

Gresham Care Limited

Cavendish Domiciliary Care Agency

Inspection report

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Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

About the service

Cavendish Domiciliary Care Agency is a supported living service providing personal care to 44 people aged 18 and over at the time of the inspection. The people receiving support were all living with learning disabilities.

The service supports people over eleven locations of houses of multi-occupation, these are maintained by landlords and are in the Surrey area. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. At the time of the inspection 40 people were receiving personal care.

People's experience of using this service and what we found

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.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture.

Right support: People had maximum choice in their life and staff encouraged people's independence whenever possible. People made decisions about their care and activities they wanted to partake in. People chose how they received their care and how staff supported them. This led to people having a fulfilling and meaningful everyday life.

Right care: People received a high level of person-centred care and were supported by kind and caring staff. Staff applied a person-centred approach in every element of people's care. People's privacy and dignity were promoted by passionate staff.

Right culture: The culture of the service, management and staff ensured inclusion of all people being supported. People were empowered to live confident lives being led by their choices and decisions. People and relatives were confident to raise concerns or suggested changes for the service as a whole as well as to their personal care. The provider ensured risks of a closed culture were minimised and people received support based on transparency, respect and inclusivity.

The service prioritised people completely and this was obvious through feedback we received. People were supported to follow hobbies and interests, and staff ensured a person-centred approach to people's

preferences. People lived in homely environments and their quality of life had improved since being supported by Cavendish.

Staff were passionate about providing the best care possible and included people to make all decisions about their care with a person-centred approach. Staff were also passionate about people achieving their goals and dreams and worked hard to ensure they supported people in this area. People told us staff would do everything possible to ensure they could live their best lives possible and achieve their dreams.

People were treated with the utmost respect by caring and kind staff. Staff had received specialist training to support people with an individual approach. This included input from a behavioural specialist that tailored training to ensure all people's individual, specialist needs were met.

People were encouraged to be as independent as possible. Staff showed us examples of how people had become dramatically more independent since moving to one of the locations. Examples of this were seen during observations and people spoke to us with pride when detailing their independence.

There was a clear management structure within the service which meant the registered manager and all staff were confident with the roles they were in. This resulted in people receiving an excellent level of care due to the oversight staff had of the service as a whole.

People were kept safe from risk of harm and the registered manager followed safe recruitment processes.

People were supported to access healthcare specialists in a timely way and staff also worked well with social care professionals, when appropriate.

Rating at last inspection

The last rating for the service under the previous provider was good (published 18 July 2017). The provider changed in May 2019 and the service has not been inspected under the new provider.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Outstanding ☆

The service was exceptionally responsive.

Details are in our responsive findings below.

Is the service well-led?

Outstanding ☆

The service was exceptionally well-led.

Details are in our well-Led findings below.

Cavendish Domiciliary Care Agency

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.

Inspection team

This inspection was conducted by two adult social care inspectors, a medicines inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service provides care and support to people living in 11 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because the supported living settings are small and people are often out and we wanted to be sure there would be people at home to speak with us and for people to consent to speaking with us.

Inspection activity started on 22 February 2022 and ended on 01 March 2022. We visited the location's office

on 22 February 2022 and 23 February 2022.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. 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

We spoke with 11 people who used the service and eight relatives about their experience of the care provided. We also observed interactions between staff and 12 other people who used the service. We spoke with 14 members of staff including the registered manager, home managers, senior care workers and care workers.

We reviewed a range of records. This included 11 people's care records and multiple medication records. We looked at five staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

We completed observations at a number of the locations of the service to ensure we had a full picture of how staff worked well with people.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We also spoke with one social care professional that had knowledge of the service.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. Staff were knowledgeable in how they would identify different types of abuse, record it and report it. One staff member said, "We try to stay aware of any behavioural changes. If we suspect abuse we record it in a statement and report it straight away to the home manager and [registered manager]."
- Staff received safeguarding training in both induction and regular refresher training sessions. This ensured they were up to date with any changes to reporting pathways.
- The provider had a safeguarding policy in place and we saw examples of when safeguarding concerns had been identified, they were dealt with in an appropriate way.

