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Cavendish

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

We carried out an announced inspection of the service on 9 November 2016.

Cavendish provides accommodation and personal care for up to six people living with a learning disability and or autistic spectrum disorder. At the time of our inspection there were six people living at the service.

A registered manager in post. 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.

People received a safe service. Staff were aware of the safeguarding adult procedures to protect people from abuse and avoidable harm and had received appropriate training. Risks were known by staff and managed appropriately. Accidents and incidents were recorded and appropriate action had been taken to reduce further risks. People received their medicines as prescribed and these were managed correctly. Some concerns were identified with regard to safety of the environment. The provider took immediate action to make the required improvements.

Staff received an induction, training and appropriate support. There were sufficient experienced, skilled and trained staff available to meet people's needs. People's dependency needs had been reviewed and were monitored for any changes. Staff were recruited through safe recruitment practices.

People were involved in the menu planning and their nutritional needs had been assessed and planned for. People's healthcare needs had been assessed and were regularly monitored. People received appropriate support to maintain their health and access community health services including specialist healthcare support.

The registered manager applied the principles of the Mental Capacity Act 2005 (MCA) and Deprivations of Liberty Safeguards (DoLS), so that people's rights were protected. People were asked for their consent before care and support was provided and this was respected.

Staff were kind, caring and respectful towards the people they supported. They had a clear understanding of people's individual needs, preferences and routines. The registered manager was exploring ways of involving people more in how the service was provided and developed.

People were involved in their care and support as fully as possible. There was a complaint policy and procedure available and confidentiality was maintained. People did not have access to independent advocacy services, however the registered manager assured us this support would be provided if required.

People were supported to participate in activities, interests and hobbies of their choice and independence

was promoted.

The provider had systems in place that monitored the quality and safety of the service. There was a registered manager in place and relatives and staff were positive about their leadership of 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?

Good ●

The service was safe

People were protected from harm because staff understood what action they needed to take to keep people safe. Staff had received appropriate safeguarding training.

Risks had been assessed and planned for and were regularly reviewed. Safety risk concerns identified with the environment were immediately addressed and resolved.

People were supported by sufficient number of staff being deployed appropriately to meet their needs safely. New staff completed detailed recruitment checks before they started work.

People received their prescribed medicines and these were managed safely.

Is the service effective?

Good ●

The service was effective

People were supported by staff that had received an appropriate induction, training and support.

People's rights were protected by the use of the Mental Capacity Act 2005 when needed.

People received choices of what to eat and drink and menu options met people's individual needs and preferences.

People had the support they needed to maintain good health and the service worked with healthcare professionals to support people appropriately.

Is the service caring?

Good ●

The service was caring

People were supported by staff who were caring and compassionate. Staff were given the information they needed to

understand and support people who used the service.

People had their relatives that acted as their advocates. Independent advocacy information was not available for people but the registered manager agreed to support people if this service was required.

People's privacy and dignity were respected by staff and independence was promoted.

Is the service responsive?

Good ●

The service was responsive

People's care and support was individual to their needs and staff supported people to pursue their hobbies and interests.

People were involved as fully as possible in their pre-assessment and transition plan. People's support plans were person centred.

The provider had a complaints procedure in an easy read format for people to use if required.

Is the service well-led?

Good ●

The service was well-led

Relatives were positive about the leadership of the service.

Staff understood the values and vision of the service.

The provider had systems and processes that monitored the quality and safety of the service. The provider was aware of their regulatory responsibilities.

Cavendish

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 9 November 2016 and was announced. We gave the provider 24 hours' notice because the needs of people at the service meant that arriving unannounced may have caused them distress and anxiety. The inspection team consisted of one inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. Before our inspection, we reviewed the PIR and other information we held about the service, which included notifications they had sent us. A notification is information about important events which the provider is required to send us by law.

We also contacted the commissioners of the service, health and social care professionals, and Healthwatch to obtain their views about the service provided.

Due to people's communication needs we were unable to ask them about their experience of the service they received. To help us understand people's experience we used observation to support our understanding.

On the day of the inspection we spoke with the registered manager and three care staff. We looked at all or parts of the care records of three people along with other records relevant to the running of the service. This included policies and procedures, records of staff training and records of associated quality assurance processes.

After the inspection we contacted three people's relatives for their feedback about the service their family member received.

Is the service safe?

Our findings

Relatives were positive that their family member was supported appropriately by staff to remain safe. One relative said, "The guy's [people who use the service] all seem to get on well but the staff are very aware and conscious of preventing any conflict between the guy's." Another relative told us that the registered manager gave careful consideration to new people moving to the service. They said, "The manager matches people up well, they think about the compatibility of people which I think is really important." An additional comment included, "Staff transport [name of family member] to visit me, they always look forward to returning to Cavendish, I take this as a sign that they are happy and feel safe."

