Maria Mallaband Properties (4) Limited

Cavendish Court

Inspection report

Horseshoe Lane
Alderley Edge
Stockport
Greater Manchester
SK9 7QP

Tel: 01625592830

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

The inspection was unannounced and took place on 27 and 28 September 2016.

Cavendish Court is a modern purpose built care home which opened in 2008. It provides personal and nursing care for up to 43 people. The home is built on three floors, with the third level being the dedicated nursing floor and accommodating 15 people. Each floor has bedrooms, lounges and dining rooms. A quiet lounge is also available and there is a patio area outside. The home is located close to Alderley Edge village in Cheshire and is within walking distance of the local facilities.

The service was last inspected in January 2014 when we found that the service was compliant with all the areas that we looked at.

The home has a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. At the time of our inspection there were 42 people living in the home.

We found that people were provided with care that was safe, person centred, sensitive and compassionate. The home was managed and staffed by a consistent team of care assistants who were well supported.

We saw that the service had a safeguarding policy in place. This was designed to ensure that any safeguarding concerns that arose were dealt with openly and people were protected from possible harm. All the staff we spoke to confirmed that they were aware of the need to report any safeguarding concerns.

We looked at recruitment files for the most recently appointed staff members to check that effective recruitment procedures had been completed. We found that appropriate checks had been made to ensure that they were suitable to work with vulnerable adults.

We found that there were sufficient staff deployed to meet the needs of the people living in the home. The manager had identified the need to increase the staffing numbers and had recently increased staffing numbers the day prior to our visit. There were a number of additional staff waiting to start work and this would mean that the home was fully staffed and there would be no further need for agency staff.

The provider had their own induction training programme which was designed to ensure that any new staff members had the skills they needed to do their jobs effectively and competently. This resulted in staff having the skills and knowledge to carry out their jobs well and provide safe and effective care.

We asked staff members about training and they all confirmed that they received regular training throughout the year and that this was up to date and provided them with knowledge and skills to do their

jobs effectively.

People had care plans which were personalised to their needs and wishes. Each care plan contained detailed information to assist support workers to provide care in a manner that respected the relevant person's individual needs, promoting their personal preferences'.

People living in the home told us that the standard of care they received was good. Comments included, "It's brilliant, I'm lucky to find this place", "They look after me well and if I ask them to do something they will do it for me" and "Judging by the way I am taken care of, I would say this place is very well run and the staff who deal with me are nice, caring and have a good sense of humour". Relatives spoken with praised the staff team for the quality of care provided. They told us that they were confident that their relatives were safe and well cared for.

The service had a range of policies and procedures which helped staff refer to good practice and included guidance on the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. This meant that staff were able to help and support people who had difficulty in making decisions and ensured that plans were put in place in the person's best interests. We saw that whilst applications had been made appropriately, consent to care had not always been recorded appropriately and best interest decisions were not present on the care file. This had been identified as an area for improvement by the provider's quality assurance system and the manager was working to address this.

There was a flexible menu in place which provided a good variety of food to people using the service. People living there told us that the food was good and they had a wide variety of food choices as well as where they could eat their meal. There was scope for improvement in the presentation of pureed food which had been discussed at recent relatives and staff meetings.

Staff members, relatives and people living in the home were positive about how the home was being managed and felt that the manager was supportive and approachable.

There was an internal quality assurance system in place to review systems and help to ensure compliance with the regulations and to promote the welfare of the people who lived at the home. This included audits on care plans, medication and accidents. The areas for improvement that we identified during our inspection had been picked up by their own audit processes and plans were in plans to improve these areas.

The home was well-maintained and clean and provided a calm, relaxing atmosphere. There were a number of maintenance checks being carried out weekly and monthly. These included water temperatures as well as safety checks on the fire alarm system and emergency lighting. These were audited regularly.

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.

The provider had sufficient staff to meet the needs of the people living in the home. People living in the home and relatives were reporting occasional shortages, however there had been recent changes to the numbers of staff and there had been additional staff recruited so the manager was taking action to address this.

Staff knew how to recognise and respond to abuse. We found that safeguarding procedures were in place and staff understood how to safeguard the people they supported. People staying at the service felt safe and had no complaints.

The arrangements for managing medicines were safe. Medicines were kept safely and were stored securely. The administration and recording of when people had their medicine was safe.

Is the service effective?

Requires Improvement

The service was not always effective.

Staff members had received regular training and they confirmed that this gave them the skills and knowledge to do their jobs effectively. Whilst supervisions were being carried out, there was room for improvement in terms of the regularity.

