

Maria Mallaband Properties (4) Limited

Cavendish Court

Inspection report

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Date of inspection visit:
18 June 2019
19 June 2019

Date of publication:
04 July 2019

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Cavendish Court is a residential care and nursing home providing personal and nursing care to 35 people aged 65 and over at the time of the inspection. The service can support up to 43 people.

Cavendish Court accommodates people across three separate floors. Each floor provides care and support to people with different needs, including residential and nursing care.

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

Overall, we heard from people, relatives, staff and visitors that over the last few months the service had settled and improved under the leadership of the new and well-respected registered manager. We received positive comments, thoughts on further improvement needs and concerns which we discussed with the registered manager.

We found that record-keeping was still inconsistent and not robust. Together with care and treatment which was not always safe, this put people at risk. When people were at risk of pressure sores, required wound care or were at risk of malnutrition, the management and recording of this was not always robust. The registered manager and provider had taken steps to improve this, through easier to use daily recording charts additional training, meetings and specially appointed support staff.

Staff, managers and the provider had identified issues, improvement needed and actions to take, but these at times needed to be responded to more quickly. This included ensuring more robustly that people's health and wellbeing was promoted and protected. We heard comments that while care overall had improved, person-centred knowledge varied. This needed to be supported through clearer and consistent care planning, which was still an area for improvement. However, new documents had been introduced to help.

Although there were signs of improvement, we considered these changes had yet to be embedded fully to provide consistently safe, effective and high-quality personalised care. The service's rating therefore has not changed overall. We highlight however that while there continued to be issues, we also heard and recognised that there had been progress.

A person who lived at the service told us, "I feel safe and well looked after. I could not cope at home. This is better than home." People, relatives and staff told us the new registered manager had helped to improve the staff culture, atmosphere and morale in the service. A relative said, "The current manager is first class and seems to be trying to improve things. I feel my [relative] is looked after well and is in a safe place."

We heard particularly positive comments about the more consistent staffing and reduced use of agency workers, as well as improvement of the food at the service. Staff we spoke with felt more supported. People, relatives and staff had been involved in the service through regular meetings and felt that communication had much improved.

People were overall 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, with a few areas for development.

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 9 January 2019) and there were three 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 had rectified two of the breaches. However, we found one continued and one additional breach of regulations. The service remains rated Requires Improvement and has been rated Requires Improvement for the last two consecutive inspections.

Why we inspected

The inspection was prompted in part due to concerns received about different areas of concern, which included pressure ulcer prevention, medicines and infection control. A decision was made for us to inspect and examine those risks. This inspection also followed up on action we told the provider to take at the last inspection.

We have found evidence that the provider needed to make further improvements. Please see the safe, effective, responsive and well-led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report. During the inspection, the registered manager and provider evidenced steps they had already taken to make improvements and reduce risk for people going forward.

Enforcement

We have identified breaches in relation to the safe care and treatment of people, as well as robust record keeping in relation to the safety and quality of people's care at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work with the local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

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.

Inspection team

The inspection was carried out by two inspectors and one 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 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 took place on 18 and 19 June 2019 and was unannounced.

What we did before the inspection

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

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

During the inspection

We spoke with 11 people who used the service and five of their relatives and friends about their experience of the care provided. We observed how staff interacted with and supported people who used the service. We spoke with eleven members of staff including the registered manager, the provider's quality and compliance inspector, senior care workers, an activities coordinator, care workers and the chef. We also spoke with a visiting professional.

We reviewed a range of records. This included eight people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision, as well as agency worker profiles. A variety of records relating to the management of the service, including meeting minutes, checks and procedures were reviewed.

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 remained the same.

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management; Preventing and controlling infection

- Pressure sore prevention and wound care were not always managed robustly. The service was aware that these areas had been highlighted as risk for people through concerns raised. For example, we viewed different wound care plans with the registered manager. These showed wounds had not been reviewed and redressed in line with set dates or no clear date had been set to ensure effective monitoring.
- We heard concerns and found that people's finger nails had not always been kept clean and hygienic, which posed a risk of infection and injury.
- Areas that may pose dangers for people were not always secured. We found that sluice rooms were unlocked on several occasions during the two days of inspection, even after we had highlighted this.