Staff told us how they ensured people's safety. They were aware of the different categories of abuse and what their role and responsibility was in protecting people from harm. One staff member said, "We report any concerns to the manager and talk in handover and staff meetings about any accidents, incidents or safeguarding issues." Another staff member told us, "We are here to manage any safety issues to make sure people we care for are safe and happy."

We saw safeguarding incidents were recorded and these showed how the provider had worked with the local authority safeguarding team to investigate incidents that had occurred. Records reviewed confirmed staff had received adult safeguarding training and the provider had a policy and procedure to support staff.

Relatives told us that they were involved and their family member as far as possible, in discussions and decisions about how risks associated to people's needs were managed. One relative said how their family member had risks with their behaviour. They told us, "The staff have detailed information regarding [name of family member] and their history of absconding and challenging behaviour and have been trained accordingly." Another relative said, "During the assessment stage we discussed openly what the risks were so staff could plan how they would manage these."

Staff told us that they had sufficient information to support them to manage any risks effectively. One staff member said, "We have good detailed information and guidance and the team work well together to make sure risks are managed well."

We found people's care records included risk plans that advised staff of how to manage and reduce any risk to people's safety as far as was possible. For example risk plans were in place for activities in the community and within the service and these were reviewed six monthly or earlier if required. The registered manager told us and records confirmed, when concerns were identified about risks a meeting was arranged for staff, relatives and either external or internal healthcare professionals. This was to review support plans and review strategies used to manage risks. This told us that people could be assured risks were effectively monitored and managed.

People did not have access to the community independently but staffing levels provided people with daily opportunities to go out, restrictions therefore were minimal. During our inspection we saw every person was given the opportunity with staff support to access the community. We also saw that staff responded well to

any potential risks associated with people's needs. For example, if people's anxiety heightened staff responded calmly and sensitively."

Accidents and incident were recorded and analysed by the registered manager for themes and patterns. We looked at these records and found accidents and incidents occurred very infrequently.

Relatives were positive that the environment and premises were safe. One relative said security was good and this was important for their family member's safety.

We did a tour of the premises internally and externally. We found an outside gate was unlocked which meant there was a risk to people's safety. We found not all radiators had a protective covering to protect people from the risk of burning. We also found a room and cupboard used to store cleaning materials was not adequately secure. An upstairs toilet had a broken toilet seat.

We saw the registered manager had completed personal emergency evacuation plans [PEEP] for some people but not all people who used the service. These were used to inform staff of people's support needs in the event of an emergency evacuation of the building. We also saw that the fire risk assessment was out of date. The provider's business continuity plan was also found to be out of date. This is used to inform staff of action to take in the event of an incident affecting the service. We discussed all these issues with the registered manager who agreed to make the required changes as a matter of priority. After our inspection the registered manager forwarded us information that confirmed all appropriate action had been taken to ensure people's safety to both the internal and external of the building. We were satisfied with the action taken.

Relatives said that as far as they were aware staffing levels were sufficient and that there was a suitable mix of appropriately skilled and experienced staff. One relative told us, "The times I visit and this has been at different times and days, the home has looked fully staffed." Another relative said, "When we visit the house, at times without warning there always appears to be sufficient staff to meet [name of family member]'s needs."

Staff were confident that there were sufficient staff employed to keep people safe and meet their individual needs. One staff member said, "Staffing levels have increased due to the needs of people and are adjusted to support people to attend appointments and activities." The registered manager told us how they reviewed people's needs to ensure sufficient staff were available. They said that staff shortfalls were either picked up by other staff, bank staff the provider employed or agency staff.

We identified some concerns about the night time staffing levels and were concerned one member of staff was insufficient. After our inspection the provider forwarded us information that confirmed that they had considered and assessed people's needs, and that at the present time this was sufficient and no changes would be made. However, they assured us that they would continue to review this and increase night time staffing if required.

The provider operated an effective recruitment process. Staff we spoke with confirmed they had undertaken appropriate checks before starting work. We looked at three staff files and we saw all the required checks had been carried out before staff had commenced their employment. This included checks on employment history, identity and criminal records. This process was to make sure, as far as possible, that new staff were safe to work with people using the service.

Relatives told us that they felt staff provided appropriate support with managing their family members prescribed medicines. One relative said, "When [name of family member] visits me, staff make sure they

have the exact amount of medicines they need. They also give me a form I have to sign to confirm [name of family member] has taken their medicines. This also includes staff signatures of when they have administered medicines so I know they are given correctly."