Assessing risk, safety monitoring and management

- People had individual risk assessments in place with guidance for staff to follow. Care plans detailed people's individual risks and each care plan had a different approach that was appropriate for the person. Staff were seen to adapt different approaches depending on who they were supporting in line with their care plans.
- Staff completed regular reviews of care plans and risk assessments. This ensured that any changes to risks were updated and documented. Examples of these were seen in care plans where people had begun to follow a new interest, there was guidance for staff about the risks involved and how to manage the risks identified.
- Any risks relating to restrictions were regularly reviewed to ensure the safest option was considered for a person. For example, care plans detailed various restrictions and what order to use them in with guidance for staff. Staff were seen to follow this guidance during observations.
- Although people lived in supporting living homes, the registered manager had ensured that all houses had adequate health and safety checks. This included fire safety checks to support people to follow up with the landlord if any improvements needed to be made.

Staffing and recruitment

- There were enough staff to meet people's needs. One relative said, "Staff levels appear spot on always three members of staff and [person] has a keyworker." Another relative said, "Seem enough staff when we call to take him out, doing things with him, he comes to visit and they drive him home." A person also said, "There's always enough staff, whenever I need something they're (staff) there straight away to help me."
- The registered manager kept full oversight of rotas for each supported living location. This ensured that staffing levels were in line with the requirement to ensure all people's needs were met. We reviewed rotas and these showed that staffing levels were consistent.

- The registered manager completed full recruitment checks prior to commencing employment of new staff. These checks included a Disclosure and Barring Service (DBS) check, these provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- People received support with their medicines in a safe way by well-trained staff. Each supported living home we visited showed a safe management of medicines. This included regular audits to ensure if errors occurred they were addressed in a timely way.
- Where possible, people were involved in the administration of their medicines and this encouraged independence. For example, people were supported by staff to learn about the medicines they were taking and encouraged to take part in the administration process.
- People were supported by staff who followed systems and processes to prescribe, administer, record and store medicines safely. When required medicines protocols were available to support the use of these medicines. Where two different medicines were available when required to treat the same condition, the protocol described which medicine to use first, when to start the second and when to seek further professional advice. Medicine's protocols for medicines to support behaviour were cross referenced to the persons' behaviour management plan. The medicine's protocol also recommended monitoring the person after the medicines had been administered
- Each person had a "how I take my medicines" plan. This offered guidance for staff of people's individual needs and also, where appropriate, contained symbols and pictures to ensure the people understood what medicines they were being supported with.
- Staff understood and implemented the principles of STOMP (stopping over-medication of people with a learning disability, autism or both) and ensured that people's medicines were reviewed by prescribers in line with these principles.

Learning lessons when things go wrong; Preventing and controlling infection

- Accidents and incidents were recorded by staff and analysed by the registered manager and a behaviour specialist. This ensured that all preventative measures could be put in to place in a timely manner.
- A physical intervention audit was in place which recorded all incidents where staff had to use physical contact. When we reviewed this we saw that staff were working hard to reduce restrictive practises.
- Since the last inspection an incident review process had been introduced. This was a meeting that occurred once every two weeks where analysis of audits including medicine errors, accident forms and behaviour forms were discussed. Actions were then set to be completed in a timely way. The behaviour specialist explained, "The good thing about these meetings is we also share these with all the staff and they know we are taking action."
- All staff were seen to be following government guidance in relation to their use of Personal Protective Equipment (PPE). The provider also had an infection control policy and staff received training in this area.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection of this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People had full assessments prior to being supported by Cavendish DCA. This ensured staff could support people effectively. One home manager said, "It's not just about whether we are able to meet their needs. We also need to make sure people are well matched to the location they are going to move to. We must ensure that it does not upset any other person's routine who is already living at the house and that is why sometimes we have vacant rooms for long periods of time."
- Staff consistently gave people choice over all the homes where people were supported. Care plans showed people had input to the care that was detailed and were involved in giving guidance to staff on how they wanted to be supported.
- Relatives told us how staff encouraged people to make choices where possible. One relative said, "[Person] appears independent so it is a kind of supervision, not intrusion, [person] would wear the same clothes every day left to themselves, and they guide [person] towards a choice."