The above examples meant that people's care and treatment were not always safe and placed people at risk of harm. These were breaches of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager addressed our immediate concerns straightaway. They had also arranged further training, held regular meetings and had appointed specialist support to improve care practice.

- Risks to people's health and safety had been assessed and we found these records had been reviewed more regularly than at the last inspection. We considered that some information needed to be clearer to all readers, including new staff. Related charts had not always been completed effectively, which we viewed as part of record-keeping issues.
- Overall the service was clean and hygienic and had recently been awarded the highest possible food hygiene rating.

Staffing and recruitment

At the last inspection we found there were not always enough suitably skilled staff to meet people's needs and staffing was inconsistent. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found the provider had made enough improvements and was no longer in breach of Regulation 18.

- People, relatives and staff told us that generally there were enough staff now to meet people's needs. We saw that the use of agency staff had greatly reduced, which made people's care more consistent.
- We heard comments that sometimes people had to wait to be helped to the toilet, as there had only been one stand-aid. The registered manager showed us they had ordered a new stand-aid to improve this. Additional specialist support staff had been appointed to help further.
- Recruitment for more permanent staff was ongoing. Staff had been recruited using appropriate checks.

Systems and processes to safeguard people from the risk of abuse

- Overall people and relatives told us they felt care at the service was safe. One person told us, "I feel this is the right place. It is safe and secure."
- We were aware of ongoing safeguarding investigations. The registered manager worked together with other professionals to complete these and conducted her own investigations. The registered manager kept a log of safeguarding referrals and outcomes.
- Staff understood safeguarding procedures and had confidence in the registered manager to address any concerns.

Using medicines safely

- Overall the service managed people's medicines safely. We checked different records and stock levels of medicines and found they matched. The registered manager carried out regular audits.
- We found that people had protocols in place for their 'as required' medicines. At times these needed to be more detailed. We found however some good examples regarding 'covert' protocols, when people's medicines needed to be hidden or dissolved in food or drink.

Learning lessons when things go wrong

- The registered manager kept an overview of different incidents or accidents and analysed these. They were able to explain what lessons had been learned. We discussed that at times this learning and actions taken could be recorded more clearly.
- The registered manager conducted reflective learning sessions with staff to improve practice.
- Following issues with some air-flow mattresses, the provider had contracted a specialist to regularly service and decontaminate these pieces of equipment.

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 remained the same.

This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff working with other agencies to provide consistent, effective, timely care; Supporting people to eat and drink enough to maintain a balanced diet; Supporting people to live healthier lives, access healthcare services and support

At the last inspection we found that records had not always been completed effectively to monitor the health and safety of people. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found the provider had clearly taken different measures to improve this, but not enough progress had been made to rectify the breach. At this inspection, we found the issues were more specific to health-related monitoring.

- People were weighed regularly to identify any weight loss. Appropriate referrals had been made and additional care plans introduced. We found however that when weight loss had been identified, follow up checks, such as more regular weight recording, had not always been robust.
- Food and fluid charts had been completed, but not always fully and effectively. This was an issue where people had lost weight, but records were unclear about how much they ate and drank.
- When people had pressure ulcers or were at risk of developing them, repositioning records had been completed, but we found this was not always consistent. Information on daily monitoring sheets was not always clearly completed to guide staff.

The above examples meant that monitoring systems to check and promote people's health had not always been operated effectively. This was a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider had introduced daily recording sheets which were easier for staff to use and complete. The registered manager had also held group and individual meetings to improve this, as well as having arranged additional training. Two specialists additional staff, a care practitioner and a nurse practitioner, had been appointed, to work with staff to ensure better record completion and role model best practice.

- People, relatives and staff commented that communication had much improved within the service.

Handover books supported this. We found however that at times identified actions needed to be acted on more quickly, such as when staff had noticed that people's nails needed cutting.

- At the last inspection we received some negative feedback about the food. At this inspection, people and relatives told us how much it had improved. We sampled the food and it tasted very good. Kitchen staff we spoke with were very knowledgeable about people's individual food preferences, specialist diets, as well as steps taken to promote a healthy weight.
- The service worked with a variety of health professionals to promote people's health and wellbeing. We discussed with the registered manager that at times referrals needed to follow up more effectively and quickly, for example when assessments were needed to help people out of bed.
- A positive example was that there was now a physiotherapist visiting the service weekly, providing exercise opportunities for everyone.

