

Florijn Care Limited

Cavendish House

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

Cavendish House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection. This service does not provide nursing care. Cavendish House accommodates up to six people who live with a learning disability and/or autistic spectrum disorder.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

On the day of our comprehensive, announced inspection on 21 September 2018, there were six people living in the service. We gave notice of this inspection to make sure that people who used the service and staff would be available to see us.

At our previous inspection of 11 November 2015, this service was rated good overall. We found the evidence from this inspection of 21 September 2018, continued to support the rating of good overall. There was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

People continued to receive a safe service. There were systems in place designed to reduce the risks of abuse and avoidable harm. Where incidents had happened, the service learned from these and used the learning to drive improvement. Risks to people continued to be managed well. People were supported with their medicines in a safe way. Staff were available to support people and the systems to recruit staff safely were robust. There were infection control procedures in place which reduced the risks of cross contamination.

People continued to receive an effective service. People were supported by staff who were trained and supported to meet their needs. People had access to health professionals when needed. Staff worked with other professionals involved in people's care. People's nutritional needs were assessed and met. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The environment was well maintained and suitable for the people using the service.

People continued to receive a caring service. People shared positive relationships with staff. People's privacy, independence and dignity was respected. People were listened to in relation to their choices, and they and their relatives, where appropriate, were involved in their care planning.

People continued to receive a responsive service. There were systems in place to assess, plan and meet people's individual needs and preferences. People's had access to social activities to reduce the risks of isolation and boredom. There was a complaints procedure in place and people's complaints were addressed.

People continued to receive a service which was well-led. The registered manager had a programme of audits which demonstrated that they assessed and monitored the service provided. Where shortfalls were identified actions were taken to improve. People were asked for their views about the service and these were valued and listened to. As a result the service continued to improve.

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 remains good.

Is the service effective?

Good ●

The service remains good.

Is the service caring?

Good ●

The service remains good.

Is the service responsive?

Good ●

The service remains good.

Is the service well-led?

Good ●

The service remains good.

Cavendish House

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 announced comprehensive inspection took place on 21 September 2018 and was undertaken by one inspector. We gave notice of this inspection to make sure that people who used the service and staff would be available to see us.

We used information the provider sent us in the Provider Information Return. This 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 reviewed information we had received about the service such as notifications. This is information about important events which the provider is required to send us by law. We also reviewed all other information sent to us from other stakeholders for example the local authority and members of the public.

We met all six people who used the service and spoke with three of these people about their experiences of using the service. We also spoke with one person's relative. We observed the interaction between people who used the service and the staff throughout our inspection.

We looked at records in relation to two people's care. We spoke with the registered manager, the business manager and a team leader. We also met three support workers who were providing support to people using the service. We looked at records relating to the management of the service, two staff recruitment files, training, and systems for monitoring the quality of the service.

Is the service safe?

Our findings

At our previous inspection of 11 November 2015, this key question was rated good. At this inspection of 21 September 2018, people continued to receive a safe service.

People told us that they felt safe with the staff and living in the service. We observed friendly interactions between staff and people using the service. People were engaged with the staff. One person used their own key to access their bedroom, which they chose to use. They showed us a lockable drawer in their bedroom which they could keep their valuables in if they chose to.

There continued to be systems in place designed to reduce the risks of avoidable harm and abuse. As part of our planning we looked at how the service made notifications to us. These are required, and allow us to monitor any incidents and actions taken by the service. The service had appropriately notified us of safeguarding concerns, the actions they had taken and how they planned to reduce future risks.

The service continued to manage risks well. People's care records included risk assessments which guided staff on how the risks in people's daily lives were reduced. Staff were trained in how to safely support people with behaviours that may be a risk to the person, staff and others. This sometimes resulted in restraint, which was clearly recorded, as well as other interventions tried before the restraint which was used, as a last resort, to reduce risks.

