

# Majesticare Cavendish Limited

# Cavendish Park

## Inspection report

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Date of inspection visit:  
18 January 2021

Date of publication:  
21 April 2021

## 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?	Requires Improvement ●

# Summary of findings

## Overall summary

### About the service

Cavendish Park is a nursing home providing personal and nursing care to 26 people aged 65 and over at the time of the inspection. The service can support up to 67 people.

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

People were supported by staff who understood how to keep them safe and understood the risks to their health. The registered provider had recruitment systems that reviewed the background of potential staff to assure themselves of the suitability of potential staff. Through their own checks, the registered provider became aware of a number of issues and the registered provider had improved systems for staff support with medicines.

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

People were involved in planning their care. Staff training was monitored to ensure staff training was up to date. Staff were supported with guidance from senior staff on how best to support people.

People liked the staff supporting them. Staff understood the importance of supporting individuals to maintain their dignity, independence and understood how to promote their human rights.

People's care was updated and reviewed regularly. People were supported to maintain relationships important to them and staff understood how best to communicate with them. The registered provider had a complaints process in place to review and act upon any complaints they received. People were involved in planning their end of life care where appropriate.

A number of changes had occurred in the management team of the home. At the time of the inspection there was no permanent manager in post and a clinical lead had just joined the home. A new manager had been appointed and was due to join the organisation on 01 February 2021. The home was operating at below fifty percent of maximum registered occupancy, with the registered provider focusing on residential care until they had a stable nursing team in place. We could not yet be assured that systems in the home could be sustained.

Staff enjoyed working at the home and felt it was a good place to work. The registered provider was working with the local authority and Clinical Commissioning Group to develop the home.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)  
This service was registered with us on 12/08/2019 and this is the first inspection.

### Why we inspected

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to coronavirus and other infection outbreaks effectively.

The inspection was prompted in part due to concerns received about medicines, infection control, and staffing. A decision was made for us to inspect and examine those risks.

### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

# Cavendish Park

## 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 Care Act 2014.

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

#### Inspection team

There were three inspectors in the inspection team.

#### Service and service type

Cavendish Park is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service did not have a manager registered with the Care Quality Commission at the time of the inspection. This means the provider is legally responsible for how the service is run and for the quality and safety of the care provided. The registered provider had recruited a new manager who was due to commence work shortly after the inspection.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service

and made the judgments in this report.

We reviewed information we had received about the service. We sought feedback from the local authority and professionals who work with the service. We used all of this information to plan our inspection.

During the inspection-

We spoke with twelve members of staff including the assistant manager, clinical lead, senior care workers, care workers and the activities co-ordinator. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included five people's care records and multiple medication records. We looked at two 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.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We reviewed the information sent into us by the provider.

# 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 for 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 felt safe around staff they were familiar with and who knew their needs well. Staff had received training and understood the need to escalate any concerns they had. Staff felt assured any issues they raised would be acted upon appropriately.

Assessing risk, safety monitoring and management

- Staff understood the risks to people's health and how to support people to remain safe. Risk assessments had been completed and reviewed to ensure risks to people's health needs were documented. Staff told us they felt they had the information they needed to support people safely and that information was updated and shared daily through handover meetings.

Staffing and recruitment

- People received the support from staff they needed. We saw staff check on people regularly and support them in ways that were appropriate for the person. For example, where people needed reassurance because they were anxious this was provided. We also saw people were transferred safely and with the appropriate number of staff.
- The registered provider's recruitment processes included checks on the background of potential staff to assure them it was safe for staff to work at the home.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Learning lessons when things go wrong; Using medicines safely

- The registered provider shared with us details of a number of incidents that had occurred in the home and the investigations that had taken place. Whilst the registered provider accepted that the incidents should not have occurred, they had learnt lessons and immediately implemented changes to prevent a reoccurrence of the issues.
- The registered provider had also enhanced their auditing process to identify issues that may have the potential to cause harm. For example, staff training to support people with their medicines had been refreshed and updated to ensure the registered provider was satisfied staff could support people safely.
- However, we noted that there were some occasions when fridge temperatures were not consistently recorded. Whilst we noted that there had been no harm caused, current systems had not identified this. Immediate steps were however taken to further enhance auditing systems.
- Staff felt confident in supporting people and felt the improved training had been beneficial.
- Staff understood how to store medicines safely and in line with current guidance. A staff member told us "They [the management] do tell us if things need changing."



# 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 for 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

- The registered provider met with people and their families prior to people moving to the home. People's needs and preferences were recorded for staff to refer to in order that people had the correct support in place.

Staff support: induction, training, skills and experience

- Staff told us they felt the training was thorough and helped them support people appropriately.
- Staff training was reviewed to ensure staff had the necessary training to support people.
- Staff told us they were supported during their induction through a mixture of training and shadowing experienced staff. Staff told us they felt confident supporting people as the induction had been comprehensive.

