

Cavendish Homecare Ltd

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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 responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Cavendish Homecare Ltd is a domiciliary care service providing personal care to adults. 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 our inspection there were 21 people receiving support.

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

People and relatives spoke positively about the staff. One relative told us, "They always seem to be happy and friendly. They are patient with [relative] and ask her what she wants."

People were safeguarded against the risk of abuse. People told us they felt safe with the staff who supported them. One person said, "They can be trusted. I trust the carers and the firm. I would recommend them."

Recruitment had been affected by COVID-19 and the current cost of living crisis. The provider had reduced the areas they covered to ensure they had enough staff to cover people's needs. Most people and relatives told us that they saw the same staff and they stayed for the correct length of time. One relative said, "They are reliable, consistent and easy to access if you have concerns."

There was a system in place to manage medicines safely. We identified several issues with the recording of medicines. The registered manager told us this would be addressed. We have made a recommendation about this.

People and relatives told us that staff wore PPE to help reduce the risk of infection.

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. The registered manager was strengthening their recording systems around the MCA, to ensure it was clear how staff were following the requirements of the MCA. We have made a recommendation about this.

Staff were suitably supported and trained to ensure they could carry out their roles safely and effectively. Most people told us staff knew what they were doing. Staff supported people to eat and drink enough, where this was part of their plan of care.

People and relatives confirmed that staff were responsive to people's needs and planned and provided person-centred care. Comments from relatives included, "I think they are responsive. They are very accommodating. They have picked up on any little thing" and "They make sure [relative] is alive and go over and beyond." Care plans were in place which contained information about people's care and preferences. Reviews were carried out to ensure the care provided, met people's needs. One relative said, "They do

what's asked and seem to follow the care plan."

Audits were carried out to monitor the quality and safety of the service. The provider was strengthening their medicines recording system. People and relatives spoke positively about service. Comments included, "I would recommend Cavendish for the 100% attention you get" and ""They fit in with me I am happy with the carers."

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

Rating at last inspection

The last rating for this service was requires improvement (published 2 September 2021) and there were breaches of regulation in relation to staff training and support, recruitment procedures and quality monitoring processes. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report covers our findings in relation to the key questions safe, effective, responsive and well-led which contain those requirements.

We used the ratings awarded for the caring key question at the last comprehensive inspection to calculate the overall rating. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

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

Recommendations

We have made recommendations in the safe and effective key questions in relation to the recording of medicines and the maintenance of records regarding the Mental Capacity Act (2005). Please see these sections for further details.

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 responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Cavendish Homecare Ltd

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

The inspection was carried out by one inspector and 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 is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post. The registered manager was also the provider/owner of the company.

Notice of inspection

This inspection was announced. We announced the inspection to enable staff to ask people, relatives and staff whether they would be happy to speak with us and provide us with their contact details, so we could talk with them before our visits to the office. Inspection activity started on 26 September 2022 and ended on 27 October 2022. We visited the location's office on 20 and 27 October 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 4 people, 8 relatives, the registered manager/provider and three staff. Three staff also emailed us with feedback about what it was like to work for Cavendish Homecare Ltd.

We reviewed a range of records. This included records relating to people, staff and the management 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.

At our last inspection we rated this key question as requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

At our previous inspection, an effective recruitment system was not in place. This was a breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 19.

- Recruitment checks were carried out to help ensure staff were suitable to work with vulnerable people.
- Risk assessments were in place which detailed the actions taken, when the provider had to start staff in their roles urgently, before all the necessary checks were obtained. This included not working alone and shadowing experienced staff.
- There were sufficient staff deployed to meet people's current needs. Most people and relatives told us they saw the same staff and they were generally on time. Comments included, "They have never missed, 9 times out of 10 they are on time. They always stay to complete the tasks" and "I now have consistent timings. They are rarely late; they will call if they are going to be late."
- Recruitment had been affected by COVID-19 and the current cost of living crisis. The provider had reduced the areas they covered to ensure they had enough staff to cover people's needs.

Using medicines safely

- There was a system in place to manage medicines safely. We identified several issues with the recording of medicines. The registered manager told us this would be addressed.

We recommend the provider reviews best practice in relation to the recording of medicines and reiterates this to staff to ensure this is followed.

- People and relatives raised no issues about medicines management. One relative told us, "They administer medicines, definitely as instructed, no issues."

Systems and processes to safeguard people from the risk of abuse

- There was a safeguarding system in place. Staff raised any concerns with management staff which were reported to the appropriate agencies and investigated.
- People and relatives told us they felt safe with the staff who visited. One person told us, "I feel safe with all the carers, they are respectful."