Risks to people injuring themselves or others were limited because equipment, including portable electrical appliances and fire safety equipment, had been serviced and checked so they were fit for purpose and safe to use. Fire safety checks and fire drills were undertaken and there were evacuation plans in place to ensure that staff were aware of the support that people needed should the service need evacuating.

The registered manager told us how the service was staffed, this ensured that there were staff available when people needed them and people could undertake their chosen activities. The registered manager told us that they did not use agency staff, this was to ensure that people were supported by staff who were knowledgeable about their needs. The service employed, as well as the permanent staff, bank staff who were known to people, who could be called upon to cover any shift vacancies. We saw that staff were present with people during our inspection and responded to verbal and non-verbal requests for assistance promptly.

Records showed that the provider continued to undertake checks on new staff before they were employed by the service. These checks included if prospective staff members were of good character and suitable to work with the people who used the service.

The service continued to manage people's medicines safely. The medicines administration records (MAR) for medicines demonstrated that people had received their medicines as prescribed. Staff had received training in medicines and had their competency checked by the senior team. Medicines were kept safely in the service and there were safe systems in place for the ordering and disposal of medicines. Regular checks

were undertaken, these included temperatures, stock balance and audits. This supported staff to identify any shortfalls and take prompt action to address them.

People told us that the service was regularly cleaned. One person said that they maintained the cleaning in their personal space and they could assist staff in the cleaning of the communal areas. The service was visibly clean. Staff had received training in infection control and food hygiene. There were disposable gloves and aprons that staff could use, such as when supporting people with their personal care needs, to reduce the risks of cross contamination. Cleaning schedules were in place and infection control audits were carried out to reduce the risks of cross infection.

Is the service effective?

Our findings

At our previous inspection of 11 November 2015, this key question was rated good. At this inspection of 21 September 2018, people continued to receive an effective service.

People's care needs were assessed, planned for and delivered holistically. This included their physical, mental and social needs. People's needs were assessed prior to the person moving into the service. This assisted a smooth transition between services. The registered manager told us about how they assisted people's transition. An example of this included the recreation of a person's bedroom from their previous home. This reduced their anxiety relating to change and maintained their usual routine and environment they were comfortable in.

Discussions with staff showed that the service worked with other professionals involved in people's care to ensure they received a consistent service. This included the commissioners for services and health care professionals.

Staff told us and training records showed that staff continued to receive the training that they needed to meet people's needs. This included training in safeguarding, fire safety, health and safety, and medicines. In addition, staff received training in equality, diversity and human rights to meet the needs of people with specific needs. The registered manager and business manager were trained to deliver the British Institute of Learning Disabilities (BILD) accredited training in supporting people with behaviours that may challenge others. This enabled staff to discuss, in their training the people they supported and the interventions that they used to best fit with the person's needs, including communication, diversion, calming and diffusion techniques. New staff received an induction course which included training and shadowing more experienced colleagues. Where new staff had not completed a recognised qualification in health and social care, they were supported to complete the Care Certificate. This is a recognised set of standards that staff should be working to.

Staff continued to be supported in their role and received supervisions. These provided staff with a forum to discuss the ways that they worked, receive feedback, identify ways to improve their practice and any training needs they had.

People told us that they were provided with a choice of meals and that they got enough to eat. One person told us that their dietary preferences were supported by the staff, and if they wanted they prepared their own meals which reflected their choices. They showed us a folder which included the menu and the specific preferences they had relating to their diet. During lunch we saw that people chose what they wanted to eat. There were drinks available to people when they wanted them to reduce the risks of dehydration. One person showed us the mini-refrigerator in their bedroom where they stored cold drinks. People's records included information about how their dietary needs had been assessed and how their specific needs were met. Staff understood people's specific dietary needs and how they were met.

People told us that they felt that their health needs were met and they were supported to see health

professionals if needed. One person told us about how they had been supported to attend recent appointments with health professionals which had improved their wellbeing. They said that the staff had also supported them to maintain routines which reduced future risks. One person's relative commented that if there were any concerns about their family member's health they were confident that the staff supported them to see health care professionals.