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

- People were supported to make choices about the food and drink on offer. People were encouraged to maintain healthy fluid levels through a variety of ways. High water content treats were offered as well as drinks being made available throughout the home. Where appropriate, people were encouraged to prepare their own drinks to maintain their independence.
- Staff understood which people required support with their meals and ensured they received it. People that required a special diet also received this.

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

- Staff attended a daily handover meeting to understand people's most up to date needs. Staff told us this helped them to understand people's care needs so that any issues they identified could be monitored and escalated to the management as appropriate. This also meant referrals could be made to healthcare professionals in a timely manner.
- A new clinical lead had commenced work at the time of the inspection and explained how they were familiarising themselves with the systems and wanted to further improve systems for reporting issues.
- Staff spoke confidently about how they shared information with senior staff if they were concerned about anyone and felt senior staff would act on their concerns. They also felt they would receive advice and guidance about people's care if they needed it.

Adapting service, design, decoration to meet people's needs

- The building was a brand-new purpose-built building. People were encouraged to bring in items from home that were personal to them and helped them feel at home. For example, people had photos of their family on display in their bedrooms.

#### 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 Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA , and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff had received training on the MCA and understood the importance of obtaining consent when they supported people.
- Staff were knowledgeable about the people subject to a DoL and the circumstances in which it had been granted. Dols were obtained and reviewed appropriately to ensure their validity was maintained.
- Where a best interest decision had been made, the decision and nature of decision had been recorded appropriately.

# 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 for 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 engaged with staff in a positive manner. We saw people demonstrate warmth towards care staff who reciprocated it as appropriate.
- Staff described how they helped to make people feel welcome and valued. Staff explained what diversity meant and how they supported people to express themselves in ways which the person preferred. Staff came from a variety of backgrounds and explained to us how this helped them demonstrate empathy and ensuring people felt welcomed.

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

- People were involved in day to day decisions about their care. For example, people made decisions about whether to participate in activities and where they would like to spend their time.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity. Staff told us they had received training and understood how to support to maintain their dignity and independence. Staff explained how they supported people with their individual needs.

# 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 for this newly registered service. This key question has been rated Good.

This meant people's needs were met through good organisation and delivery.

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

- People's preferences for care were listed in their care plan in consultation with their families where appropriate. Care plans we reviewed demonstrated that people's care was reviewed and updated regularly.
- People's care was adjusted according to people's changing needs and circumstances and in line with additional medical advice and guidance that was offered.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff understood how people's communication could be impaired and understood how best to support people. Staff explained to us ways in which they could best communicate with people. Dementia friendly posters and household objects were used to help reassure people. Sensory objects were also used as appropriate.

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 offered opportunities to be involved in past times they enjoyed or had participated in prior to living at the home. For example, one person liked a genre of film they were supported to continue to enjoy. Another person liked crosswords and were supported to complete them.
- During lockdown, activities had been increased at the home and some entertainers performed for people 'virtually'.
- People with spiritual requirements were supported to maintain their beliefs.
- People were encouraged to maintain contact with families and friends via social media forums and through telephone.

Improving care quality in response to complaints or concerns

- The registered provider had a complaints process in place. Complaints were reviewed and investigated to in line with the registered provider's complaints policy. Complaints were monitored to identify any potential trends.

## End of life care and support

- Where appropriate, people were supported to help plan their end of life in a way that reflected their wishes. Care plans detailed people's end of life plans for staff to refer to.

# 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 for this newly registered service. This key question has been rated Requires Improvement.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Since the home was registered in August 2019, there had been a number of changes in management. There had been three staff members carrying out the role of manager and two clinical leads.
- There had also been a turnover in nursing staff. At the time of the inspection the home was operating below fifty percent occupancy as the registered provider had decided to focus on residential care and reduce nursing care until they had more stable management in place. As no nursing care was being provided at the time of the inspection, systems in place for that activity were not looked at.
- Staff we spoke with were positive about the registered provider and working at the home but felt the changes had created uncertainty. A number of incidents had occurred at the home that whilst not causing long term harm to people could have been prevented.
- The registered provider had acted immediately when they were made aware of the incidents and investigated them and made the necessary notification to CQC as appropriate.

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

- People's care was fully reviewed through the "Person of the day" review to ensure the person was happy with their care and received the care they needed. Care plans were updated appropriately.
- People and their families were also kept up to date about the home through meetings and newsletters.
- The registered provider recognised the need to keep people and staff updated about changes at the home. Staff told us they felt recent meetings had helped reassure them. A staff member described the feedback from the management team as being "Very thorough".

Working in partnership with others

- The registered provider was working the local authority and Clinical Commissioning Group in order to develop the service further. The registered provider had also received recognition for the home through a number of prizes they had won such as for the design of the building and meals served.