There was a flexible menu in place which provided a good variety of food to people using the service. People living at the home told us that the food was good. There was scope to improve the presentation of pureed food.

Managers and staff were not always acting in accordance with the Mental Health Act 2005 to ensure that people received the right level of support with their decision making; however they had identified some areas for improvement which they were acting upon.

Is the service caring?

Good

The service was caring.

People living at Cavendish Court said that they were well cared for and were treated with kindness and compassion and maintained good relationships with the staff.

Visiting relatives were positive about the standard of care, the staff and the atmosphere in the home.

The staff members we spoke to showed us that they had a good understanding of the people they supported and they were able to meet their various needs.

Is the service responsive?

Good

The service was responsive.

We looked at care plans to see what support people needed and how this was recorded. We saw that each plan was personalised.

The arrangements for social activities were good. There were two activities co-ordinators who provided a variety of activities both on a group and individual level. Attendance at activities was monitored and people were regularly asked for feedback.

The provider had a complaints policy and process. We looked at the most recent complaints and could see that these had been dealt with appropriately.

Is the service well-led?

Good

The service was well-led.

The registered manager operated an open and accessible approach to both staff and people living in the service and actively sought feedback from everyone on a continuous basis in order to improve the service. Staff said that they could raise any issues and discuss them openly within the staff team and with the registered manager.

There was an internal quality assurance system in place to review systems and help to ensure compliance with the regulations and to promote the welfare of the people who lived at the home. We saw that audits were being completed regularly and the areas of improvement that we found during our inspection had been picked up by these audit processes.

Cavendish Court

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 27 and 28 September 2016 and was unannounced. The inspection was carried out by one adult social care 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. The provider was aware of our visit on the second day to conclude the inspection.

Before the inspection, we checked information that we held about the service and the service provider. We looked at any notifications received and reviewed any other information held about the service prior to our visit. We invited the local authority and the clinical commissioning group for Cheshire East to provide us with any information they held about Cavendish Court. They told us that they currently had no concerns. We also sought feedback from visiting professionals prior to the inspection and viewed the most recent Healthwatch enter and view report.

During the inspection, we used a number of different methods to help us understand the experiences of people living in the home.

We spoke with a total of fifteen people living there, four visiting relatives and ten staff members including the registered manager and five care staff. We also spoke with a visiting doctor and two continuing health care nurses and a speech and language therapist.

Throughout the inspection, we observed how staff supported people with their care during the day.

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 to us.

We looked around the building including, with the permission of the people who used the service, some

bedrooms. We looked at a total of four care plans. We looked at other documents including policies and procedures. Records reviewed included: staffing rotas; risk assessments; complaints; staff files covering recruitment; training; maintenance records; health and safety checks; minutes of meetings and medication records.

Good

Is the service safe?

Our findings

We asked people if they felt safe. All the people we spoke with said that they felt Cavendish Court was a safe environment and all family members said that they were happy that their relative was safely cared for. Comments included, "I am very comfy here, they are very good with me. I am not frightened and no worries, the staff are very approachable", "I just do feel safe, that's all I can say" and "There is nothing to make me feel unsafe, I am very happy here". One relative told us, "He is safe and looked after".

We saw that staff were aware of individual needs and people we spoke with felt that they were well cared for. Comments included, "The place is very good, there is always someone to help", "So far, the staff have been very good and will do anything if I ask for it" and "The staff are very good, I have never had to wait for any length of time and they seem to know what they are doing". All the relatives we spoke with stated that their relative was well cared for, comments included, "(the home) is dependable, clean and warm and there seems to be enough staff" and "The carers are very good and do their best".

We saw that the provider had a safeguarding policy in place. This was designed to ensure that any safeguarding concerns that arose were dealt with openly and people were protected from possible harm. The home manager was aware of the relevant process to follow and the requirement to report any concerns to the local authority and to the Care Quality Commission (CQC). We checked our records and saw that any safeguarding or incidents at the home, which required notification had been submitted to the CQC.

Staff members confirmed that they had received training in protecting vulnerable adults and that this was updated on a regular basis. The staff members we spoke with told us that they understood the process to follow if a safeguarding incident occurred and they were aware of their responsibilities for caring for vulnerable adults. One member of staff told us, "I'd report it to Eileen or straight to the local authority – you can't brush it under the carpet". Staff were aware of the need to report safeguarding incidents both within and outside of their organisation. We saw that the provider had a whistleblowing policy. Staff were familiar with the term whistleblowing and each said they would report any concerns regarding poor practice they had to senior staff or to the local authority. One person told us, "Any concerns, I'd ring you (CQC)". This indicated that they were aware of their roles and responsibilities regarding the protection of vulnerable adults and the need to accurately record and report potential incidents of concern.