Assessing risk, safety monitoring and management

- There was a system in place to assess, monitor and manage risk. One relative said, "Two staff came to do risk assessments before they started."
- Risks were assessed and monitored so action could be taken if any issues were identified.

Preventing and controlling infection

- An infection control system was in place.
- People and relatives told us that staff wore PPE to help reduce the risk of infection.

Learning lessons when things go wrong

- Lessons learned had been identified following the previous inspection and action had been taken to improve.

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.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

At our previous inspection an effective system to ensure staff were suitably trained and supported was not fully in place. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- Staff were supported and trained to ensure they could carry out their roles safely and effectively.
- Training was ongoing. More face to face training was being organised. Staff had been allocated additional training to complete.
- Most people and relatives felt that staff knew what they were doing. They explained that new staff shadowed more experienced staff. One relative felt that some staff required more support/observation of their practice which we passed to the registered manager for their information.

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

- People's needs were assessed and delivered in line with best practice guidance. Pre assessments were carried out before people started to use the service to make sure people's needs could be met.
- It was not always clear how people's oral hygiene needs were assessed. The registered manager immediately addressed this and amended their documentation.

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

- Staff supported people to eat and drink enough, where this was part of their plan of care.
- People and relatives spoke positively about the support staff provided. Comments included, "They cook for me, fresh cooking - they can all cook. They always ask me first. I've always liked the food and they know how I like my tea" and "She gets a choice at breakfast and they leave a sandwich made for her. She gets plenty of drinks, they are left on the table for her."

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

- People and relatives told us that staff supported people to access health care when this was required. Comments included, "The first thing they ask is 'how are you feeling today?'" and "They have suggested contacting the GP when [relative] was not well, or in pain."

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.

- The registered manager told us that no one using the service was subject to any restrictions placed upon them by the Court of Protection.
- The provider was strengthening their recording systems around the MCA, to ensure it was clear how staff were following the requirements of the MCA.

We recommend the provider reviews best practice guidance in relation to records regarding the MCA to ensure these are maintained.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to 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 and relatives confirmed that staff were responsive to people's needs and planned and provided person-centred care. Comments included, "They are responsive to my needs. They know me, I have one carer during the week and the same girl at weekends for continuity" and "The care plan includes my little bits of extras. They do things the way I want it to be done, how I like it. There is a review every six months, for any changes"
- Care plans were in place which detailed information about people's care and preferences.
- Reviews were carried out to ensure the care provided, met people's needs.

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.

- The provider was meeting the AIS. Information regarding people's communication needs was recorded in people's care plans. The registered manager told us that information in various formats could be accessed for people if this was required.

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 supported to maintain contact with family members.
- People were supported to access the local community and maintain relationships to avoid social isolation, where this was part of their plan of care.

Improving care quality in response to complaints or concerns

- There was a complaints procedure in place. Some people and relatives told us that they had raised issues with the management team which had been addressed. One person told us, "I rang the agency a few times regarding little things, they have listened and sorted them out."
- We spoke with the registered manager about recording any concerns and actions taken centrally, so any themes or trends could be more easily identified. Following our feedback, the registered manager changed their recording system to address this issue.

End of life care and support

- No one was receiving end of life care. The registered manager told us that they would work with people, relatives and health and social care professionals to ensure people's wishes were respected and their needs met at this important time.

Is the service well-led?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At our previous inspection, an effective system to ensure compliance with the regulations and monitor the quality and safety of the service was not fully in place. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- A system to monitor the quality and safety of the service was in place. People and relatives spoke positively about the management of the service. One relative told us, "I think it's well managed. There's a balance between good quality provision and cost."
- Audits were carried out to monitor the quality and safety of the service. The provider was strengthening their medicines recording system.
- The registered manager and office manager were receptive to the feedback we provided during the inspection and acted immediately on any issues.
- The registered manager was undertaking the local authority's 'Excellence in care' programme to further enhance their knowledge and skills.

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

- The service is a family run company which promoted a friendly, family-orientated culture. There was a cheerful atmosphere at the office when we visited. Staff spoke positively about working at the service and the people they supported.
- People and relatives also spoke positively about the caring nature of staff and the support they received. One relative said, "I would say they are excellent. I am grateful for their care and support."

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

- There were systems in place to involve people, relatives and staff in the running of the service.
- Surveys were carried out and staff meetings held.

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

- The registered manager understood their responsibilities in relation to the duty of candour. There had been no incidents at the service which required them to act upon this duty.

Working in partnership with others

- The registered manager liaised with the local authority and other domiciliary care agencies, to seek advice and share good practice.