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Cavendish Domiciliary Care Agency

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

Cavendish Domiciliary Care Agency (CDCA) provides support to individuals in their own home. The service supports people with a learning disability and some people may also have a physical disability. At the time of our inspection CDCA were supporting 26 people living in seven supported living houses.

The service is registered for the provision of personal care in people's own homes. This includes assistance and prompting with washing, personal care and dressing, eating and drinking. We call this type of service a supported living service.

People's accommodation was provided by a separate landlord usually on a rental or lease arrangement. CDCA was solely responsible for the provision of personal care to people and not for the property. This meant people could use an alternative service provider if they wished.

People who use the service had a wide range of and support needs, ranging from mild to severe learning disabilities. Some people may have needed support 24 hrs. of the day. Other people were more independent and receive support for a few hours a day to help with their daily routines.

This was an announced inspection which took place on 14 April 2016.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 and associated Regulations about how the service is run.

People felt safe and staff knew what actions to take to protect people from abuse. Staff recorded assessments to identify people's health and support needs and any risks to people. There were processes in place to identify, manage and reduce risks to people.

People were supported by enough suitably qualified and experienced staff. Robust recruitment and selection procedures were in place and appropriate checks had been undertaken to ensure the staff were suitable for their role.

People received care from a consistent staff team who were well supported and trained in meeting people's needs.

The provider had systems in place to support people take their prescribed medicines safely.

People were provided with a choice of healthy food and drink to make sure their nutritional needs were met. At mealtimes people ate well and were content with their choices.

Care staff understood the need for consent when providing care.

People were supported in a way that promoted their dignity by being valued and spoken to kindly and treated with respect.

Staff supported people to maintain good health and access healthcare professionals when needed.

Assessments had been carried out and personalised care plans were in place which reflected each individual's needs and preferences.

The provider has an effective complaints procedure and people had confidence that concerns would be investigated and have been addressed.

The registered manager had developed innovative systems to seek people's views about their care on a daily basis. People received care that was consistently responsive to their needs.

The service benefited from an open management structure and visible leadership. Arrangements were in place to monitor the quality of the service being delivered and drive improvement.

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.

Staff knew how to protect people from abuse or poor practice in order to keep them safe. There were processes in place to listen to and address people's concerns.

The provider had identified risks to people's health and safety with them, and put guidelines in place to minimise the risks.

There were enough staff who had been recruited safely and who had the skills to provide people with safe care.

Staff followed correct procedures for supporting people with medicines so that people received their medicines safely and as prescribed.

Is the service effective?

Good

The service was effective.

Staff received regular supervision and training relevant to their roles.

Staff had a good knowledge of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards and how this Act applied to the people they cared for.

People were supported to eat and drink sufficient amounts to help them maintain a healthy balanced diet.

People had access to healthcare professionals when they required them.

Is the service caring?

Good

The service was caring.

Staff had developed positive caring relationships with the people they supported.

People were involved in making decisions about their care and

their families were appropriately involved.

Staff respected and took account of people's individual needs and preferences.

Is the service responsive?

Good

The service was responsive.

People had their support and care needs kept under review.

People's choices and preferences were taken into account by staff providing care and support.

Concerns and complaints were investigated and responded to and used to improve the quality of the service.

Is the service well-led?

Good

The service was well-led.

There was an open culture at the service. The management team were approachable and had a visible presence in the service.

Staff were valued and received the necessary support and guidance to provide a person centred and flexible service.

The service had an effective quality assurance system. The quality of the service provided was monitored regularly and people were asked for their views.

Cavendish Domiciliary Care Agency

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.

The inspection took place on 14 April 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that people would be available for us to talk to. The inspection team consisted of two inspectors.

We had asked the provider to complete a Provider Information Return (PIR) which they submitted to us before the inspection. 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 the inspection we reviewed other records held by CQC which included notifications, complaints and any safeguarding concerns. A notification is information about important events which the service is required to send us by law. This enabled us to ensure we were addressing potential areas of concern at the inspection.

During the inspection we visited the service's registered administrative office and three houses in other locations where people who used the service lived. The premises visited, included shared occupancy houses which were leased or rented from private landlords independently of the service provision.

One the day of the inspection we spoke with the registered manager, one of the directors and three house managers (these were managers of each supported living house). We also spoke to seven people who used the service, seven members of staff and two relatives.

We looked at five people's support records and examined information relating to the management of the service such as personnel and recruitment records, quality monitoring information and complaints.

