

Maria Mallaband Properties (4) Limited

Cavendish Court

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?	Requires Improvement ●

Summary of findings

Overall summary

About the service

Cavendish Court is a residential care home providing personal and nursing care to 39 people aged 65 and over at the time of the inspection. The service can support up to 43 people. The accommodation is provided over three floors, each of which has separate adapted facilities.

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

Through this inspection we found improvements had been made and the provider was no longer in breach of regulations. However; further development was needed to demonstrate improvements were embedded into working practice. The provider was making improvements to the assessment process, reviewing how staff were deployed across the home and replacing the existing call bell system to ensure the quality of care could be better monitored for effectiveness.

The care delivered to people was person centred. Staff were described as, "kind", "caring" and "excellent." Checks were in place to ensure the safe recruitment of all staff employed at Cavendish Court.

Risks to people's health and wellbeing were safely identified, monitored and reviewed. This included where people needed support with prescribed medicines or had diagnosed health conditions requiring specific plans of care.

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 encouraged to personalise their bedrooms. A number of environmental improvements were being made which were designed to assist people living with dementia.

The home was visibly clean and well maintained. We were assured systems and practices were in place to manage any risks relating to the COVID-19 pandemic.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 04 July 2019) and there were two breaches of regulation. 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

The inspection was prompted in part due to concerns received about the safe management of pressure wounds and infection control. A decision was made for us to inspect and examine those risks. We found no evidence during this inspection that people were at risk of harm from this concern. Please see the Safe section of this full report.

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 COVID-19 and other infection outbreaks effectively.

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

Cavendish Court

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

This inspection was carried out by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

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

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our

inspection.

During the inspection

We spoke with four people who used the service and 18 relatives about their experience of the care provided. We spoke with two visiting health professionals. The registered manager was absent during the period of our inspection; however we did speak with 11 members of staff including the assistant manager, representatives from the provider's quality team, nurses, senior care workers, care workers and domestic staff. 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 13 people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision and a number of temporary worker (agency) records. 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 looked at training data and quality assurance records. We spoke with one health professional who regularly visits 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 the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to ensure people's care and treatment was safe. This placed people at risk of harm. This was a breach of regulation 12 (Safe Care and Treatment) 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 12.

- The management of pressure related wound care had improved; detailed care records supported this. Referrals to other health professionals had been made in a timely manner when appropriate. One health professional also told us they felt the staff managed pressure care well.
- Other risks to people's health had been appropriately assessed, and care plans had been developed to safely manage identified risks.
- Most relatives we spoke with told us they felt their loved ones received safe care. One told us about the support one person needed in response to the risk of falls and said, "I feel [name] is very safe. [Name] is content. [Name] is frail and had many falls whilst living at home. [Name] is now in a safe environment where [name] can get around and the staff keep an eye on [name]. [Name] has been given a Zimmer for safety." Another told us, "I am very happy with [name's] care. I have no concerns at all. The staff do a very good job at looking after [name] and keeping [name] safe."
- Routine checks on the environment and equipment such as emergency call bells were maintained. Certificates and audit documentation supported this.

Preventing and controlling infection

- The home was visibly clean and tidy; cleaning schedules were maintained. Most people we spoke with supported this. One relative told us, "The home is kept clean and tidy. [Name's] bathroom is always clean and they change [name's] bed sheets regularly."
- 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.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- People were protected from the risk of abuse; policies and procedures supported this. Staff had completed safeguarding training and knew how to raise concerns. During the inspection we were made aware of a number of current investigations into allegations of abuse. Provider records demonstrated referrals had been made to the local authority safeguarding team and appropriate investigations to any allegations raised were completed.
- Systems were in place to record accidents and incidents. They were reviewed regularly by the registered manager to look for any trends; and identify whether future incidents could be prevented.

Staffing and recruitment

- Staff were safely recruited. Appropriate checks had been made before offers of employment were made. This included checks on temporary (agency workers).
- Staffing levels were safe. One relative told us, "I do feel that staffing levels are good, the newsletter we get every Monday shows vacancies in the home for staffing and I haven't felt that there has been a big turnover of staff."
- People and staff told us of some pressures on one particular floor of the home. Some people fed back they had to wait for their care needs to be met when they called for assistance. One person told us, "The staff work far too hard." We discussed this feedback with the management team who told us they would review the deployment of staff across the home. We were also told the regional director was replacing the existing call bell system. This meant call bell waiting times could be monitored more effectively.