Staff support: induction, training, skills and experience

At the last inspection we found that support to staff to be skilled and confident in their role was inconsistent. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We found at this inspection the provider had made enough improvements and was no longer in breach of Regulation 18.

- Staff told us they felt more listened to and better supported.
- Staff received regular supervision and took part in a variety of training. New staff 'shadowed' more experienced colleagues to gain confidence and received an induction based on the Care Certificate. This is recognised set of standards for those working in health and social care.

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

- We saw examples of signage around the service to help people with orientation. We considered with the registered manager how this could be further developed to help people, including those 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.

- People had mental capacity assessments in place. We discussed with the registered manager that there were some good examples, but that at times these assessments needed to be more decision-specific.
- Appropriate applications had been made to the local authority and the registered manager kept an overview of their progress. The registered manager was aware of conditions of authorisation and explained

how they were meeting them.

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 Requires Improvement. At this inspection this key question has now improved to Good.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

At the last inspection we observed that people were not always treated with dignity and respect and care was not always person-centred. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found that the provider had made improvements and was no longer in breach of Regulation 9.

- When we assessed at this inspection whether the service was caring, we took into account that there continued to be concerns and breaches of regulation, which we have considered in all other areas of this report.
- When we spoke with people and relatives, we heard some concerns and addressed these with the registered manager, who was responsive to the issues raised. However, overall we received positive feedback on how the service had progressed. It was clear that staff under the leadership of a well-respected manager had created a warmer, more positive atmosphere. The provider and staff had clearly taken steps to improve people's experience. People as well their relatives confirmed this.
- People's comments included, "I am treated very well. Staff are all very good", "I am happy here. I am pleased with the staff and feel I am listened to" and "I like it here. It is friendly. I have a very nice apartment. Nice neighbours. Lovely people. I am very lucky. Very happy here."
- There were some mixed comments, too, but a good example was how the registered manager had listened and made sure things were improved. One person told us they had not been happy with the attitude of some staff. They had spoken to the manager and they had resolved this.
- A relative told us, "First class care! Meals are good. The living accommodation is good. It is very clean, comfortable. Care is good, too. I am happy with all the staff."
- Staff also commented positively about how the service changed for the better.
- We observed kind and caring interactions and staff assisted people in a person-centred, unrushed and respectful manner.
- We heard a particularly positive example of how staff, as well as people using the service, had been very supportive of a person with specific equality and diversity needs.

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

- We saw that people, or where appropriate their relatives, had been involved in the planning of care and noted their consent.
- The registered manager had information about local advocacy services, should people need them. We discussed that this information could be on display, so people were aware of the information.

Respecting and promoting people's privacy, dignity and independence

- People's confidential records were generally locked in secured cupboards. We discussed some areas for consideration. The registered manager had arranged additional training for all staff in the General Data Protection Regulations (GDPR).
- We were aware of some issues with a backlog in laundry, however the registered manager had arranged for additional staff to help with the catch-up on this.

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 remained the same.

This meant people's needs were not always met.

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

At the last inspection we found that information in people's care records was not always completed effectively and kept up to date. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

As we have noted under effective, completion of records continued to be an issue and the breach remained with regards to this. We note however that improvements had been made to the review and evaluation of people's care plans.

- People using the service and relatives told us the reduced use of agency staff meant their care had become more consistent. We heard some comments that at times this could still vary, as there were a lot of new staff getting to know people.
- We considered that to support this, care plans at times needed to be clearer for all readers, including new staff. Care plans contained basic information about people's backgrounds, preferences and care,
- A daily recording sheet had been developed for staff to record information more easily and be aware of people's risk and care needs. Staff told us they also found a new 'This Is Me' document, which had been introduced, very helpful. This document contained key information about people's needs, preferences, interests and backgrounds to guide all staff. However, this had not yet been completed for all people using the service.