Records confirmed staff had detailed information about how each person preferred to take their medicines. This included information about what people's medicines were for, and clear instruction of the administration of medicines prescribed to be used as and when required for pain relief or anxiety. Medicine administration records (MAR) were used to confirm whether each person received their medicines at the correct time and as written on their prescription. We saw these had been fully completed and confirmed people had received their medicines correctly. Each MAR was identified with a picture of the person. This meant staff could safely administer medicines to the correct person. We completed a sample stock check of medicines and found these to be correct.

Staff told us they had received medicine training and an annual competency observation and assessment and records confirmed this. A staff member explained the process for ordering, safe storage and disposal of medicines. We saw medicines were safely and appropriately managed and stored in line with good practice guidance. The provider had an audit system that was completed daily to check medicines were being safely managed. An additional internal audit was completed by a representative of the provider on a two monthly basis. Where discrepancies or areas of improvement had been identified an action plan confirmed appropriate action had been completed. This told us that people could be assured that their medicines were safely managed.

Is the service effective?

Our findings

Relatives were positive and complimentary about the skills of staff. All felt that staff knew their family member's needs well and were trained and competent. One relative said, "Staff are very aware of [name of family member]'s challenging behaviour. They are sensitive towards them and work at their pace reducing any anxieties." Another relative told us, "We believe staff are sufficiently skilled and experienced. We met with many of the staff at formal meetings before [name of family member] admission to Cavendish. We also have been given assurance from the management that all staff are properly trained."

Staff told us about the induction they received when they started their employment. They said that it was supportive and helped them to understand their role and responsibilities. We saw records that confirmed new staff had received an induction that included the Skills for Care Certificate. This is a recognised workforce development body for adult social care in England. The certificate is a set of standards that health and social care workers are expected to adhere to. This told us that staff received a detailed induction programme that promoted good practice and was supportive to staff.

The registered manager told us about the training opportunities staff received. The provider had their own internal training coordinator that provided staff training and assessed staff's competency. The registered manager told us and staff confirmed their training was up to date. Staff were positive about the quantity and quality of training and said they had received training in, health and safety, autism awareness, first aid and food hygiene. Training records and certificates confirmed what we were told. This told us that people could be assured they were supported by staff that were appropriately trained.

Staff received appropriate support, supervision and opportunities to review their work and development. One staff member said, "The manager is really supportive, we have regular meetings with them but their door is always open." We saw the registered manager had a supervision and appraisal plan for 2016. This told us the provider had appropriate systems in place to support the staff team.

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

Relatives told us that if their family member was unable to give consent to their care and support they were involved in discussions and best interest decisions. One relative said, "I'm unsure if staff request consent before care is given. However, if [name of family member] does not feel they are properly understood and is confused about demands on them, their behaviour will deteriorate. This has not been the case." Another relative told us, "Staff involve us at all times and at very significant depth."

We found where people lacked mental capacity to consent to specific decisions MCA assessments and best interest decisions had been made appropriately. We observed staff interaction with people and saw that

staff were courteous and respectful with regard to consent. People were given choices and explanations, and staff were seen to respect people's decisions. We saw examples within support plans that showed people's capacity to consent was consistently considered.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA. At the time of our inspection no person was being restricted of their liberty. The registered manager showed us applications they had submitted to the supervisory body responsible for DoLS authorisations. These were due to concerns about people's freedom and liberty. This meant appropriate action had been taken to ensure people were not unlawfully restricted.

Training records confirmed staff had received training in MCA and DoLS. The provider had a policy and procedure to support staff of the action to take to ensure they applied the principles of MCA and DoLS when required. We found staff were knowledgeable about MCA and DoLS and what their role and responsibility was in protecting people.

Some people experienced periods of high anxiety and behaviours associated with their mental health needs. Staff spoken with were knowledgeable about people's individual needs. We found care records included detailed information for staff about people's fluctuating mental health needs and what people's coping strategies were. Staff had received training in the management and intervention techniques to cope with escalating behaviour in a professional and safe manner.

Relatives told us that their family member was supported and encouraged with healthy eating options. One relative said, "Staff support [name of family member] with making healthy choices. They have a weight issue that staff are aware of and are supporting with." Another relative said, "Great care was taken to obtain information about [name of family member]'s diet from Cavendish before they entered the service. They also appear to be extending their dietary choices."

Staff told us how they supported people with their dietary and nutritional needs. One staff member said, "We have a five week set menu which people were involved in developing. We have support from health professionals within the service to ensure meals provided are nutritionally balanced, we promote health food choices all the time."