Risk assessments were carried out and kept under review so the people living in the home were safeguarded from unnecessary hazards. We could see that the home's staff were working closely with people and where appropriate their representatives and other health professionals to keep people safe. For instance we saw that a risk assessment and care plan for one person had been completed following advice from the speech and language therapy (SALT) team. We could see that the home's staff members were working closely with people to keep them safe without unnecessary restriction. Relevant risk assessments, regarding for instance falls, nutrition, and pain assessments were kept within the care plans.

Staff members were kept up to date with any changes during handovers that took place at every staff change as well as 'flash meetings' that were held every week day with the registered manager. This helped

to ensure staff were aware of any issues and could provide safe care. We were able to view the notes from previous handovers and could see that they provided comprehensive information on any actions that were carried forward from the previous shift, any referrals that needed completing, who was visiting the home that day, any appointments and anyone that was considered at high risk and what needed to be observed for that person. It also contained an overview of how each person living in the home had been for the duration of the shift as well as confirming that medication had been given and daily charts had been completed. We saw the previous notes from 'flash meetings' and could see that they contained information in relation to policies and events that were happening in the home, training or any new residents or staff coming into the home.

We looked at the files for four staff members to check that effective recruitment procedures had been completed. We found that the appropriate checks had been made to ensure that they were suitable to work with vulnerable adults. Checks had been completed by the Disclosure and Barring Service (DBS). These checks aim to help employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups. Each file held a photograph of the employee, suitable proof of identity, an application form as well as evidence of references and notes from the interview showing that people had the relevant experience to carry out their roles.

We saw the provider had a policy for the administration of medicines, which included controlled drugs, the disposal and storage of medicines and for PRN medicines (these are medicines which are administered as needed). Medicines were administered by staff who had received the appropriate training. We saw both the medicines trolley and the treatment rooms were securely locked and daily temperature checks were made. It was clearly written on creams and other ointments when these had been opened, ensuring that they would be disposed of when necessary. We observed medicines being dispensed and saw that practices for administering medicines were safe. We checked three MAR sheets and could see that the records showed people were getting their medicines when they needed them and at the times they were prescribed. We saw clear records were kept of all medicines received into the home and if necessary disposal of any medication. Controlled drugs were stored securely and in the records that we looked at, these were being administered and accounted for correctly.

On the day of our visit, there were 42 people living in the home. There was a nurse and eight carers between the hours of 8am and 2pm and one nurse and seven carers between 2pm and 8pm. Between 8pm and 8am, there was one nurse and four carers. The registered manager was in addition to these numbers, and the deputy manager also had an additional six hours a week to complete management duties. We looked at the rota and could see that there had been a change in staffing numbers starting the previous day. The registered manager told us that this was due to reviewing the staffing alongside the dependency tool and acknowledging that there needed to be additional care staff in the morning. The registered manager told us that they reviewed the dependency tool every other month alongside regular discussions with staff in supervision, staff meetings and the flash meetings.

In addition to the above there were separate ancillary staff including a cook, kitchen assistant and two housekeepers and one staff member in the laundry. There was also a maintenance staff member and two part time administrators.

We received conflicting comments about the staffing in the home from people living in the home and relatives. People living in the home told us, "They are good, but I think they are short staffed, you have to wait sometimes but it's not really a problem", "I've never had to wait for any length of time" and "Some people have to wait a bit because staff are busy". Relatives told us, "The staff are lovely, but run ragged", "There seems to be enough staff" and "I think they could do with a few more staff". Staff themselves told us,

"In general we have enough staff. The needs of the residents have increased and staffing has increased to reflect this", "They are employing more people, it's working out well, you get proper breaks and lunchtime" and "I think there are enough staff".

On the days of our inspection, our observations indicated that there were enough staff on duty as call bells were being answered promptly and staff were going about their duties in a timely manner. Staff were busy and purposeful and they seemed well organised and efficient. On the second day of our visit, one staff member had to leave in an emergency to assist someone to hospital and two staff members were attending a training course for a few hours. The registered manager stepped in to help over the lunchtime period. Despite the lowered numbers of staff, everyone was attended to and received their meal on time and the staff and manager managed the situation well.

We spoke to the manager about staffing and she confirmed that they had identified that people's needs within the home had increased and that she had changed the staff ratios that week to reflect this. She now had a deputy manager in post and had actively recruited to all the vacant nursing posts; she was just waiting for people to commence work. There was one person working that week shadowing and was due to start on shift shortly. She advised that they had been using agency nursing staff, but once everyone started in post, there would be no further need for agency staff. She also advised that she had managed to gain some additional housekeeping hours as they had also reviewed the cleaning in the home and increased these hours recently as well.