Using medicines safely

- Medicines were managed safely. Records of administration were well maintained, in line with best practice.
- Medicines were stored securely, and only administered by staff who were suitably trained.

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 the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to 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; Supporting people to eat and drink enough to maintain a balanced diet; Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

At our last inspection the provider had failed to ensure records were completed effectively to monitor the health and safety of people. 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.

- People's needs were assessed. Care plans reflected advice and guidance provided by other health professionals.
- People's nutritional and hydration needs had been assessed and were being met. Staff were aware of people's needs and preferences in relation to meals and drinks and this was reflected within their care plans.
- Staff offered appropriate choices to people during mealtimes and people could access snacks throughout the day and night. We observed one person request particular snacks to be available during the night. Staff responded promptly to this request. People could also choose where they wanted to take their meals and we observed this was respected.
- People also spoke positively about the food on offer. We were told, "The food is great, really nice," and, "The food in the home is of a super standard. [Name] gets a balanced diet and plenty of choice."
- People had access to healthcare services and support; care records showed referrals were made to other agencies when specialist advice was required. Relatives told us they felt well informed and all health professional's we spoke with described positive working relationships with staff working at Cavendish Court.

Staff support: induction, training, skills and experience

- Staff received appropriate training; and received an induction when they started working at Cavendish Court.
- Staff spoke positively of additional training they could access. We were told, "There is a lot of training, it's good they provide it. You can request more training," and, "I think training is really good. I have done the

dementia tour bus, it's was really good."

- Relatives also felt staff were well trained. One told us, "The staff are trained well as they cope with all [name's] needs." Another said, "I feel the staff are well trained and know how to deal dementia issues. One carer who has been there for a while talked to me about [name] and I thought she had taken the time to understand the situation."

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

- People had the equipment they needed to be supported effectively and were able to personalise their own bedrooms.
- Environmental improvements were underway at Cavendish Court at the time of our inspection. These had been carefully considered to assist people living with dementia.

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.

- Where people were unable to consent to their care, identified areas of support were appropriately assessed under the MCA. Decisions were clearly recorded when care was delivered in the person's best interests.
- Where appropriate, DoLS applications had been made; identified conditions in authorised DoLS were reflected in care plans.
- Throughout our inspection, we observed staff asking people for consent before they delivered care. We also discussed the MCA with staff who confirmed they received training; and were able to describe what this meant in practice.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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; Respecting and promoting people's privacy, dignity and independence

- We observed warm interactions and genuine affection between staff and people living at Cavendish Court throughout the inspection. People were supported by staff who knew them well. One staff member told us, "I love working here. I have found my vocation in life."
- Staff were described as, "brilliant," "stonking," and "wonderful." One person told us, "I get all my needs catered for." Another said, "The staff are very nice, very caring."
- Relatives told us they felt people were well cared for. We were told, "[Name] looks well cared for and presentable. [Name's] fingernails, hair etc are all attended to," and, "We know the staff are looking after [name] well. On one occasion I had to go back in, they didn't know I was there, but I could see the staff being kind to [name]." Another relative told us, "[Name] doesn't like being touched, but they know how to deal with that situation by looking at [name] face to face and explain what they are going to do."
- People were supported to be as independent as possible. Relatives told us of a number of examples including, "[Name] helps [staff] to change the sheets," and "[Name] can't move much so they have to help her a lot, but they do encourage [name] to wash her face and things like that." Another relative told us, "I can't fault the staff; they treat [name] really well. They encourage her to be independent when it is safe and when she can do something."
- People's diverse needs were known and respected, including any characteristics under the Equality Act 2010.

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

- We observed people being offered choice throughout our inspection and encouraged to make everyday decisions.
- Care plans were reviewed on a regular basis. Not all relatives had seen copies of people's care plans, however they confirmed that they were kept informed by staff of any changes in people's care needs and their views were sought. We were told, "I am involved in discussions about [name] all the time," "[staff] have spoken to me about Deprivation of Liberty," "I haven't seen Mum's care plan, but I discuss my Mum's needs with staff," and, "[Name] does have a little difficulty feeding herself, but in consultation with me, the home want to make every effort to encourage [name] to feed herself."
- People were encouraged to access independent advocacy to assist them to make decisions.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as requires improvement, At this inspection this key question has now improved 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; 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.