Records showed that where there had been concerns about a person's health and wellbeing, they were referred to health and social care professionals. Some people demonstrated behaviours that may be challenging to others. Records and discussions with the registered manager and the staff identified that actions had been taken to seek the support of other professionals to support these people. People's care records included health plans and a health passport, which identified their health needs and how they were met. The health passport could be taken with them, for example if they needed to be admitted into hospital which provided their staff with information about the person. Records were maintained about people's routine health appointments and the outcomes. If ongoing support was required this was identified in their records to guide staff.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act (MCA) 2005. The 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. The service had made DoLS referrals when required, to ensure that people were not unlawfully deprived of their liberty.

People's care records included if they had capacity to make their own decisions. If people lacked capacity there were systems in place to assist them. Training records identified that staff had received training in the MCA and DoLS. Staff asked for people's consent, for example where they wanted to be in the service. People were asked for their consent for the registered manager to discuss their specific needs with us and for us to see their personal records.

People were complimentary about the environment and how it met their needs and choices. One person asked if we would like to see their bedroom, which included items of their personal memorabilia that reflected their choices and individuality. The person told us that they had chosen the décor and furnishings of their bedroom. The environment had communal areas that people could use, including a lounge/dining area. There were areas in the service where people could see their visitors in private. An ongoing programme of refurbishment was in place to ensure people were provided with a well maintained and safe environment to live in. There was a maintenance staff member who could address any repairs needed in the service promptly.

There was a secure garden which people could use. People could access the garden and take part in its upkeep. The gardens surrounded the service and were secure. There was a hot tub in the garden and an activities/meeting room that people could access. We saw that people freely moved around the service. They had access to all of the communal areas.

Is the service caring?

Our findings

At our previous inspection of 11 November 2015, this key question was rated good. At this inspection of 21 September 2018, people continued to receive a caring service.

People spoken with said that the staff were caring and treated them well. There was a relaxed and friendly atmosphere in the service and people and staff clearly shared positive relationships. The staff and people clearly knew each other well. Staff effectively communicated with people using their method of communication. Staff had accessed training in a language that a person used. We saw that the staff on duty communicated with the person well, which reduced the risks of the person being isolated. Staff checked with people what they had said and offered options of what they could do.

People told us how their independence was promoted and respected. One person told us how they did their own laundry and they were supported to do this at the times they chose. People were supported in their independence skills and could progress to a more independent living environment in another of the provider's services if they chose to. People's care plans guided staff to ensure people's privacy, independence and dignity was respected. People told us that their privacy and dignity was respected. One person said, "They [staff] have to knock my [bedroom] door, before they come in."

People told us that they made choices about their daily lives and the staff acted in accordance with their wishes. One person told us about the routines that were important to them and how they were supported to staff to maintain them. People had a key worker who was an allocated staff member who supported the person in making choices, people could also use advocates if they wished.

People told us that they could have visitors when they wanted them, which reduced the risks of isolation and loneliness. Records included information about the relationships that people maintained which were important to them. One person who used the service and their relative told us that they could visit then they wanted and the person was supported by staff to visit the family home.

Is the service responsive?

Our findings

At our previous inspection of 11 November 2015, this key question was rated Good. At this inspection of 21 September 2018, people continued to receive a responsive service.

People told us that they felt that they were cared for and their needs were met. One person said, "I do like it here. I can do what I want." One person's relative told us how their family member's wellbeing had improved since they lived in the service and that they were, "Happier," than they had been in other care settings.

The registered manager told us about how they responded to people's individual needs. This included supporting staff to access training to communicate effectively with a person and recreating a person's personal space when they moved in to reduce their anxiety. In addition, each person's individual circumstances, needs and preferences were considered when planning and meeting their needs.