People's support plans demonstrated people's dietary and nutritional needs had been assessed and planned for. These plans showed us that consideration of people's cultural and religious needs was also given in menu planning. People were supported to have their weight monitored so action could be taken if changes occurred. People's food intake was also recorded and monitored to check people were eating sufficient amounts.

We observed staff provided people with a choice of meal at lunchtime and that they encouraged people as fully as possible to assist in the preparation of snacks. This told us that independence and choice making were encouraged.

Relatives told us that they were confident their family member was supported appropriately by staff to maintain their health and access health services including specialist support. One relative said, "[Name of family member] was registered with the local GP when they moved to the service and is supported to attend appointments with a psychologist."

Staff demonstrated a good awareness of people's healthcare needs. People's support plans confirmed people's health needs had been assessed and people received support to maintain their health and well-being. People had 'Hospital Passports'. This document provides hospital staff with important information such as the person's communication needs and physical and mental health needs and routines. We found care records gave examples of the service working with external healthcare professionals such as the GP, district nursing service, occupational and speech and language therapists and consultant psychiatrists and psychologists.

Is the service caring?

Our findings

Relatives told us that they found staff to have a caring and compassionate approach in the way they supported their family member. One relative said, "Staff have coped brilliantly. [Name of family member] can be difficult to manage. Staff will contact me to talk things over; it's the best care [name of family member] has ever received." Another relative told us, "[Name of family member]'s behaviour would deteriorate if staff were other than kind and caring."

Relatives were positive that staff knew their family member's needs well. One relative said, "Yes, staff definitely know and understand [name of family member] needs, routines and what is important to them." We also found staff to be knowledgeable about people's preferences and personal histories. They showed an interest and commitment towards the people they supported.

Relatives said that their family member was involved as fully as possible in their care and support and that they were also actively involved and consulted. One relative told us, "Yes, we are involved formally and informally."

We observed staff to show good communication skills when engaging with people, taking consideration of people's needs and preferences about how they communicated. Staff told us about the different communication methods people used. This included verbal communication, gestures and body language, using pictures and signs. The registered manager said that social stories were also used as an effective method by staff to communicate with people. Social stories are ways to help people on the autism spectrum develop greater social understanding. We also saw that written information was presented in people's preferred communication style.

The registered manager told us that to enable and develop further positive relationships between staff and people who use the service; they were introducing a keyworker system. A keyworker is a member of staff that has additional responsibility for a named person who uses the service.

Relatives said that their family member was encouraged to be as independent as possible. Examples were given of how staff encouraged and supported people with household tasks and choices were constantly offered in all aspects of care and support provided.

Staff told us that a large part of the support they provided was to promote people's independence as fully as possible. One staff member said, "We give people a choice with everything, this is important to develop their independence. Also with tasks around the house such as cleaning their rooms, doing their laundry and choosing the clothes they wear, whatever they can assist with however small we encourage."

Relatives said that there were no restrictions placed upon them in visiting their family member. One relative said that they could visit whenever they wanted and this was encouraged. Other relatives confirmed this to be correct.

The registered manager told us that each person who used the service had a relative that acted as their advocate. However, they said that they would ensure people were supported to access independent advocacy service should this be required.

Relatives were positive that their family member was treated with dignity, privacy and respect. One relative said, "I have no concerns how [name of family member] is treated. I've observed staff to be respectful at all times."

Staff told us how they respected people's privacy, dignity and communication needs. One staff member said, "We knock and wait until we receive a response to go into anyone's room. When providing personal care we are respectful and give people privacy."

The importance of confidentiality was understood and respected by staff and confidential information was stored securely.

Is the service responsive?

Our findings

Relatives were complimentary about how the registered manager managed the pre-assessment and transition period for their family member. All relatives described how they, and previous support staff within services their family member received, were involved in meetings and discussions during the pre-assessment stage. One relative said, "The pre-assessment was very thorough, organised and involved lots of people in [name of family member]'s life. Cavendish staff also spent a lot of time with [name of family member] getting to know them, what they liked their routines and what was important to them." Another relative told us that their family member received information in an appropriate format about the place they would live, the support they would receive including photographs of the staff team.

Relatives told us that they were also involved in the transition plan for their family member. This was different for different people which told us the service was responsive and personalised to meet people's individual needs.

A social care professional gave us very positive feedback about the pre-assessment and transition plan and described support plans as "thorough and person-centred."

We saw examples of people's completed pre-assessments. These are important for the provider to complete to check that the persons' needs can be met or if there are any staff training or additional resources required. We found information to be detailed and used to develop a range of support plans that advised staff of what people's needs were and how these should be met.

