St Philips Care Limited

Cathedral Care Centre

Inspection report

23 Nettleham Road
Lincoln
Lincolnshire
LN2 1RQ

Tel: 01522526715

Date of inspection visit:
27 June 2023

Date of publication:
01 September 2023

Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

Cathedral Care Centre is a residential care home , providing personal and nursing care to 34 people aged 65 and over at the time of the inspection. The service can support up to 36 people. The service had 5 allocated beds for people who require transitional care between hospital discharge and going back to live in the community.

People's experience of using this service and what we found
There were systems and processes in place to identify and manage risks associated with people's care. Further work was required to ensure environmental risks were identified and mitigated.

People and their relatives told us they felt safe with the staff who supported them. Staff had received safeguarding training and were able to demonstrate their understanding and responsibilities to reduce the risk of harm to people.

People were supported by sufficient numbers of staff who had been recruited safely. People and staff provided positive feedback about the care they received from the service. People and relatives responded more negatively about the frequent changes in management, as this impacted on the level of communication.

People received their medicines from staff who had been trained to safely administer medicines.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

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

Rating at last inspection
The last rating for this service was requires improvement (published 9 January 2021). The service remains rated requires improvement.

Why we inspected
The inspection was prompted in part due to concerns received about risk management and leadership. A decision was made for us to inspect and examine those risks.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe and well-led sections of this full report.

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

Follow up
We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Details are in our safe findings below.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Details are in our well-led findings below.

Cathedral Care Centre

Detailed findings

Background to this inspection

The inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection prevention and control measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team
The inspection was carried out by 2 inspectors and a regulatory officer. A regulatory officer assist Inspectors to undertake tasks essential to the delivery of high-quality regulatory activities.

Service and service type
Cathedral Care Centre is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Cathedral Care Centre is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager
This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was not a registered manager in post. A manager from the provider's other service was supporting the service.

Notice of inspection

This inspection was unannounced.

What we did before the inspection
We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection
During the inspection we spoke with 4 people who lived at the service, 6 care staff, the cook, maintenance, the manager and the deputy manager. We looked at 3 people's care records in detail and records that related to how the service was managed including staffing, training, medicines and quality assurance. We spoke with 18 relatives of people living at the home.

Requires Improvement

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question requires improvement. At this inspection the rating for this key question has remained requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- Risks to people associated with their care was well documented in care plans, however, environmental risk management needed to be more robust.
- We found sharps and diabetic equipment not stored appropriately and accessible to people. Whilst the person's diabetes is managed by the community nursing teams, the provider failed to ensure the sharps bin and packs of lancets and needles were stored securely.
- Further high-risk products were found accessible to people. Thickening powder [designed to thicken foods and fluids for people who have difficulty swallowing] was found on an unsupervised trolley in a communal area. A patient safety alert had been issued by NHS England, in 2015, to raise awareness of the need for proper storage and management of thickening powder. This meant there was an increased risk to people due to high risk products being accessible.
- Window restrictors were found to be in place which were not compliant with Health and Safety Executive (HSE) guidelines. We informed the manager who acted following the inspection to ensure these were complaint with HSE guidelines.
- We discussed these concerns with the manager, who took immediate action to resolve the risks, by removing the products, and the provider's maintenance staff put in place HSE complaint window restrictors.

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 MCA 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 to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and, if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- People were kept safe. People and relatives told us they felt the service was safe. One relative said, "They

are genuinely a kind and nurturing group of individuals at the home." Another relative commented, "I am more than happy, they look after [relative] wonderfully, [relative] is safe."
● Systems were in place to ensure incidents of a safeguarding nature were recorded and reported appropriately. Staff demonstrated knowledge and understanding of how to raise a safeguarding.
● However, there had been a 3 month delay in submitting an incident notification to the local authority adults safeguarding team. We were assured action had been taken to ensure the safety of people and no harm occurred, but the provider failed to have sufficient systems in place to ensure safeguarding's where raised without delay.

Staffing and recruitment
● There was enough staff to meet people's needs. A safe recruitment process was in place, where references were obtained and also Disclosure and Barring Service (DBS) checks. This provides information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
● The provider had recently updated there DBS policy; frequent checks of a staff members DBS status were to be completed. However, we found this had not been fully implemented and one staff member had not been checked since 2016.
● Agency staff were frequently used, we found inductions took place and agency staff skills and training were checked prior to them commencing work. Where medicines were administered, staff training was evident. However, the provider's own policy stated staff competency to administer people's prescribed medicines should also be checked. We found this did not take place.

Using medicines safely
● Medicines were administered safely. Staff were appropriately trained to administer medicines . People received their prescribed medicines safely and in their preferred way. As required medicines had protocols in place to provide staff with guidance on how and when to administer these medicines.
● The provider had effective systems in place to manage risks associated with administration of medicines. On-going competency assessments were carried out by the provider to ensure staff followed safe practices. However, as detail above further work was required to ensure agency staff had competency assessments in line with the providers policy.

Preventing and controlling infection
● We were assured that the provider was preventing visitors from catching and spreading infections.
● We were assured that the provider was supporting people living at the service to minimise the spread of infection.
● We were assured that the provider was admitting people safely to the service.
● We were assured that the provider was using PPE effectively and safely.
● We were assured that the provider was responding effectively to risks and signs of infection.
● We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
● We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
● We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes
● The service facilitated visiting in line with national guidelines.

Requires Improvement

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

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

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Continuous learning and improving care

- The provider and registered manager understood their responsibilities to act in an open and honest way if something went wrong. However, as detailed in the 'safe' section of this report (above), changes in management led to a delay in making a safeguarding notification and informing the commission of an incident. Immediate action had been taken to ensure the safety of people. However, this delay increased the risk of reoccurrence due to a lack of oversight.
- An effective record system was in place for accidents and incidents, they were clearly recorded, and evidence of immediate action taken. However, oversight of accidents and incidents needed further work to fully demonstrate themes and trends were identified and steps taken to prevent reoccurrence.
- We found an effective system in place for the monitoring and recording of complaints, demonstrating action taken and what lessons had been learnt. For example, a person had expressed concerns regarding the approach of a staff member. The manager supported conversations with the person and family to resolve the concerns raised.

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

- During our inspection, we identified shortfalls in areas relating to risk management of the care home environment. We did not identify any impact upon people and action was taken to address these issues. However, the provider's quality monitoring system had not identified them.
- The provider failed to sustain consistent management at the service. Multiple changes to the management reduced their ability to sustain improvement. The provider was implementing a plan to improve the consistency and stability of management at the service.
- There were a range of effective audits in place to monitor the quality of the service people received. These included; auditing of medicines, infection prevention and control, and care plans. We saw actions had been completed to address any outstanding issues.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Communication with relatives needed to be strengthened. We received mixed feedback from relatives. One relative told us, "I would try to speak to the manager, but there is no continuity, the interim manager is

fine." Another relative commented, "They change the manager on a regular basis, 3 in the last year, which led to poor communication between the home and me." However, another relative told us, "I have no issues or concerns. I am kept informed."

● We observed good interactions between staff and people, and they knew the people they were supporting well. Staff were positive about the service and manager and one staff member told us, "I feel very supported in my role. I feel listened too and our ideas are taken on board. I am always asked my opinion on things going on within the home."

● The provider promoted an inclusive home and considered people's equality characteristics. For example, one person, and their family, were supported with food choices in line with their religious beliefs.

Working in partnership with others

● We observed partnership working to support people's health and wellbeing with external support coming into the service daily.