At our previous inspection in May 2014 we had not identified any concerns at the service.

Good

Is the service safe?

Our findings

All of the people we met were relaxed and happy with the staff who supported them. One person told us, "I get on with all the staff they know me and know what I like and don't like." People's relatives told us they had confidence in the service and they felt their relatives were safe. One of the relatives commented, "My [son] is very safe when they take him out, the staff know what they are doing."

There were systems in place to protect people from abuse and potential harm. Staff were clear about what different types of abuse were and understood the need to report concerns. They told us they had undertaken training in safeguarding and were encouraged to raise concerns. Both the registered manager and house managers were aware of the local safeguarding procedures and their responsibilities to make notifications. We saw that concerns had been responded to appropriately. One staff said "It's my job to protect people; I would always report anything that wasn't right."

People were supported to take risks and to retain their independence whilst any known hazards were minimised to prevent harm. People's support records contained clear risk assessments to guide staff on measures that needed to be taken to minimise risk. For example, one person's care plan identified they had epilepsy. They had a detailed risk assessment to guide staff on what to do in the event of them having a seizure in order to minimise the risk of them coming to any harm.

Another person's care plan stated they may become agitated during personal care and therefore, outlined what staff should do in the event of this person showing agitation. This included, two to one support for an agreed number of hours when this person was receiving support with personal care. The staff we spoke to were clear about the contents of people's management plans and were able to outline their responsibilities. One staff member said, "I use and read the risk assessments and guidelines to keep people safe."

Staff knew what to do in the case of emergency situations. For example, some people's support plans contained protocols for responding when they experienced epileptic seizures. Staff received training in providing the required medications and knew when and who to notify if the seizures were prolonged. Staff told us if they had significant concerns about a person's health they would call the emergency ambulance service or speak with the person's GP. Staff had access to the service's on-call telephone number. This was available in case they needed to contact a senior person in an emergency.

When incidents occurred they were investigated and action plans were put in place to minimise the risk of recurrence. For example, we saw that when a medication error had occurred the staff member had to re-do their training and further competency assessments were carried out before they were able to give medication again.

Although the service was not directly responsible for the premises and equipment, they still carried out regular health and safety checks to ensure the environment was safe in people's homes. For example they had copies of gas safety certificates. The provider had a range of health and safety policies and procedures to keep people and staff safe.

People told us there were sufficient staff to meet their needs. One person said, "I get to choose on a daily basis what staff member supports me." There were sufficient numbers of staff deployed to meet people's support needs and to help to keep them safe. The staffing support was tailored to each person's individual needs. This varied from two to one staff support for people who had complex needs to a few hours support each day for people who were relatively independent. Staff spoken with were able to give an example of when a person's needs had changed which meant they required more support, therefore staffing hours had also been increased. Staff told us the staffing levels were appropriate to meet the needs and preferences of the people they supported. One staff member said, "We work on a one to one basis with people."

People's medicines were managed and given safely. Some people required assistance or prompting to take their prescribed medicines. Systems were in place to enable the safe administration of people's medicines. Staff received training in how to give medicines. They were then shadowed by an experienced staff member until they were assessed as competent by a senior member of staff. This involved observation of their practice and successful completion of a detailed questionnaire. Staff were reassessed on an annual basis to ensure their practice was safe. Monthly medicine audits were carried out to ensure that medicines were stored, administered and used safely.

We observed in one of the houses staff supporting a person to have their medicines. The staff member talked to the person and discussed what the medicines were for. The person was supported to be involved in taking their own medicines.

Safe recruitment practices were followed before new staff were employed to work with people. Staff were not allowed to work until satisfactory checks and references had been obtained. The management checked that staff were of good character, which included Disclosure and Barring Service (DBS) checks. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. One staff member told us that they had a "Very thorough interview."

The service involved people in staff recruitment and selection procedures. Some people had been part of a forum where it was decided what questions should be asked at interview and had been part of the interview panel. Prospective staff visited people in their homes before the final selection process to ensure that people would be happy with them working in their home and for managers to observe interactions between each party. One staff member told us that they had a "Very thorough interview." One of the house managers said, "It's important to make sure the right staff are in place, and they have a common interest with people they support."

Good

Is the service effective?

Our findings

People said that staff were effective in meeting their needs. One person told us, "The staff know what they are doing, they know me."

Staff were knowledgeable about people's needs and preferences and support was provided in line with people's individual support plans. This ensured people experienced a good quality of life. One member of staff told us, "[Person's name] is unable to speak, but recognises key words, they have a brilliant sense of humour and love listening to music."