From our observations we found that the staff members knew the people they were supporting well. They could speak knowledgably about the people living in the home, about their likes and dislikes as well as the care that they needed. People living in the home felt that staff knew them well. They told us, "The staff are lovely and we have become great friends" and "The staff are very good, they cheer me up if they feel that I need it and they are patient with me they don't get grumpy".

There was an on call system in place in case of emergencies outside of office hours and at weekends. This meant that any issues that arose could be dealt with appropriately.

The provider had received a five star rating in food hygiene from Environmental Health on 27 April 2016. This is the highest rating for food hygiene which meant they were observing the correct procedures and practices in this area.

We conducted a tour of the home and our observations were, in general, of a clean, fresh smelling environment which was safe without restricting people's ability to move around freely. We did note a lingering odour on the first floor and we saw complaints in relation to this in the relatives meetings. We spoke to the manager about this. She advised that one person living in the home had experienced a particular problem and therefore, new flooring had been ordered for the room which would be easier to clean. She had secured additional hours for housekeeping and was recruiting an additional staff member to carry out domestic duties.

We checked some of the equipment in the home, including bath hoists and saw that they had been subject to recent safety checks.

We found that the people living in the home had an individual Personal Emergency Evacuation Plan (PEEPS) in place. PEEPS are good practice and would be used if the home had to be evacuated in an emergency such as a fire. They would provide details of any special circumstances affecting the person, for example if they were a wheelchair user. The home conducted regular fire drills and staff we spoke to were clear on

evacuation procedures.

Requires Improvement

Is the service effective?

Our findings

All the people living at the home who we spoke to and their family members felt that their needs were well met by staff who were caring and knew what they were doing. Comments included, "The food is good and there is a choice, we have a menu sent round", "They know exactly what I need" and "They have the care plan and I can tell them if anything is wrong and if I want to change it and my daughter also speaks to them about anything that might need doing". Comments from family members included, "The food is a pretty high standard and they talk to me about the care plan" and "She does have a care plan and it is reviewed and if she needs anything changing I speak to the staff or manager".

The provider had policies and procedures to provide guidance for staff on how to safeguard the care and welfare of the people using the service. This included guidance on the Mental Capacity Act and Deprivation of Liberty Safeguards (DoLS). 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the provider was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. We were able to view the paperwork in relation to both standard and urgent DoLS applications and saw that recent applications had been completed appropriately. We saw that two applications had been granted and an additional twelve applications had been submitted but no outcomes had been received from the local authority. We saw on one care plan that a person was receiving their medication covertly, however there was no record of a mental capacity assessment in relation to this or a best interests decision. There was a covert medication agreement alongside the MAR sheet, signed by the GP, the person's relative and a nurse. This also included clear instructions on how this medication should be administered. We spoke to the manager in relation to this, who advised that the person was not routinely given this medication covertly and she was aware that a meeting had taken place in relation to this, but thought that the GP may have all the written records. She has since provided copies of this documentation. Recent court of protection guidance makes it clear that this should be readily available on the person's care file and the manager has since confirmed that these documents have been added to the person's care file.

We spoke with staff. They all confirmed that they had received training on MCA and DoLS and they were all able to tell us who was subject to DoLS within the home.

The information we looked at in the care plans was detailed which meant staff members were able to respect people's wishes regarding their chosen lifestyle. We asked the people living at the home about their care plans and everyone felt that they had choices in terms of their care. We looked at how the service gained people's consent to care and treatment in line with the MCA. We found that people's capacity to

consent to care had not always been assessed and where best interest decisions were required these had not always been recorded. We found that in some circumstances people's relatives had signed consent on their relative's behalf some considerable time ago when people had come into the home and these had not been updated. There was no evidence that the relatives had a Lasting Power of Attorney (LPA) in place and were able to give consent on behalf of their relative. We spoke with the provider's quality assurance manager who advised that issues around consent, LPA and best interest decisions had been picked up on their recent visit and these issues were on the action plan for the next month for the registered manager to address.

The provider had their own induction programme and introduction to the workplace. This was designed to ensure that the newest members of staff had the skills they needed to do their job effectively and competently. We looked at the induction programme for the newest member of staff and this included ensuring that the member of staff had access to all the core training identified by the service including safeguarding, health and safety, infection control and Mental Capacity Act. Following this and prior to starting work; the staff member would shadow existing members of staff and would not be allowed to work unsupervised for a period. All the staff we spoke to confirmed that they had completed an induction and undertook shadowing. Where staff were administering medication, they received additional training and underwent an annual competency check. We were able to view the paperwork in relation to this and could see that these were being completed.

