

Hayworth Care Limited

# Cathedral Nursing Home

## Inspection report

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### Ratings

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

# Summary of findings

## Overall summary

We undertook a comprehensive inspection on 24 and 25 July 2018. The inspection was unannounced.

Cathedral Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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 is registered to provide accommodation for up to 38 younger adults, older people or people living with a dementia type illness. There were 22 people living in the service during our inspection.

There was a registered manager in post at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have the legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At our last inspection of Cathedral Nursing Home in February 2018 we found five breaches of the regulations and the service was rated 'Inadequate'. This was because the registered provider failed to ensure that there were systems and processes in place to assess, monitor and improve the quality and safety of the service. The service was placed into special measures and we issued a Notice of Decision to impose conditions on the service, including a restriction on further admissions to the service and staff competency checks. At this inspection we found that overall improvements had been made and the service was now rated 'Requires Improvement.'

This is the first time the service has been rated 'Requires Improvement'.

Staffing levels had improved and staff had security checks prior to starting work to ensure that they were appropriate to care for people. Medicines were administered by competent staff. All areas of the service were clean and improvements were being made to the environment, trip hazards and lighting.

People received care and support from staff who understood their care needs. The delivery of care was coordinated and person-centred. People were provided with their choice of food and drink. Staff referred people in a timely manner to other healthcare professionals when their condition changed. Staff followed the guidance in the Mental Capacity Act 2005 and people were lawfully deprived of their liberty.

People and their relatives were enabled to be involved in planning their care. Staff focused their care on the individual person, and there was little evidence of task oriented care. People were treated with kindness and compassion.

People received care that was responsive to their individual needs and preferences. Systems were in place

to enable people to make a complaint if they wished to do so. Staff respected a person's end of life care needs.

People, their relatives and staff had a voice and could contribute to the running of the service. Improvements had been made to the monitoring of the quality of the care provided. Policies and procedures had been reviewed and reflected nations guidance. There were visible leaders in post and staff knew who to turn to for advice and guidance. The registered manager had made significant improvements to the standards of care in the service.

## 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 was not always safe.

People were kept safe and their risk of harm was assessed.

People received their medicines safely

Staff maintained safe infection control practices.

There were enough staff to meet people's needs and keep them safe.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

People received care from staff who were competent to do so.

Staff obtained consent from people and followed the guidance laid down in the Mental Capacity Act 2005.

People received a nutritious and balanced diet and their food preferences were acknowledged.

**Requires Improvement** ●

### Is the service caring?

The service was good.

People were looked after by kind and caring staff.

Staff treated people with dignity and respect.

Staff had an improved understanding of how to communicate with people with a dementia type illness or visual impairment.

**Good** ●

### Is the service responsive?

The service was responsive.

Staff delivered care that was responsive to individual needs.

People were supported to take part in group or individual

**Good** ●

activities.

**Is the service well-led?**

The service was not always well-led.

There was evidence of visible leadership and good role models.

People and their relatives had a voice and were involved in providing feedback on the service.

Improvements had been made to the quality of care provided.

**Requires Improvement** ●

# Cathedral Nursing Home

## 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 inspection took place on 24 and 25 July 2018 and was unannounced.

The inspection team was made up of one inspector.

Cathedral Nursing Home was registered in August 2017 under a new registered provider, Hayworth Care Limited. At our last inspection of Cathedral Nursing Home in February 2018 we found five breaches of the regulations and the service was rated 'Inadequate'. This was because the registered provider failed to ensure that there were systems and processes in place to assess, monitor and improve the quality and safety of the service. The service was placed into special measures and we issued a Notice of Decision to impose conditions on the service, including a restriction on further admissions to the service and staff competency checks. At this inspection we found that overall improvements had been made and the service was now rated 'Requires Improvement.'

Before our inspection we gathered and reviewed other information we held about the service such as notifications (events which happened in the service that the provider is required to tell us about) and information that had been sent to us by other agencies including the local authority contracting and safeguarding teams.

During our inspection we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not speak with us. We spoke with the registered manager, the deputy manager, the provider, the administrator, four members of care staff, the cook, the laundry assistant and six people who lived at the service. We also spoke with four relatives and two visiting healthcare professionals.