Staff told us they received comprehensive training in how to effectively meet people's needs. This included general training such as safeguarding, medication, and health and safety. Training had also been provided to enable staff to meet the specific needs of people who used the service. For example, staff received training relating to autism, behaviours that challenged and epilepsy. Staff told us that the induction and on-going training programme gave them the skills and knowledge they needed to carry out their roles.

We spoke to a new staff member who told us they were working through a 'staff development plan'(induction). This enabled staff to demonstrate high quality care in a health and social care setting. They told us they had a mentor who supported them with their plan. At the end of the induction period the member of staff had a meeting with the manger to discuss their learning and understanding of their roles and responsibilities. Another staff member said, "The training is excellent and I am eager to learn more" and another said, "I am driven to be an assistant manager and am working towards this."

All staff said they received regular supervision and appraisal. Comments included; "We have a good cycle of supervision; it's six times a year." Another staff member said, "Our competencies are assessed six times a year for things like medicine administration, health and safety and we have an annual appraisal."

Some of the people supported by the service had limited or no verbal communication skills. Staff received individualised communication training to enable them to understand and communicate with people effectively. For example, staff were taught to use a sign language specifically for people with a learning disability (Makaton), picture boards, symbols, and other methods of communication. We observed staff communicating with people both verbally and using Makaton and pictures. Staff explained that some people needed time to process information and each person had different communication needs.

When people lacked the mental capacity to make informed decisions the service followed a best interest decision making process. People, who knew the person well, such as family members and health and social care professionals, were involved in making multi -disciplinary team best interest decisions. Staff received training in the requirements of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). The MCA provides a legal framework to assess people's capacity to make certain decisions at a certain time. The service followed the MCA code of practice to protect people's human rights.

Staff understood that people's consent to care and treatment should always be sought. One staff member

said, "Capacity is to support people make decisions for themselves and we help them to do that." Another staff member gave an example of supporting someone have a choice of clothing; they explained how they opened the wardrobe and showed clothes to the person. They said "It's important to understand people have capacity to make decisions and can make unwise decisions."

People were supported to have a meal of their choice by attentive staff. When required, staff assisted or prompted people to have sufficient to eat and drink and to have a balanced diet. Some people were independent and able to buy their own food shopping but were assisted by staff to prepare their meals. One person told us, "I help to cook and I choose what I want to eat."

We observed lunch time in two of the houses. We saw people had made choices about that they wanted to eat, one person had soup and roll, two others choose wraps and several other people went out for lunch. One person said, "I can go out to lunch whenever I want."

People who were less able to make decisions were involved with their meal choices as far as possible. Staff helped people to make meal choices in ways they could understand such as looking at pictures or pointing to the foods they liked. Staff told us that they became familiar with each person's tastes and preferences. The house manager said that people had been offered a choice if they wanted to eat as a group or individually. They told us that people had decided only to have a group meal on a Sunday, and wanted a roast dinner.

Staff monitored people's health and well-being to ensure they maintained good health and identified any problems. The staff told us they had excellent links with the local GP practices. Support plans contained health action plans and records of hospital and other health care appointments. Staff prompted and supported people to attend their appointments and the outcomes and actions were clearly documented within the support plan.

Good

Is the service caring?

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Good

Is the service responsive?

Our findings

People told us they were fully involved in their own care and support. One person said, "I look at my support plan; I have a copy in my room."

The service provided personal care based on each individual's needs and preferences. Some people needed full support with all their personal care needs whereas others were more independent and only needed a few hours support each day. People's care needs had been assessed before receiving the service, which helped to ensure the service was able to meet their needs

A care plan had been produced and this contained a variety of information about each individual person and covered their physical, mental, social and emotional needs, plus the care they needed. People where possible had been involved in the planning of their care through the assessment and care planning process and also at on-going reviews of their care and support. People had signed where possible to say they agreed with the care as part of the initial assessment process. People had a core team of staff including a key worker responsible for ensuring their support plan and risk assessments were up to date and appropriate to their needs.

Staff understood people's individual communication methods and assisted them to express their needs and preferences in ways people could understand. Support plans were reviewed by people's key workers on an on-going basis to ensure they remained appropriate and up to date. Monthly reports were completed on 'how are things going?', ' What is working well?', 'What is not working so well?' and 'How do you want things to change?.' An action plan was then produced if
any shortcomings were identified and progress on implementation was followed up by senior staff.