We asked the manager and staff about training and they all confirmed that they received regular training throughout the year; they also said that their training was up to date. The manager advised that the training was monitored via a training matrix, which flagged immediately to the manager if someone's training was about to go out of date in order that plans could be put in place to refresh that particular training need. We subsequently checked the staff training records and saw that staff had undertaken a range of training relevant to their role. This included safeguarding, moving and handling, nutrition and hydration, mental capacity and DoLS. Staff were also encouraged to take other courses and we could see that staff had undertaken additional training in relation to food supplements.

Staff members we spoke with told us that they received on-going support, supervision and appraisals. In the records we checked, we saw that staff had received regular supervisions and appraisals. The manager advised that supervisions and appraisals were not as up to date as she would like, but had a clear plan as to when these would be carried out.

Visits from other health care professionals such as GPs, physiotherapists, chiropodists and opticians were recorded so staff members would know when these visits had taken place and why. We spoke to people living in the service about whether they had access to health services. They told us, "I can get a doctor if I want one" and "I can get a doctor if I need one and there is a doctor that comes here two or three times a week". We contacted a visiting GP and spoke with two continuing health care nurses and a speech and language therapist. Comments included, "I am happy with the care that Cavendish Court provide. They contact promptly if they have any concerns and the staff act upon advice given", "They always refer appropriately and act on any advice we give them. I have no concerns about the care here" and "Everything seems to be ok, the care plans are up to date and there were some staffing issues, but they seem to have been resolved".

The provider employed a cook who prepared the food. Menus were supplied the day before and these were read out to people so that they could select their preferences. The menus included two choices of main meal at lunchtime and a hot light meal in the evening as well as cake mid-afternoon and people had the choice of a full cooked breakfast. The menu provided a good variety of food to the people using the service.

The home followed a four week flexible menu. We saw that the menu was displayed in each of the dining rooms. Special diets such as soft diets were provided. The cook confirmed that people could request an alternative option such as an omelette if they did not like the meal of the day or if they had a specific request, they could accommodate this with some notice in order to buy specific ingredients. We observed on a couple of occasions that someone who was not eating well was offered an alternative option. We received a variety of comments in relation to the food and could see that this had been the topic of discussion at the most recent relative and residents meeting. The people using the service told us, "The food is good", "The food is okay. We get two choices and it is nice home cooked food and plenty of it" and "The food is not fine dining shall we say. We get a weekly menu but it's only passable, sometimes the meat is a bit tough but there is plenty to eat if I want to eat it".

We undertook a SOFI observation on the second floor dining room over lunch and saw that the food looked tasty and appetising and was well prepared. We did note however that the pureed food did not look as appetising and whilst it was separated out, it was not presented in an appealing manner. We could see from the minutes of the recent meeting that the manager had agreed to purchase moulds to improve the appearance of this food. The tables were set with table cloths, place mats and cutlery so the meal times were distinguished from other times of the day. We saw that staff offered people drinks and they knew people's preferences and choices. Staff were attentive and there were a number of staff on hand observing lunch and they were walking through the dining room checking whether people wanted assistance where appropriate and prompting people and offering encouragement and alternatives where people did not appear to be eating much. Staff were available to people needing support with eating. These people were assisted by staff members in a patient and unhurried manner. We did note that one staff member was not engaging much with people living in the home and was focused more on the task of cleaning the area and serving food and did not speak much with the people living in the home. We raised this with the manager to address.

We saw that staff used the Malnutrition Universal Screening Tool to identify whether people were at nutritional risk. This was done to ensure that people weren't losing or gaining weight inappropriately. On the care files that we looked at, this was being reviewed on a regular basis. This was also monitored through the home's on-going auditing systems. The manager produced a monthly report of anyone gaining or losing significant amounts of weight and this was reported to their head office and discussed each month with the GP or appropriate referrals were made to the SALT team or dieticians.

We saw in care plans that where someone was identified at being at high risk additional monitoring of fluid and food intake was undertaken. We viewed these records and they were up to date and detailed. We could see on the care files that where people were not receiving the optimum amount, there was communication with the relevant professionals and people were encouraged as far as possible to eat and drink sufficient amounts.