In addition, we looked at several areas of the service to see what improvements had been made to the

environment since our last inspection. These included shared areas, two medical rooms, the laundry, the upstairs and downstairs sluice, bathrooms, bedrooms and the gardens.

We did not request a Provider Information Return (PIR) for this inspection. This was because we had imposed a condition on the provider to send us weekly progress reports on improvements made to the service since our last inspection. A PIR is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We looked at a range of records related to the running of and the quality of the service. These included five staff recruitment and induction files, staff training information, meeting minutes and arrangements for managing complaints. We looked at the quality assurance audits that the registered manager and the provider completed. We also looked at care plans and daily care records for seven people and medicine administration records for five people who lived at the service.

## Is the service safe?

### Our findings

At our last inspection in February 2018 we found the provider to be in breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the provider failed to suitably assess risks to the health and safety of people who received care and treatment and to do all that was reasonably practical to reduce such risks. At this inspection we found that the provider had made significant improvements and was no longer in breach of regulation 12.

At our last inspection we found little evidence of risk assessments for the internal and external environment and we identified avoidable hazards relating to infection control, fire risks and environmental issues. On this inspection we found that significant improvements had been made throughout the service. These included reducing the risk of fire in the laundry, hazards warning signs in place near uneven floors, a wash hand basin installed in the upstairs sluice and repairs made to broken, blocked and damaged toilets. These measures supported staff to keep people safe from the risk of harm.

In addition, we saw evidence that previously outstanding equipment and utility safety checks were now up to date and the call bell system had been repaired and was fit for purpose. People now had access to a call bell and could summon staff when needed.

On our previous inspection we found that the provider did not follow national guidelines or their own policy on the safe management of medicines. Since then staff have had their competency to manage medicines assessed and we observed that medicines were ordered, received, stored, administered and disposed of safely.

The local authority had recently introduced a network for 'safeguarding ambassadors'. The deputy manager is the designated ambassador and has completed a training programme and attends quarterly meetings provided by the local authority. The ambassador role has helped to increase safeguarding awareness with staff and safeguard people from abuse.

At our last inspection in February 2018 we found the provider to be in breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the provider failed to employ sufficient numbers of suitably qualified, competent, skilled and experienced staff. At this inspection we found that the provider had made significant improvements and was no longer in breach of regulation 18.

Since our last inspection the provider had appointed permanent staff and reduced their dependency on agency staff. We saw that staffing levels had improved and reflected the needs of the people who lived in the service. For example, when a staff member was required to escort a person to an outpatient appointment, an extra member of staff was on duty to ensure there were enough staff to meet peoples' care needs. One person's relative told us, "There are more carers now and this is a good thing."

At our last inspection in February 2018 we found the provider to be in a breach of Regulation 19 of the

Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the provider failed to establish and operate effective recruitment procedures. At this inspection we found that the provider had made significant improvements and was no longer in breach of regulation 19.

On this inspection we found that the provider had reviewed their recruitment procedures and had amended their recruitment policy. We looked at the recruitment files for three staff who had been appointed since our last inspection. Systems were now in place to ensure that staff were not appointed to post until at least two references had been received; including one from their previous employer. All staff had been subject to criminal record checks before starting work at the service. These checks are carried out by the Disclosure and Barring Service (DBS) and helps employers to make safer recruitment decisions and prevent unsuitable staff being employed.

We found that the registered manager had acknowledged our feedback and rating of 'Inadequate' from our last inspection and had made improvements to the safety of people who lived in the service. We have rated this domain 'Requires Improvement' this may change at our next inspection if the provider can demonstrate that they have continued to improve and sustain the changes made.

## Is the service effective?

### Our findings

Before a person moved into the service they had their care and support needs assessed by a senior member of staff to ensure that the service was a suitable place to care for their needs. The registered manager or their deputy then liaised with CQC to grant permission for the person to be admitted. This ensured that CQC was aware that the service was not admitting anyone beyond their professional ability. We saw that individual assessments and care plans were based on current best practice guidance. This meant that registered nursing and care staff achieved effective outcomes for people.

Since our last inspection in February 2018 registered nurses and care staff have had their competency assessed as part of the conditions imposed on the provider in our Notice of Decision. Any shortfalls in their knowledge and understanding were identified and further training was provided. This competency assessment process ensured that nursing and care staff had the knowledge and skills to deliver effective care and support to the people who lived in the service.

