of their liberty and there were no restrictions in place. 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 are called the Deprivation of Liberty Safeguards (DoLS). The assistant manager confirmed DoLS applications had previously been submitted but the supervisory body had said people's liberties were not being restricted.

Good

Is the service caring?

Our findings

People were treated with kindness and care. They were observed spending time with staff and being relaxed in their company. People said, "I like the staff", "Staff do care" and "Staff are very kind and caring to me." A relative told the provider, "I am very happy with the staff." Staff spent time chatting with people, listening to them and responding appropriately.

People's equality and diversity were recognised. People's rights with respect to their spirituality, disability, age and ethnicity were respected. People were encouraged to participate in age appropriate activities in the local community and to socially engage with their friends. People's cultural and spiritual needs had been discussed with them. Their care records noted whether they liked to go to a place of worship. People's preferences for the gender of staff providing their personal care had been highlighted in their care plans and this was respected.

People's needs were responded to quickly and in a timely manner. The Provider Information Record (PIR) stated, "Staff are confident, skilled and consistent in how they support service users with their care and support needs. This enables people to feel relaxed and safe with the staff that work with them. This has led to a decrease in challenging behaviour and positive stays for service users at Cathedral View." Staff confirmed they knew people's backgrounds and personal histories. Staff told us, "We know people really well and reassure them" and "By spending more time with people, they get on better together." Staff confirmed they had time set aside for training and administration which did not impact on people's care and support.

People and those important to them were involved in the planning of their care. The PIR stated, "The service user is at the very centre of this whole process" and "We listen to and respect carer's knowledge." People and their families were contacted prior to each stay to pass on any new information or changes to their care. People had access to information about advocates. An advocate is an independent person who can represent people using social care services.

People were supported to keep in touch with those important to them. People kept in touch by telephone and visits. One person continued to go to a football match with their family whilst staying at Cathedral View. People who managed their own budgets continued to attend day centres or to be supported by their own carers during their stay to access their scheduled activities.

People's privacy and dignity was respected. The PIR stated, "We ensure all people are treated with respect and dignity." A dignity champion had been appointed to monitor and promote dignity in the workplace. Posters promoting dignity were displayed around the home. People decided when they wanted to spend time alone and staff respected this. People were encouraged to be as independent as possible. People said, "Staff speak to me nicely" and "Staff can be kind and patient."

Good

Is the service responsive?

Our findings

People's care was individualised. Their care and support reflected their needs and wishes. Information was provided about their daily routines and preferences. People's strengths and what they could do for themselves were clearly identified promoting their independence. The Provider Information Record (PIR) stated, "We strive to write the care plans in a person centred and respectful way." Commissioners had reviewed people's care needs and copies of these assessments formed the basis of people's care and support. Prior to each stay people and their families were consulted about any changes in their care and support. People's care records were updated to reflect these and staff were informed about any changes prior to their stay. The assistant manager described action being taken to plan for changes in people's care and support due to the ageing process. They had identified additional shower facilities needed to be provided for people who could no longer use a bath.

People were supported to follow their interests and activities during their stay. Some people continued to attend day centres and social clubs. People were supported to participate in activities which supported them to avoid social isolation in line with nationally recognised evidence-based guidance (Building the Right Support). People told us they liked going to the cinema, shopping, garden centres and day trips. People were observed spending time in the sensory room, listening to music and doing art and crafts. People benefited from links staff had made with the local community such as a music society and a local church. People were invited to attend concerts and events held by these organisations. People's special occasions were celebrated with them, for example organising a party. People's families and friends were welcome to visit them whilst staying at Cathedral View.

People's preferred way of communicating was highlighted in their care plans. For example, giving people space to respond, speaking clearly, or using sign language, pictures, photographs or objects. People's care records guided staff about how to interpret their behaviour and body language as an expression of how they were feeling. The registered manager was aware of the need to make information accessible to people in line with the Accessible Information Standard. The Accessible Information Standard (AIS) was introduced by the government in 2016 to make sure that people with a disability or sensory loss are given information in a way they can understand. Some information was provided in an easy to read format using pictures and photographs to illustrate the text. For example, information about advocacy, hate crime, safeguarding, medicines and the complaints procedure. The PIR stated, "We ensure that any communication aids such as a computerised aid, picture prompts, a national communication system and videos are in place." People had been supported to use information technology. They could access the internet and could use electronic hand held devices and a computer during their stay.

People had access to a complaints procedure. They said they had no concerns and would talk with the staff if they had any concerns. No complaints had been received. People said, "If anything happens you just have to ask" and "Staff listen to me." A relative commented, "If I have a concern I phone and it is always sorted." The assistant manager and staff were observed being approachable and accessible, listening to people's concerns and issues as they arose. The PIR stated, "We foster an open and positive culture learning from mistakes rather than a blame culture."

Cathedral View did not provide planned care for people at the end of their lives. End of life learning was being sourced for staff. One person had a do not attempt cardiopulmonary resuscitation agreement (DNACR) in place and their care records reflected this. The assistant manager said they liaised closely with health care professionals about people's changing needs.

Good

Is the service well-led?

Our findings

People benefited from an organisation which promoted an open, transparent and positive culture. The management team worked alongside staff monitoring the quality of care being provided. People said, "I liked my stay and I am looking forward to coming back" and "I enjoyed my stay. I like everything." Staff said, "A very good quality of care is provided" and "The social side is really good and there is so much choice." The registered manager managed another service and was supported to manage Cathedral View by an assistant manager.

The registered manager was first registered in 2017. 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. Staff told us, "The manager is really good and supportive" and "The manager is fair but firm. She is very kind and very caring" and "The manager always has a smile."

The registered manager understood their responsibilities to meet the Care Quality Commission's (CQC) requirements and to adhere to health and safety legislation and keep up to date with changes in legislation and best practice. They had made adjustments to policies and procedures in line with the General Data Protection Regulation. People's personal information was kept confidentially and securely in line with national guidance. Staff felt supported in their roles and were confident raising concerns under the whistle blowing procedures. Staff said they felt able to raise concerns and said they were listened to. A member of staff said, "We are open and honest. We will raise issues and discuss them within the team."

The provider ensured that there were effective systems in place to monitor the quality of services and care provided to people. Policies, procedures and guidance were up to date and available to staff. The registered manager had a range of quality assurance checks which they completed to ensure compliance with national regulations. These showed areas such as health and safety, fire systems, food hygiene, infection control and medicines were managed effectively. When actions had been identified for improvement these were reviewed to ensure they had been completed. The provider monitored people's experience of their care and support through regular visits to the service. Reports had been produced identifying any areas for improvement.

People, their relatives and staff were asked for their opinions of the service. At the end of each stay people and their relatives were invited to give their views about people's experience of their care and support. Comments included, "It has a nice family atmosphere" and "Thank you so much for everything you have done."

The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). They ensured they met CQC's registration requirements by continuing to meet all necessary regulations, by displaying the home's current inspection rating and were

aware of the need to submit notifications to support our on-going monitoring of the service. Lessons were learnt from incidents and observations of people. For example, providing a safer environment and reviewing the administration of medicines.

There were strong links with local agencies and national organisations. The registered manager met with other registered managers employed by the provider to share updates to legislation and current best practice. They worked closely with other agencies and organisations when needed to ensure people's health and wellbeing was promoted.