The home was clean and maintained to a high standard and provided calm, relaxing environment that met the needs of the people living there. We did note a lingering odour on the first floor; however the manager advised that she had now increased the household staff and was awaiting replacement flooring in this area. There were lounge and dining areas on each floor as well as a quieter lounge on one floor. This had been used mainly for staff activities lately, but there were plans in place to refurbish this and return it fully for the use of residents. There was a patio area which was accessible to people living in the home.

The provider provided adaptations for use by people who needed additional assistance. This included bath and toilet aids, grab rails and walking frames and sticks to help maintain independence.

The laundry within the service was well equipped and it was neat, tidy and well organised.

Good

Is the service caring?

Our findings

We asked people living in and visiting Cavendish Court about the home and the staff who worked there. They all commented on how kind and caring all the staff were. Comments included, "Staff are fantastic, couldn't be better, anything I want isn't too much trouble for them", "The staff are very good and will do what I ask of them, I was a nurse for 30 years so I know how people should be treated" and "I am happy here, very satisfied, words cannot describe how kind they are". Visiting relatives told us, "The staff on the whole are very nice and kind, I have nice conversations and they are like friends, I have no issues with them" and "(staff are) kind and respectful".

It was evident that family members were encouraged to visit the home when they wished. People living in the home told us, "I have family close by who visit me regularly and I can go out and I go to their house for a meal and they bring me back" and "The family visit me and they get involved with the care plan stuff, I don't know about that". One relative told us, "I can come in anytime".

We viewed recent thank you cards that had been sent into the home. One person's relatives wrote, "Mum had some of her happiest times in life here at Cavendish Court. As we mourn her loss we also have so much gratitude for all of you who have cared for her over the years. We have been overwhelmed by the warmth and affection you gave her. Thank you from the bottom of our hearts for all you have done for Mum which has always gone above the line of duty". Another person's relative wrote, "We will never forget your kindness to [name] and all our family. We know she was settled, looked after, loved and happy. You all did such a wonderful job. We will miss you all".

The staff members we spoke to showed that they had a good understanding of the people they were supporting and they were able to meet their various needs. They told us that they enjoyed working at Cavendish Court and had very positive relationships with the people living there. Comments included, "We treat them as our own", "I love it – I love this home" and "It's a lovely home".

We saw that the relationships between people living in the home and the staff supporting them were warm, respectful and dignified. Everyone in the service looked relaxed and comfortable with the staff and vice versa. During our inspection, we saw there was good communication and understanding between members of staff and the people who were receiving care and support from them. We saw that staff members were interacting well with people in order to ensure that they received the appropriate care and support from them. Staff took their time with people and ensured that they understood what the person needed or wanted without rushing them and always sought their permission before undertaking a task. We observed that staff used a dignified approach to people, for example knocking on people's door before entering and using their preferred names.

During our visit we saw that staff took their time to ensure that they were fully engaged with each person and checked that they had understood before carrying out any tasks with them. Staff explained what they needed or intended to do and asked permission rather than assuming consent. Comments included, "They do respect my privacy and dignity, they are very polite and knock before they come in", "They certainly

respect my privacy, I have no complaints about that" and "They knock on the door before they come in and when I have a bath, they are careful to be gentle and respectful". One relative also commented, "The staff are kind and respectful". We observed two staff members helping someone to mobilise using a hoist. We noted that the person was very nervous. They took their time, they did not rush the person and spoke to them during the whole time they were assisting and were constantly reassuring the person that they were safe. This was carried out in a dignified and respectful way.

We undertook a SOFI observation in the second floor dining room over lunch. We saw that staff members were moving around the dining room attending to people's needs and speaking to people with respect and encouraging them to eat their lunch and seeking out whether they needed support. People were very relaxed and comfortable with the staff who supported them. We did note one staff member who did not interact much with the people living in the home over lunch and we raised this with the manager. All the interactions we observed and overheard throughout the inspection were caring, kind and compassionate.

We saw on the day of our inspection that the people living in the home looked clean and well cared for. For example ladies in the home had their hair styled and nails painted. Those people being nursed in bed also looked clean and well cared for.

The quality of the décor, furnishing and fittings provide people with a homely comfortable environment to live in. Rooms were all personalised, comfortable, well-furnished and contained individual items and photographs belonging to the person. We noted that some pictures done by people living in the home were also displayed with their permission around the home to personalise the home.

The provider had a range of information available for people living in the home available in the reception area. There were leaflets about the service, leaflets about dementia as well as the vision statement of the home and the weekly activities plan. We noted that in each room there was a copy of the activities plan and menu for that week or month.

We noted that where people had requested or where they had no relatives, the registered manager had applied for people to have independent advocates.