Previously identified weaknesses in the induction and probation period had been acknowledged and a more robust staff orientation and assessment of care practices had been introduced. Recently appointed care staff accessed the Care Certificate. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. Staff told us that this helped them understand the needs of people in their care and had led to other training opportunities. For example, one staff member had shown an interest in wound care and had since completed a tissue [skin] viability course.

We saw that improvements had been made to the dining experience to support people to eat a nutritious and balanced diet. People with swallowing difficulties were offered more choice at mealtimes and we saw that their meals were well presented and appetising. To help people make an informed choice at mealtimes, menus were now provided in pictorial format and placed on the dining tables. We found that the cooks and the senior management team regularly met to discuss changes to people's dietary needs and related changes to the menu plans. At the end of the lunchtime meals we saw care and catering staff ask people if they enjoyed their meal and if they had enough to eat.

Visiting healthcare professionals told us that there was a noticeable improvement since our last inspection in the way staff engaged with them about people in their care. For example, a member of staff now accompanies them when they visit a person in their bedroom. This meant that staff were immediately aware of the care or treatment the person received.

Improvements had been made in identifying when a person became unwell, or if there were signs of deterioration in an existing medical condition. This meant that people received help in a timely manner from healthcare professionals, such as their GP and/or emergency services. A relative told us that communication between staff and other healthcare professionals had improved. For example, the deputy manager had arranged for their loved one to meet with the dementia nurse specialist.

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.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. Prior to our inspection we requested and received information from the local authority mental capacity team about the number of current DoLS authorisations granted to people living in the service. We found that the provider was working within the principles of the MCA and 17 people were currently being lawfully deprived of their liberty.

We saw that staff asked people for their consent before they offered care or treatment. Where a person was unable to give their consent, and did not have an advocate or a family member to act on their behalf, that staff had undertaken a capacity assessment and held a best interest decision meeting.

We found that the registered manager had acknowledged our feedback and rating of 'Inadequate' from our last inspection and had made improvements to the effectiveness of care and support people received. We have rated this domain 'Requires Improvement' this may change at our next inspection if the provider can demonstrate that they have continues to improve and sustained the changes made.

## Is the service caring?

### Our findings

Seventeen of the 22 people who were living in the service had some form of dementia and several had difficulties articulating their needs. However, we observed improvements since our last inspection in February 2018 in the way staff addressed people and the way they engaged with them. We saw that staff addressed people by their preferred name, spoke with them in a kind and caring way, and gave them time to respond and express themselves. For example, at lunchtime staff supported people to choose what they wanted to eat from the picture menus and people were not rushed. The atmosphere in the main lounge and dining area was calm and relaxed.

Relatives told us that staff took a kind and caring approach with their loved one and this was beneficial to their wellbeing. One relative said, "It took a long time to get [Name of loved one] settled. But she has built a good bond with the staff. Staff also helped the family adjust to [Name of loved one] living in the home. Nothing is too much trouble."

We saw where improvements had been made to the internal and external environment that people who lived in the service had been involved in making decisions. The enclosed gardens had a makeover and people had chosen the water feature, bird table and plants.

The deputy manager and a senior member of care staff had completed a national dignity champion programme. Their knowledge gained from this had been shared with other staff. People told us that staff treated them with dignity and respect and our observations supported this. For example, information boards were up to date with information of interest to people who lived there, and the overall atmosphere in the service was calm, relaxed and dignified.

We found that the registered manager had acknowledged our feedback and rating of 'requires improvement' from our last inspection and had made improvements to the way people were cared for. We have rated this domain 'good'.

## Is the service responsive?

### Our findings

At our last inspection in February 2018 we found the provider to be in breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the provider failed to provide people with person centred care that reflected their needs and preferences. At this inspection we found that the provider had made significant improvements and was no longer in breach of regulation 9.

We found evidence in the care plans that people and their relatives were more involved in assessing and planning their care and were invited to participate at their annual review. The care plans were laid out in a logical sequence and we found the information we needed without too much difficulty. Care staff who previously had not accessed care plans and individual risk assessments were now encouraged and expected to do so. This meant that they had a better understanding of a person care needs.