The 'live' copy of the support plan was in the person's home. A copy was also kept in the services' registered office and updated by the locality manager every couple of months, or sooner if there were significant changes to a person's support needs.

People had a range of activities they could be involved in. People were able to choose what activities they took part in and suggest other activities they would like to complete. In addition to group activities people were able to maintain hobbies and interests, and staff provided support as required. One staff member told us one person "loves football, but doesn't like crowds." The staff member explained how they had recently supported the person to a local football game and to stand in a less crowded area. We were told the person follows a premier league football team; the staff explained that the person really wanted to go to one of their matches. They have spoken to the football team and are planning a time to support the person to go there. Another person told us how they had chosen and been supported to go on holiday to New York.

One of the house managers explained that people were also supported to develop work skills and further educational skills. We were told of several people that have part time or voluntary jobs in different settings such as care homes, shops and the railway.

The service involved people in staff recruitment and selection procedures. Some people had been part of a forum where it was decided what questions should be asked at interview and had been part of the interview panel. Prospective staff visited people in their homes before the final selection process to ensure that people would be happy with them working in their home and for managers to observe interactions between each party.
The service sought people's views through a variety of methods from informal contacts with people and their relatives, to regular support plan reviews and an annual satisfaction survey. The manager told us they had not had a great response to people completing the survey. We saw the results from the recent one and the comments were all positive. The service held tenant's forum's and invited some people and their relatives to come along and have a discussion. The recent one was "Working together, The CQC Inspection."

People and their relatives told us the management and staff were very accessible and approachable. They said they could raise any concerns informally with any member of staff or with the team leaders and received appropriate responses. None of the people we spoke with had any complaints but they knew they could contact the service's registered office if they were unhappy with the local response.

The provider had a policy and procedure for managing complaints. This included agreed timescales for responding to people's concerns. Details of how to make a complaint were included in the provider's guide to services which was given to people and their relatives. The service had received some written complaints in the last 12 months. The registered manager and provider had investigated and responded to these appropriately.

Good

Is the service well-led?

Our findings

The service had a positive culture that was person-centred, open, inclusive and empowering. It had a well-developed understanding of equality, diversity and human rights and put these into practice. The registered manager was aware of their responsibilities. The service also had locality managers to help support the day to day running of the supported living services and the staff.

Staff told us they received good support from the management team. Comments included, "There is always someone on the end of the phone, there is good support" and, "We communicate well, there is very good team morale and the managers are very approachable."

Staff were motivated and committed to ensuring people received the appropriate level of support and were enabled to be as independent as they wished to be. Staff told us everyone in the organisation from the top down focused on the well- being of the people they supported. One member of staff said, "The managers want the best for the people we support, my manager worked as a support worker before she applied for the manager's position."

The service had clear aims, objectives and values. Their value statement was, 'To promote people's lives, the life they chose to live.' Staff were able to tell us about the values and that thy applied them to the work they did.

The service gave out an annual 'employee award' to staff for 'going the extra mile' and a celebration ball had been held where the employee received the award. We saw photographs of the event and everyone had been invited, including the people the service was provided to.

Decisions about people's support needs were made by the appropriate staff at the appropriate level. Specialist support and advice was also sought from a range of external health and social care professionals when needed. There was a clear staffing structure in place with clear lines of reporting and accountability. The registered manager supervised the service and the locality managers and they supervised the team leaders and support staff. Staff said everyone worked well together as a committed team.

The provider had a comprehensive quality assurance system to ensure people's needs were met effectively. There were clear systems in place to monitor and improve the quality of service provided. Regular monthly checks on the quality of service provision took place and results were actioned to improve the standard of care people received. Audits were completed on all aspects of the service. These covered areas such as infection control, health and safety, and medicines. These audits generated improvement plans which recorded the action needed, by whom and by when. These included actions to improve the environment and actions that staff should take to support people's developmental learning skills.

Each locality manager was also responsible for carrying out audits on quality indicators, such as incidents, safeguarding notifications, medication, complaints and health and safety checks. This information was sent to the manager who collated them in an aggregated report and forwarded to the quality department. The

manager met on a monthly basis with the locality managers and actions were discussed as audit objectives had to be achieved within four weeks. Staff told us that managers and senior staff carried out 'spot' checks on a regular basis to ensure everyone was working to best practice.

People and their relatives were encouraged to give their views on the service directly to management and staff and through regular support plan review meetings. Annual satisfaction questionnaires were also circulated to gain people's views.