Relatives told us that their family member received support that was based on their individual needs and wishes and that they lived active and full lives. Relatives said that their family member was given lots of choices about how they spent their time and that they had an individualised weekly activity plan. We saw examples of people's activity plans that were presented in an appropriate format for people with communication needs. People were supported to attend a variety of leisure, social and recreational activities. For example, some people attend community day services, swimming, the gym and trampolining. On the day of our inspection people were supported individually by staff to attend activities in the community.

A social carer professional told us that a person they supported was experiencing new activities and opportunities and whilst they had been provided with a clear structured timetable, choice and control was still promoted.

Staff told us that they had appropriate information available to them about how to meet people's needs. They said this enabled them to provide an effective and responsive service. Staff said support plans were reviewed on a regular basis to ensure they reflected people's current needs.

The registered manager told us that they contributed in an annual review organised by the funding authority that paid for people's placement at the service. The registered manager said that they arranged six monthly

review meetings with relatives either by telephone or face to face to discuss and review people's support plans.

We received feedback from a visiting social care professional who had recently conducted a review of the placement for a person they supported. They told us that they were very satisfied with the placement, Comments included, "Overall, this has been a very supported and carefully planned move for [name of person using the service] and the outcomes they are achieving are fantastic. Staff communication has been great."

People had information about how to make a complaint available and presented in an appropriate format for people with communication needs.

Relatives told us that they were aware of the provider's compliant procedure and said that they would be confident to use this if required. One relative told us that they had raised a concern and that they were satisfied with the action taken. They said, "We raised an issue regarding some of [family members name] destructive behaviour and a meeting was set up and progress was made."

Staff were aware of the provider's complaint procedure and were clear about their role and responsibility with regard to responding to any concerns or complaints made to them. The complaints log showed that no complaints had been received.

Is the service well-led?

Our findings

We spoke with relatives whose family member had lived at the service a few years and others where their family member had been there a few months. All were positive about the service their family received at Cavendish. Positive comments were made about communication, involvement and that staff understood their family member's needs and wishes. One relative described the service as, "Very calm and ordered." Another relative said, "It's a brilliant service, I visited several different services and felt this was the right one." They added, "As a parent you worry about who is looking after your child. But I feel happy with the placement. I have peace of mind they are cared for very well."

Relatives were positive about the leadership of the service. One relative described the registered manager as, "Very approachable. They respond quickly to phone calls and emails and listen to us and confirms action." Another relative said, "The manager is very organised, on the ball, always available and upbeat, they have people's best interest at heart all the time."

We looked at the service user guide and statement of purpose that informed people of what they could expect from the service. This included the provider's values and philosophy of care; we saw that staff acted in line with those values.

All staff spoken with were positive about the leadership of the service. One staff member said, "The manager is very supportive, really good, they are approachable, listens and welcomes suggestions." Another staff member said that the registered manager was a good leader as they often worked alongside staff and supported people who used the service on appointments and activities.

We found that staff were clear about their role and responsibility and the provider had a clear management structure and resources in place. This supported the registered manager to provide an effective service. Staff were observed to work well together as a team; they were organised, demonstrated good communication and were calm in their approach.

A whistleblowing policy was in place. A 'whistle-blower' is a person who exposes any kind of information or activity that is deemed illegal, unethical, or not correct within an organisation. Staff told us they were aware of this policy and procedure and that they would not hesitate to act on any concerns.

We saw that all conditions of registration with the CQC were being met. We had received notifications of the incidents that the provider was required by law to tell us about, such as any safeguarding any significant accidents or incidents. Appropriate action was described in the notifications and during our visit, records confirmed what action had been taken to reduce further risks from occurring.

The registered manager told us as part of the provider's quality assurance processes, feedback questionnaires were sent to peoples' relatives about the service provided. The registered manager showed us the analysis of a questionnaire survey completed in 2015. However, this included all the provider's services. We therefore did not have specific information relating to Cavendish.

The registered manager told us that at present 'resident' meetings were not happening but this was something they wanted to introduce, to enable people to be as fully involved in the service.

Relatives told us that they had attended meetings organised by the provider. They said that these were arranged yearly and that they liked this opportunity to learn more about the organisation. . The meetings informed them about the management structure of the organisation and was a good opportunity to meet other relatives.

The registered manager told us about quality assurance systems and processes in place that monitored the quality and safety of the service. This involved daily, weekly and monthly audits and we saw these records included areas such as the environment, staff training, supervisions care records, health and safety.

The provider also had representatives from the organisation that completed audits that monitored the effectiveness of the service. We saw records that showed where improvements had been identified action plans were in place to make these required changes. This told us that the provider was continually reviewing and improving the service.