The registered persons ensured people were protected under the Equality Act 2010 and they had a knowledge of the Accessible Information Standard, which applies to people who have information or communication needs relating to a disability, impairment or sensory loss. For example, we found that important information such as the Statement of Purpose and Service User Guide were available in large print and on yellow paper to assist people with impaired vision.

We observed that people were treated as individuals and staff were not so dependent on ritual and routine. People received care when they needed it, not when it suited the staff's routine.

On our previous inspection in February 2018 we noted that people were not engaged in meaningful activity or able to maintain their hobbies and interests. Since then, the provider had appointed an activity coordinator. We did not meet with the activity coordinator, but we saw that people were supported by care staff to take part in individual and small group activities. For example, colouring books and puzzles.

People and their relatives told us that the registered manager and their staff were approachable. One relative said, "I can talk to the registered manager about anything. Their door is always open."

Information to support a person or their relative on how to make a complaint had improved since our last inspection. We saw that information was now in large print. In addition, the guidance directed people to raise their complaint to the Local Government Ombudsman (LGO) if they were not happy with the way their complaint had been managed by the provider.

People had an end of life care plan and where possible their end of life wishes had been recorded.

We found that the registered manager had acknowledged our feedback and rating of 'requires improvements' from our last inspection and had made improvements to how the service responds to people's needs. We have rated this domain 'good'.

## Is the service well-led?

### Our findings

At our last inspection in February 2018 we found the provider to be in breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the provider failed to provide systems and processes that assess, monitor and improve the quality of the service. At this inspection we found that the provider had made significant improvements and was no longer in breach of regulation 9.

Staff told us that a lot of change had taken place since our last inspection. One staff member said, "It was hard work, but there's lots of changes for the good. Everyone is working together." The recently appointed deputy manager was a visible leader and knowledgeable resource for staff. We looked at the outcome of a recent staff satisfaction study and noted that the feedback was positive about the recent changes that had taken place in the service. Staff now attended regular team meetings. We read the minutes of the meeting held in May 2018. The topics covered were relevant to the people who lived in the service as they related to the main concerns identified at our last inspection. We saw that staff were provided with regular supervision sessions and an annual appraisal.

At our last inspection the provider and registered manager had not met their legal responsibilities of submitting statutory notifications to us. These are reports of events that happened in the service that they are required to tell us by law. On this inspection we found that all statutory notifications had been sent to us in a timely manner. Furthermore, the provider had displayed their inspection rating from our last inspection and their environment health food hygiene rating.

Daily walkabouts were carried out by a senior member of staff. The previous days' care and cleaning charts were checked to ensure the tasks had been completed and recorded accurately. This meant that any omissions could be addressed in a timely manner.

Improvements had been made to the audit programme. Recent audits included, a first impression/environmental audit, mattress, nutrition and medicines audits. We noted that actions plans reflected what had to be done, who would be responsible for the action and a realistic completion date had been set. The outcome from further audits will identify if the registered manager has sustained the improvements made.

We looked at the feedback from a family and friends survey completed since our last inspection. The responses focussed on the positive change to the environment and the improvements made to the care of people living with a dementia type illness.

We looked at the minutes from the residents meeting held in June 2018. This was attended by the registered manager and deputy manager and nine people who lived in the service. People spoke highly of the improvements made to the choice and quality of food provided, the in-house cinema evenings, the garden makeover and the daily newspaper deliveries.

Staff told us that the registered manager shared with them the outcome of our last inspection in February 2018. Staff were asked to read the report and one member of care staff said, "It was awful, but we have had time to improve." Another member of staff said, "We are more flexible now and person centred. Our old paperwork was too rigid and of no benefit to people."

Since our last inspection in February 2018, all policies and procedures have been reviewed and reflect current national best practice guidelines.

The health professionals we spoke with told us that they had an improved relationship with the service since our last inspection and this had led to improved wellbeing for people. One said, "They've had a bit of a reshuffle. All the staff are pleasant and helpful. I met with the manager a few months ago and highlighted the problems. Care staff now follow our advice and people are improving."

There was a registered manager in post at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have the legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We found that the registered manager had acknowledged our feedback and rating of 'Inadequate' from our last inspection and had made improvements to the systems and processes and the quality of care and support people received. We have rated this domain 'Requires Improvement' this may change at our next inspection if the provider can demonstrate that they have continued to improve and sustained the changes made.