- Care plans were person centred and reflected people's personal preferences. Relatives we spoke with confirmed staff were aware of people's likes and dislikes and responsive to people's needs. We were told, "The staff appear to understand [name's] issues," and, "The staff are very responsive to [name's] needs. The staff accept and recognise changes to [name's] mood. When [name] is like this, [name] gets frightened of being in [their] room, so the staff keep [name] in the lounge where they keep [name] calm."
- Communication needs were assessed. Care plans identified support needs around this. For example, assistive technology was used for one person whom English was not their first language.
- Information about the home was available in different formats and languages upon request.

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

- The provider was in the process of recruiting a new activity co-ordinator. Temporary arrangements were in place to ensure there was a dedicated staff member available to offer activities to people. Although the opportunity to provide some activities was limited due to COVID-19 restrictions, we observed people participating in individual and group activities including arts and crafts, quizzes and sing-a-longs.
- Although activities were available to all, some chose not to participate. This was confirmed by relatives who told us, "The home does provide activities, but [Name] entertains herself so she doesn't take part, but that is her choice," and, "[Name] likes to be in her own room, so the staff don't force her to mingle in the lounge area with other residents if she doesn't wish to."
- Prior to restrictions being imposed during the COVID-19 pandemic, people had been supported to access the community. The deputy manager told us they were looking to reintroduce this in line with national easing of restrictions.
- People confirmed they were supported to keep in touch with friends and family when unable to visit in person.

Improving care quality in response to complaints or concerns

- A complaints policy was in place and information on how to make a complaint was clearly visible. Records were maintained.
- People confirmed they knew how to raise a complaint and who they would complain to. One relative told us, "If I ever have a concern, I mention it and things are sorted out straight away."

End of life care and support

- Care plans demonstrated people and their loved ones had been involved in decision making when a person was at the end of their life. Personal wishes were documented.
- Where appropriate, Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) orders were placed prominently in care files. Handover records also contained this information.

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 the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. 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.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

At our last inspection the provider had failed to ensure records were completed effectively to monitor the health and safety of people. 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.

- Since our last inspection, a new registered manager had been appointed. Relatives spoke positively about the current management team. We were told, "The [registered manager] and deputy are very contactable, friendly and supportive," "The home is a friendly place and I would recommend the home to anyone," and, "The [registered manager] and the deputy are very good, things have improved and things appear stable since they have been in charge."
- Governance systems in place demonstrated the registered manager understood their responsibility for notifying the Care Quality Commission of events that occurred within the service.
- Staff told us they also enjoyed working at Cavendish Court. One staff member told us, "I love working there and it is the best group of staff I have worked with." However, consistently, staff fed back about pressures regarding workload on one particular floor of the home and told us they would like more time to spend with people. The current call bell system didn't enable the registered manager to always monitor waiting times effectively.
- Whilst sufficient improvements had been made to ensure people now received safe care and treatment, we did find some actions to address issues identified at our previous inspection were not fully embedded into everyday working practice. For example, management spot checks needed to ensure all areas of the home which could cause a risk to people's physical safety were secured at all times and kept clear of unsuitable items.
- Although we were satisfied people were supported by staff who knew them well, documentation to capture information about people's personal history and in one case, a person's assessed need, wasn't always fully completed. This lack of detail had also been highlighted by the provider in an investigation into an allegation of abuse as care plans didn't clearly identify who was responsible for an element of one

person's care.

- We discussed the above issues at length with the management team throughout the inspection as well as any issues raised by people we spoke with. We were assured actions had been taken to address the issues we identified, as well as identified learning from recent incidents which had occurred. This included replacing the call bell system and reviewing the assessment process for people moving into Cavendish Court so it is more robust.

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

- Most relatives told us they felt well informed by the registered manager. We were told, "We get communication every Monday. They tell us what is going on in the home."
- We were also told prior to restrictions imposed during the COVID-19 pandemic relatives could attend regular meetings to discuss their views. Currently these were not in place, however, one relative told us, "I have had an odd questionnaire to collect my views, but I know I can speak to staff about anything."
- Regular team meetings were in place. We were also told of initiatives in place to reward and recognise staff. This included a 'Worker Bee' award. Staff could nominate each other for this award in recognition of 'going the extra mile'. An awards event was also being planned by the provider to recognise staff achievements.
- Records demonstrated a clear understanding of duty of candour; records demonstrated people had been informed when things had gone wrong.
- The most recent CQC rating was clearly displayed in the reception area and on the provider's website.

Working in partnership with others

- Information contained within care plans demonstrated staff worked in partnership with other agencies. We spoke with a number of health professionals. Without exception, they described positive working relationships with staff work at Cavendish Court. Staff were described as very responsive and always prepared for any visits.