Staff support: induction, training, skills and experience

- People were supported by well-trained staff. A staff member said, "The training here is great, right from induction through to refresher training and new courses coming out all the time. It gives us confidence to carry out our role properly."
- The head office had a training centre attached to it. Here staff received a mix of face to face training and online training. The registered manager kept oversight of all the training and was aware of when refresher training was due for all the staffing team.
- Staff received specialist training to respond directly to people's individual needs. An example of this was the positive behaviour support (PBS) training. This meant staff were better equipped to support people in the most effective way.
- A lot of staff members that we spoke with had been in their role for a number of years. They told us how this experience helped them understand people better and deliver a better standard of care. One staff member said, "The longer we (staff) are here the better we get to know the people. All of the people we support are so unique and have their own preferences in how they want us to support them. Yes, we have their care plans but it is also about listening to them and what they want."

Supporting people to eat and drink enough to maintain a balanced diet

- Staff supported people to maintain a balanced diet in a variety of ways. Some people were able to prepare their own food and this had been risk assessed. We observed people preparing their own lunch as they chatted with us. One person was using the gas hob and a staff member reminded him that it could get hot. All people that we saw preparing their own food moved to different points of the kitchen to get different

items to use, this showed they were knowledgeable of where specific items were and used the kitchen frequently.

- One person said, "This is where I keep my shopping. I have all the ingredients I need for my meals. Most of them I can cook on my own but if I ever need help [staff member] is here to help."
- Where people weren't as independent in the kitchen staff were knowledgeable in people's likes and dislikes. One dinner was observed that was adjusted for various people to add or remove items to make sure they would enjoy this. This meant staff made several different meals, in this event people were still encouraged to be involved with the food preparation such as getting out place mats, cutlery and dishes.
- Some people had risks around eating, for example, eating too quickly and health professionals had advised staff to monitor these people eating. Staff were seen to monitor from a distance and use subtle prompts so the person ate at a safe pace, however, remained as independent as possible.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were supported by staff to access healthcare services. One relative said, "No problems with access, had his blood test checked at the end of last year, October I think saw the GP then. Has an Annual Health check, gets weighed, he has seen the Dentist and the Optician twice."
- Staff were knowledgeable as to when to make referrals and chase up appointments. One staff member said, "All of the staff are very good at spotting any changes and immediately acting on it. The culture here is every member of staff has the confidence to contact a health professional immediately and then just update the home manager or [registered manager]."
- Staff and the registered manager worked well with social care professionals to ensure effective care for people. This included the initial assessment, best interest decisions and reviews to ensure changing needs were discussed and addressed in a timely way.

Ensuring consent to care and treatment in line with law and guidance

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 MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

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 had the appropriate legal authority and were being met.

- Staff promoted independence, however, where necessary restrictions were in place to keep a person safe the correct applications had been made in line with the MCA and legally authorised.
- People were supported in line with the MCA. This was detailed in care plans in decision specific assessments and completed consent forms.
- Relatives told us how staff explained to people what they were doing during personal care to ensure the person understood why it was necessary. One relative said, "They talk [person] through showers so they

know."