People's care records demonstrated that they continued to receive care which was tailor made to their individual needs. The records clearly identified how people's needs had been assessed, planned for and met. People's specific needs were identified in the care plans and how these needs were met. Some people had conditions which may affect their wellbeing. Their care plans identified how their conditions affected their daily lives and any warning signs staff should be aware of, such as signs and indicators of becoming unwell associated with their condition. One person showed us their care plan, which included a type of font which increased their ability to read it. They told us that they could see their care plan when they wanted, they had participated in its completion and that they could see what staff had written about them in the daily records. The daily records identified the support provided to each person every day and their wellbeing.

Guidance in people's care plans for actions staff should take to reduce risks to themselves and others, when supporting people with behaviours that others may find challenging. Staff were trained in supporting people appropriately and safely and any interventions were clearly recorded. There were no people in the service receiving end of life care. However, if this was required, and if people chose to discuss their end of life choices this was documented.

People told us that they had the opportunity to participate in activities that were meaningful and that they chose. One person listed the things that they did in the community, explaining that all of these were what they chose to do. One person's relative spoke positively about their family member's opportunity to have a positive, "Social life," in the service. The registered manager told us that people assisted in making a shed in the garden. This assisted to develop their skills which could assist them in accessing employment. One person attended voluntary employment in the community. We spoke with the person on their return from work and they told us how they enjoyed doing this.

People participated in a range of activities during our inspection. One person had been out with staff and on their return to the service they told another staff member what they had chosen to do and that they had eaten out. The service had a tradition of going to a local pub in the community every Friday afternoon for

drinks and desert. The people from this service were also joined by people from the provider's other service. People told us that they enjoyed this and told us what they liked to have. On people's return they told us about their outing.

The registered manager told us how, on an annual basis, the service sourced accommodation in a local holiday park, which people could use if they chose to. This assisted people to have a taste of holidays and be supported to make choices in their future holidays. This had worked and people had chosen holidays including holidays abroad. People attended different social activities in the community. One person told us how they liked to go to one club, but did not like another so they chose not to attend.

There was a complaints procedure and policy in place which was accessible to people using the service and others, including relatives and visitors. One person's relative told us that they would speak with the registered manager if they had any concerns and these would be looked into and addressed. Records showed that people's complaints and concerns were investigated and responded to in line with the provider's complaints procedure. Where concerns had been received the service had learnt from these and used them to drive improvement.

Is the service well-led?

Our findings

At our previous inspection of 11 November 2015, this key question was rated good. At this inspection of 21 September 2018, people continued to receive a well-led service.

There was a registered manager in place, they were also one of the directors of the organisation. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons.' Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The registered manager understood their roles and responsibilities of being a registered manager. The registered manager was a visible presence in the service and people clearly knew them well. The Provider Information Return (PIR) demonstrated that the provider and registered manager had a clear understanding of their roles and responsibilities in providing people with good quality care. They had identified areas for continuous improvement. This included how they maintained people's personal data. This demonstrated that they had kept updated with changes in Regulation. The registered manager kept updated with the care industry and any changes. This included accessing CQC updates, British Institute of Learning Disabilities (BILD) websites and local government web sites.

There continues to be a programme of audits which were used to monitor the service provided. This included audits in care plans, medicines, and the environment. There were actions in place where shortfalls had been identified, to improve. Incidents were analysed to identify any trends and systems were put in place to reduce future events. This included the ways that people were provided with their medicines to reduce risks to others.

People and relatives continued to be involved in developing the service and were provided with the opportunity to share their views. This included quality assurance questionnaires. These were analysed and used to drive improvement. People could also attend meetings to discuss the service.

Several of the staff had worked in the service for many years. One staff member told us this was because the service was well-led and the registered manager was supportive.

Staff meetings were held where they discussed any changes in the service and in people's needs. The minutes of a staff meeting held in August 2018 showed that they had discussed any changes in the service and people's needs. The minutes demonstrated that the views of staff were valued and they contributed to the ongoing improvements in the service provided.

The registered manager told us how they had links with the community and how people who used the service were supported to access the community. The service was in the town centre so people could access, for example, the job centre, citizens advice, library and public transport easily. The service continued to work with other professionals involved in people's care, this included the commissioners and health and

social care professionals.