In the care files we viewed we could see that discussions had taken place with people about their end of life care, which included preferred place of care. We found that appropriate 'Do Not Attempt Cardio Pulmonary Resuscitation' (DNACPR) records were in place on the care files we reviewed. We saw that either, the person, or where appropriate, their relative or health professional had been involved in the decision making process. We found that the records were dated and had been reviewed and were signed by a General Practitioner.

A 'Do Not Attempt Cardio Pulmonary Resuscitation' form (DNACPR) is used if cardiac or respiratory arrest is an expected part of the dying process and where cardio pulmonary resuscitation (CPR) would not be successful. Making and recording an advance decision not to attempt CPR may help to ensure that the person dies in a dignified and peaceful manner.

We saw that personal information about people was kept in locked cupboards or in the clinical room on each floor to maintain people's confidentiality.

Good

Is the service responsive?

Our findings

Those people who commented confirmed that they had choices with regard daily living activities and that they could choose what to do, where to spend their time and who with. Comments included, "I am very happy with the care and there are activities to do, here's [name] now asking if I want to take part in roulette today", "I do some of the activities, today there is roulette and I go to the crossword one in the afternoon" and "I am happy here, it suits my needs and I can come and go when I want".

Everyone in the home at the time of our inspection had received a pre-admission assessment to ascertain whether their needs could be met. As part of the assessment process the home asked the person's family, social worker or other professionals who may be involved to add to the assessment if it was necessary at the time. We looked at the pre-admission paperwork on the four care plans that we viewed and could see that assessments had been completed.

We looked at the care plans to see what support people needed and how this was recorded. We saw that each plan was personalised and captured the needs of the individual. We also saw that the plans were written in a style that would enable a staff member reading it to have a good idea of what help and assistance someone needed at a particular time. We could see that where there had been a change, prompt action was taken and the relevant professionals were consulted for advice appropriately. All the plans we looked at were well maintained and were being reviewed regularly so staff would know what changes if any had been made. We found that people's preferences were observed and they were receiving the care specified in the care plans.

The four care plans we looked at contained detailed information regarding background history to ensure the staff had the information they needed to respect the person's preferred wishes, likes and dislikes. For example the food the person enjoyed, where they had lived, holidays they had enjoyed, what they preferred to be called, preferred social activities, people who mattered to them. We asked staff members about several people's choices and the staff we spoke with were very knowledgeable about them. People living in the home and their relatives felt involved in their care plans. Comments included, "I get all the care I need, they write everything they do for me in a log book and they make sure staff know what is going on by having a briefing when they do a handover" and "My daughter sorts out the care plan…and knows what she is talking about".

The provider employed two part-time activity co-ordinators who worked 35 hours a week in total. Their job was to help plan and organise social or other events for people. The people using the service were asked what kinds of activities they liked to do during the assessment and care planning processes and the activities co-ordinator spoke to people on a regular basis to remind them of the activities on offer, encourage them to take part and seek their views on the activities. They also kept a record of who attended the activities and what their participation levels were. One of the co-ordinators mainly carried out the organised group activities, whilst the other focused on doing one to one activities with people not wanting to join in or who were being nursed in bed.

We could see that there were organised activities most days which varied from entertainers to armchair activities and a gardening club. We observed the crossword activity on the first day of our inspection and could see that six people were joining in and engaging in this activity.

We saw newspapers available throughout the home as well as books, puzzles and craft equipment in the first floor lounge area. There was a poster on each floor by the dining room advertising activities each week ranging from musical moments to memory ball activities and pet therapy. We spoke with both activities co-ordinators who confirmed that they also carried out one to one sessions with people when there were no organised activities taking place and we observed one of the co-ordinators preparing to do this.

The home had a complaints policy and processes were in place to record any complaints received and to ensure that these would be addressed within the timescales given in the policy. Copies of the complaints policy were displayed in the reception area of the home. We looked at the four complaints that had been received in 2016 and could see that three of these had been dealt with appropriately and one was still ongoing. The people we spoke with during the inspection told us that they were able to raise any concerns and were clear that they could raise these with the manager. Comments included, "If I have a complaint, I can speak myself and I would speak to Eileen. They listen to what I have to say and do their best to sort things out for me", "I once complained to Eileen about a neighbour, but that was all sorted out by her" and "I have no concerns, but if I did I would tell them". Relatives told us, "Eileen is approachable and like I said I have approached her about the odour and food" and "I have had to complain and always get a good response". One relative did advise us that they had raised concerns to the regional director and had not yet received a response, we raised this with the manager to address and could see that the issues raised had been resolved.

Good

Is the service well-led?