- Staff were knowledgeable in the MCA and received regular training to ensure they understood the key principals to follow. One member of staff said, "It is so important to ensure you never just assume someone does not have capacity. Sure, some of the people we support need support in a lot of areas of their lives and care, however, some people are more than capable and have the capacity to do a lot of things independently. It is so important we don't restrict someone that does not need to be restricted."
- People received support from staff to make their own decisions about various areas of their care. For example, people could make decisions about their medicines wherever possible. Staff assessed whether it was safe for people to administer their own medicines. This was all documented in care plans with guidance for staff.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were supported by kind and caring staff. We saw numerous interactions between staff and people that showed the caring culture within the service. For example, when we were completing observations in one of the homes a person was supported to return to the home to meet with us, the service manager immediately recognised that this change to the person's routine had caused them anxiety. The situation was quickly resolved without incident and the person was assured by staff who took their time to ensure the person was comfortable.
- Staff knew each person they supported on an individual level. It was clear that staff supported people in line with their wishes. One person was seen to be very independent but then asked staff certain questions for reassurance to which staff responded in an appropriate way.
- People told us that staff treated them with kindness and respect. One person said, "The staff are so nice to us. They help us do things throughout the day and always there for a chat. If I ever need anything, I know it's not a big deal for staff, they're kind to me."
- Relatives told us how staff treated people with kindness. One relative said, "Absolutely respect and dignity more than that fondness, they have warmed to [person] and the other residents, their respect and compassion is nice."

Supporting people to express their views and be involved in making decisions about their care

- People felt able to put forward ideas and be involved with care decisions. One person said, "They (staff) always listen. If I want to do something, staff sort it straight away. If I want to change anything, it's changed right away. This makes me happy."
- Relatives were also involved in decisions and provided updates, where appropriate. One relative said, "(Staff) Are supportive, caring and this is appreciated by me, as a parent, keeping me informed by email every week explaining what he is doing and what he is up to."
- People were observed to make decisions about their care. One person decided they did not want to take part in a certain activity that was on the planner. Staff were quick to respond with "Okay, that's fine, what would you like to do today." The person was then given a list of various options to choose from.

Respecting and promoting people's privacy, dignity and independence

- Staff prioritised people's independence and encouraged people to continue to strive for more independence. One person said, "Staff are great, they really want me to achieve things, we go through what I want to do and they arrange it." Staff confirmed they were passionate about encouraging people to be as independent as possible. One staff member said, "We want people to have as full and well-rounded life as possible. It makes me emotional when I see people really achieve things to make them more independent."

- Staff respected people's privacy and treated people with dignity. One relative said, "I do feel they treat [person] with dignity and respect."
- Staff were seen to knock on people's bedroom doors and wait for a response before entering. When we spoke to people staff made sure people were comfortable. One staff member said, "Are you okay [person]? Did you want me to stay or would you like some privacy?" To which the person responded with that they were happy to speak to us on their own, and the staff member left.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection of this newly registered service. This key question has been rated outstanding. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were completely supported by staff to follow interests and achieve goals and aspirations. One person said, "They will do everything they can to help me achieve things."
- One person had a main passion of making films and documentaries. The staff had supported them to enrol in a film making course in a mainstream college. There were concerns that this would not be possible for the person and they would struggle to finish the course. Staff supported them to complete additional classes towards the end to ensure the person was successful in the course. We spoke with the person at length and they said, "It means so much to me, to get my message out there, they (staff) have helped me, I need more people to know that we want to be treated as equals, we matter too and I want other people like me to know they can achieve it too." We were shown pictures of the person's graduation where staff supported them to celebrate with a number of other students from their class.
- Another person had a passion for baking and when we arrived at the home the person showed us they had baked fresh brownies that day with staff. When we spoke to the person about what their dreams were they said, "I wanted a job to work in a café and serve my baking and teas and coffees to people. Staff helped me do this, I now work two mornings at the day centre with the elderly and I make them tea and coffee. I love it, I've always wanted to do it." The person appeared so proud of this recent achievement and smiled whilst they told us in detail how staff had helped them achieve their goal. They said, "I've done so much living here, staff make it possible for me to do so much."
- Staff told me how they encouraged relationships between people that lived at the same homes. One staff member said, "It's so important to make sure that everyone is as happy as they can be and compatible so they can enjoy their best life and not be isolated." The staff member went on to explain that when a new person had moved into the location, they had appeared isolated from two other people that lived there. The person had appeared reluctant to join in house activities with the two other people. Staff decided to arrange two separate holidays to the same location and set a time and place to "bump into each other". This forged a good friendship with the person who had recently moved into the accommodation and the two other tenants. They all became close on the trip and this continued when they returned to their home.
- Another person had a passion for music and pop groups. The person was heard to be singing at the top of their voice in their room on a karaoke microphone. We spoke with the person and were invited into their bedroom. They had numerous posters on the wall of their favourite pop groups. We were then told by the person that staff had supported them to go to various events. This included being in the audience of a popular TV talent show and going to various concerts. The person said enthusiastically, "I loved it."
- Relatives told us how staff made each house homely and included all people to avoid isolation. One relative said, "When [person] first moved in, I was concerned they would not cope, how good staff were it's