Meeting people's communication needs; Improving care quality in response to complaints or concerns
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 included information on how to support good person-centred communication.
- We asked whether the 'service user handbook', as well as the complaints procedure, were available in different formats that made them easier to read and understand for people. The registered manager explained that on request this was made available, for example in large print.
- The registered manager logged any complaints received, as well as what they had done to resolve them. We saw on the log and heard from different sources that the number of complaints had greatly reduced since the new registered manager had started.

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 service employed two coordinators who involved people in group or individual activities.

Coordinators had spent time to find out from people about their interests and what activities they might like to take part in. Holy communion was offered to people to take part in regularly and the registered manager explained that they had also explored people's other faith-based needs.

- The coordinators were organising a summer fair for people, relatives and other visitors to get involved in.
- We heard comments that it was good to see more people being out of bed and being involved in activities, socialising with others in lounges.

End of life care and support

- We saw that people had care plans in place that detailed and respected their needs and wishes regarding care at the end of their life. The plans noted spiritual needs and preferences of the person, but also considered their family's thoughts.

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 service management and governance aspects, particularly record-keeping, continued to be inconsistent. Leaders had developed the culture of the service, but the delivery of high-quality, person-centred care still needed to be improved.

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 the last inspection we found issues regarding robust record-keeping and the effectiveness of governance systems. These were breaches of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

As we have noted particularly under effective, there were still record-keeping issues and although improvements had been made, the breach remained in this respect. Governance systems had identified the issues we found and it was clear that the provider and registered manager were taking a variety of steps to make improvements.

- Issues remained regarding robust record-keeping, as we have noted particularly under Effective. A new, easier to use daily record had been introduced by the provider to help. We saw some good examples of this being completed, but this needed to be done more consistently. Specialist support staff had been appointed to guide staff and improve practice.
- Comments from different sources confirmed however that people's experience of the service had improved and the service was the most settled it had been in a long time. The registered manager supported this stability. We recognised that they had successfully focused on improving the culture of the service, to ensure changes were embedded more robustly.
- A staff member told us that previously they had been close to leaving, upset by the impact of a negative culture amongst the team. They explained how the registered manager had resolved this and the difference it had made. All of the staff we spoke with told us how much the culture, team work and communication had improved.
- Staff comments included, "It is a good place to work. It is a better place now compared to a few months ago" and "Things are on the right track. Changes are being made and staff morale has been boosted."
- The registered manager and provider completed a variety of checks and audits to improve the quality of the service. We considered that at times the identified actions still needed to be carried out more quickly.
- Ratings from our last inspection were displayed in the service and on the provider's website. The

registered manager had sent notifications of events to the Care Quality Commission (CQC) in line with legal obligations.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager had sent letters and met with people and relatives under their duty of candour.

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

- The registered manager held regular meetings with residents and relatives, to keep everyone informed and involved in the service's development. The registered manager had introduced a weekly newsletter to keep everyone up to date.
- People and relatives were encouraged to leave feedback about the service on a national care home review website. The provider also asked people and relatives to take part in a yearly survey.
- Staff felt more involved in the service through regular team meetings. The new registered manager had held these and we read that they had clearly addressed concerns and issues. In addition, there were specific mandatory meetings around safety and quality issues.
- Staff were recognised through an employee of the month scheme as well as annual yearly care awards. For these, staff could be nominated by people, relatives, other staff and professionals.

Working in partnership with others

- The service worked together with a variety of health professionals and commissioners.
- Feedback from people, relatives, staff and stakeholders about the service indicated a more settled, caring atmosphere. Comments showed us that improvements were being made.
- One person summarised this by telling us, "The new manager is very good. [Registered manager] is happy go lucky and caring. I have talked to them and they would always ask how each of us were. [Registered manager] listens, is superb, smashing. Staff are better since they came. [Registered manager] is caring and makes changes, like they are getting a second hand aid for us."

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Diagnostic and screening procedures	People's care and treatment was not always safe.
Treatment of disease, disorder or injury	Wound and pressure sore care was not always monitored and managed robustly. Care of people's nails to prevent infection and injury was not always sufficient. High-risk areas, such as sluice rooms, had not always been secured to protect people from accessing them unsupported.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Diagnostic and screening procedures	Systems to protect people's safety, health and wellbeing had not always been operated effectively.
Treatment of disease, disorder or injury	Records to monitor people's risk had not always been completed fully and consistently.