Our findings

There was a registered manager in place and they had been registered since April 2016. There was also an assistant manager, who worked alongside the manager providing support to all care and nursing staff. The provider also had a regional director and quality assurance manager who provided oversight of the service at a managerial level. The manager told us that information about safety and quality of the service provided was gathered on a continuous and on-going basis via feedback from the people who used the service and their representatives, including their relatives and friends, where appropriate. They 'walked the floor' regularly in order to check that the home was running smoothly and that people were being cared for properly. The manager also told us that she got involved in delivering care and she often worked a shift on the rota as a staff member. The manager conducted regular night spot checks. We asked the people living in the home how it was managed and run. Comments included, "The manager is Eileen and she is always up and down the corridor seeing if everything is alright" and "They are very caring and the manager Eileen comes round to see how I am doing from time to time". We spoke to relatives and they told us, "I have nothing to compare it with but I think the place is reasonably well led" and "Eileen is very nice, 100%, couldn't be better –you can talk to her anytime".

People living in the home and families told us residents and relatives meetings were held by the registered manager. We were able to view the minutes from the last meeting held on 19 September 2016. Issues discussed included, entertainment in the home, parking at the home, menus and cleaning. The manager advised that they held staff meetings shortly after the resident and relatives meetings in order that they could discuss issues raised at this meeting and try to address these. We could see from the minutes of previous staff meetings that this was the case and we saw that these were held on a regular basis. The meetings enabled managers and staff to share information and/or raise concerns. Staff had the opportunity to discuss a variety of topics including staffing, breaks, supervisions, food and cleaning.

The provider conducted an annual survey with the people living in the home. We were able to view the survey from 2015 and saw that this had been conducted by an independent source, Ipsos Mori. We saw people were asked about the standards of care in the home, how they were treated, whether they felt staff understood them as an individual as well as questions about the food and laundry. The survey found that overall 95% of people were happy living in the home and were satisfied with the standard of care in the home. 100% of people agreed that they were satisfied with the standard of care in the home.

In the reception area, there was a suggestions box inviting ongoing feedback and leaflets from carehome.co.uk that provide an independent website for people to post comments about care provided.

The provider had a corporate quality assurance system and the manager was required to produce a report each month for the quality assurance manager, who conducted monthly visits. At these visits, the quality assurance manager spoke with staff, people living in the home as well as their relatives. They checked the environment, looked at complaints, what audits has been completed in the last month and what meetings had taken place and then an action plan was put in place that was reviewed at the next visit. The registered manager conducted monthly audits of care plans, medicines, residents at risk and accidents and incidents

as well as periodic audits of home presentation, safeguarding and kitchen audits. We were able to speak to the quality assurance manager during our inspection who advised that the recent visit they had conducted had identified the issues around consent and best interests decisions and this was on the current month's action plan to address. We were also able to view an audit conducted by the human resources team which identified that supervisions and appraisals were not up to date and the registered manager was aware of this and taking steps to address these shortfalls. This demonstrated that the quality assurance systems in place had identified the same issues that we had during our inspection and the manager was in the process of taking action to address these shortfalls.

In addition to the above, there were also a number of maintenance checks being carried out weekly and monthly. These include the water temperature, equipment such as wheelchairs and bedrails as well as safety checks on the fire alarm system and emergency lighting. We saw that there were up to date certificates covering the gas and electrical installations, portable electrical appliances, any lifting equipment such as hoists and the lift.

Staff members we spoke with had a good understanding of their roles and responsibilities and were positive about how the home was being managed and the quality of care being provided and throughout the inspection we observed them interacting with each other in a professional manner. We asked staff how they would report any issues they were concerned about and they told us that they understood their responsibilities and would have no hesitation in reporting any concerns that they had. They said that they could raise any issues and discuss them openly with the registered manager. Comments from the staff members included, "Eileen is approachable, really supportive and an experienced manager. She cares about things being right", "Eileen is great, she doesn't mind getting her hands dirty. You can go in and say anything. She'd come and help" and "She is lovely, I have no issues and she is really supportive".

Periodic monitoring of the standard of care provided to people funded via the local authority was also undertaken by Cheshire East's Council contract monitoring team. This was an external monitoring process to ensure the service meets its contractual obligations to the council. We contacted the contract monitoring team prior to our inspection and there were no concerns highlighted. Furthermore, we contacted the Clinical Commissioning Group who contract services for nursing care and they confirmed that they had no issues with the care provided at Cavendish Court.

As part of the inspection, all the folders and documentation that were requested were produced quickly and contained the information that we expected. This meant that the provider was keeping and storing records effectively. The areas where there were shortfalls have been identified in the effective section of the report.