never been a problem, they did everything to make him and me very happy there he has a great relationship with staff. He has had holidays away in this country and trips abroad. Staff are dedicated to him and other residents that's all they do to make his life better."

- One person that was being supported had spent the majority of the day on the toilet in their room when they first moved to the location. Staff had spent a large amount of time to support the person to dramatically reduce this time to the morning. The person now attended a community day centre in the afternoon and had become a part of the group and started to enjoy the activities offered. As a result, this had a positive impact on the person's wellbeing and we saw notes to confirm a positive change in mood.
- Relatives told us how Cavendish staff had improved people's quality of life. One relative said "[Person] does Trampolining, Sugar craft, they are very good with Play-Doh, Cavendish have an activity centre, cooking, colouring, they have special outings to the circus, pantomime or the cinema. They go to the pub for lunch, horse riding for the disabled, swimming and music therapy; they have a timetable to occupy them every day. We could not take [person] to do all this if he came home, he would be bored."
- People were supported by staff to stay in contact with family members that were important to them. One relative said, "Yes [person] does phone, but it is hard to have a conversation with them as they do not talk, staff keep us up to date with emails and photos. We have the option to call if there are issues." Other relatives told us how staff supported people to visit their relatives at their family homes and would collect them at an arranged time. However, if this change in routine was too much for a person staff would arrange to collect them immediately.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- During recruitment, care was taken to ensure staff were matched with locations to ensure their skills and experience were compatible with people's needs. The registered manager would ensure that staff were compatible with the people they were supporting and ensure they could meet their needs. Staff supported people to be involved with the selection process of staff members. One person had been invited to the interview process for potential new staff that would work at their home and support them.
- The provider had employed a behavioural specialist to train staff in person-centred support in response to individual's emotional responses to situations. This member of staff also completed home visits and observed behaviours, analysed triggers, incidents and coping methods and de-escalation techniques. This was all seen to create an in-depth personalised behaviour support plan. From data that we were shown this had a direct positive impact on people's behaviours. Staff told us how they benefited from this personalised approach. One staff member said, "[Behavioural specialist] is brilliant, if ever we notice a difference he will be straight out to complete a review and train staff in different approaches. It has made such a difference to people's lives."
- Each person was supported in a completely personalised way. In one home several areas were identified where people either spent time on solo activities or joined in group activities with other people that lived there. Staff were seen to effortlessly adapt their approach when going from supporting one person to supporting a different person. For example, one person enjoyed their personal space and staff were seen to keep a distance when asking the person questions, they then moved to another part of the communal area and sit next to another person who put their arm around the member of staff.
- Care plans were seen to detail people's preferences, these had been thoughtfully reviewed by staff. During staff interviews it was evident that staff knew people's individual preferences well and strived to make improvements to their care with these in mind.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have

to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Each person had a communication plan. This was also integrated into their positive behaviour support plans. The registered manager and staff had identified that a lot of people they supported struggled with verbal communication, this directly affected their behaviour and mood. Care plans detailed exactly how staff needed to communicate with each person. For example, there was details of what facial expressions people may use depending on their mood or if they were uncomfortable.
- Staff explained that experience improved communication as well. One member of staff said, "I get so much information from the care plans, however, sometimes it is about experience the more you work with people. [Person] uses a mixture of various different signs and noises that they have created their own way of communication. Sometimes different noises that sound very similar can be misunderstood. It is important we take our time and make sure we have completely understood."

Improving care quality in response to complaints or concerns

- The provider, registered manager and staff took a personalised approach to address any complaints or concerns. This was seen in an example where a person had been invited in to take minutes of a tenants meeting. This was then added to the file with the other minutes for the meeting. The actions highlighted in the person's minutes were all recorded and addressed with regular updates provided to all people who had attended.
- Staff told us that they acted quickly if someone was not happy. One staff member said, "It wouldn't really get to the stage of a complaint as whenever people come to us with a problem we try our hardest to solve it immediately."
- People told us that they were confident to raise a complaint or a concern. One person said, "If I have a problem I would go to [home manager] straight away or [registered manager]. I have never had to, I like it here so much."

End of life care and support

- The provider was not supporting any person with end of life care at our time of inspection. The registered manager was confident that they would take all measures to ensure a person had a dignified experience if they entered this period of their life.

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.

This is the first inspection of this newly registered service. This key question has been rated outstanding. This meant service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Throughout the inspection, it was apparent that the service went above and beyond the recommended model of care for people with autism and learning disability and achieved exceptional outcomes for people. This improved people's quality of life and wellbeing. It met the principles of Right culture, right care, right support. People had maximum choice in their everyday life and staff encouraged people's independence whenever possible. People had complete control of decisions made about their care and activities they wanted to partake in, every element of people's daily routines were designed by them.
- People received a high level of person-centred care. Staff applied a person-centred approach in all elements of people care. People's privacy and dignity were promoted and people made decisions about how they would like to receive support. People were involved with decisions such as what member of staff would be supporting them and staff knew people's preferences exceptionally well.
- The registered manager, senior management team and staff all promoted a positive culture within the service. Management and staff ensured inclusion of all people being supported with the ethos that the care and support were designed by the people themselves. As a result of this people were empowered to live confident lives being led by their choices and decisions.
- We saw examples of how the management immediately responded to ideas raised by people, staff and relatives. New initiatives had been introduced quickly at various homes and this had continued through the pandemic. For example, one home had created a sensory environment summer house in the garden following a suggestion that had been made.
- People were confident around staff and staff in turn respected people's homes. One staff member said, "This is their home, we are visitors and we make it clear to them (people) that this is the case." An example of this was seen when we entered one of the supported living homes, we were greeted by people that lived in the home first. One person then gave us a tour of the house immediately after we entered the home. The person was very pleased that they had the opportunity to do this and said, "I show all visitors around."
- All houses that were visited were homely environments. The supported living settings were calm and staff and people worked together to complete tasks. Staff told us that they enjoyed working in the "family style" environment.
- Relatives told us that they were very happy with the opportunities people were given and the quality of life Cavenidsh help them have. One family member said, "He has a better life at the home than we could have given him, more activities and different things to do, we just want peace at our age, and we could not keep up. The life he has it is so important that he has an active and diverse life, he is in a home that he is cared for and is very happy with the whole package."

- Another relative said, "I don't worry about him, for a parent [person] is the centre of my life, I know they are well looked after and cared for, I could not manage. Knowing [person] is safe, well and happy, we can talk at any time we both feel safe and secure. [Person] can never be independent, care is not easy, it is the best thing we could have done, he is more independent than staying at home he will be alright that is the best thing.it was a big decision but he has blossomed there, he is happy."
- Relatives told us how staff and the provider had exceeded all their expectations. One relative said, "We feel blessed that [person] is with Cavendish care they look after them so well. One staff member took [person] to a football match with their family, they really care, which is reassuring for us to know he is in the right place."

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

- Each supported living house had a home manager. When we spoke to the registered manager it was clear that she had total oversight of the service as a whole, but in addition the home managers all worked hard to ensure each location continued delivering an excellent level of care. People knew the registered manager well and told us that she visited them regularly.
- The registered manager told us how she has complete trust in each home manager and how they drive excellence in the care they provide. If any person needed any additional support the registered manager was proactive in supporting people. An example of this was the registered manager was recently involved with taking a person to and from an interview for an ongoing investigation. They told us, "It was important for me to be there, we went out for breakfast before and I explained the layout of the interview so [person] was completely prepared and felt more comfortable."
- Each home manager we met were extremely passionate about their roles. For example, one home manager presented us with a seven page document titled "Cavendish Care : The most caring organisation I have ever had the privilege to work for." This document detailed work that had been completed by staff and evidence to support our key lines of enquiry when we carry out an inspection. Examples included action staff took to alleviate anxiety for people during the pandemic. One of the supported living locations had created a sensory room in the garden to promote a new routine for people that were struggling with the government guidance and restriction.
- Another home manager spoke to us for an extended period of time detailing each person they support and providing examples of how their quality of life has improved since moving to the supported living home. It was clear how passionate all staff spoken with were about the goal of delivering the highest quality care and ensuring people had meaningful goals to work towards.
- The registered manager, home managers and all staff that were spoken with were clear about their roles, people's individual risks and what they needed to do to ensure they were compliant with all regulations. All staff spoken with spoke with pride about the achievements of the people they supported, some staff were seen to speak with such emotion it was clear how passionate they were to getting the best outcomes for the people they supported.
- The registered manager and the senior management team had complete oversight of the company. This was through various quality assurance audits as well as being present at all supported living homes. Home managers told us they felt incredibly supported by the registered manager and the provider. One staff member said, "The level of support is unreal. They really will drop everything if we ever need anything. [Registered manager] has been unbelievably supportive throughout the pandemic as well as the owners (provider). And the support has always been there, even before the pandemic, they (provider and registered manager) are always popping in and thanking us for our hard work. You just don't expect to be treated this well."

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 the registered manager operated in an open and transparent way. Relatives told us that the communication was excellent and staff knew their responsibilities to share all essential information. One staff member said, "It is important to keep relatives always updated, especially in this climate (COVID-19 pandemic) they need to know all updates, good or bad."
- The registered manager had a positive attitude towards learning from incidents to improve the care. The registered manager and the behavioural specialist regularly met to discuss trends, patterns and what preventative measures could be put in place to prevent re-occurrence.
- The registered manager and home managers had notified CQC of all relevant incidents in line with their registration. They had also worked with social care providers to ensure any safeguarding concerns were addressed in a timely way.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People had regular meetings to discuss any changes they wanted made to the supported living accommodation. Staff made sure actions were set and people were kept updated of the progress that was being made. This was seen in minutes of meetings.
- Relatives felt comfortable to raise concerns and had confidence that it would be resolved in a timely way. They felt staff communicated with them well. One relative told us, "I would raise concerns, the manager is very open, they regularly visit [person] and has long chats, knows what is going on, no problem." Another relative said, "Cavendish have a parents evening for drinks in a local hotel in order to meet everybody, they put on presentations on what is planned, chance to talk to the Managers and staff."
- All staff spoken with were passionate about their roles. They told us how they all felt responsible for every element of the care provided. One staff member said, "We're like one big family so we want to make sure we are all doing our bit, we often make suggestions for change and we always feel listened to. Whether it's through a staff meeting or just a chat with the home manager or [registered manager]."

Working in partnership with others

- Staff were working in partnership with various professionals to support people in the best way possible and achieve the best outcomes. We saw examples where the behavioural specialist had worked with health professionals when staff had identified possible conditions. For example, a person had not been diagnosed with autism, however, due to the experience of staff this was identified. Staff then worked with a consultant psychiatrist to ensure the best quality of life for this person, which resulted in increased access to the community and improvement in general health.
- We saw staff had regular contact with health professionals and followed guidance provided to them. This was also added to people's care plans.
- Staff also worked well with social care professionals. This included initial assessments as well as reviews. Staff also involved advocates where appropriate to ensure all decisions were made in people's best interests.