

Cavendish (Homecare) Professionals Ltd

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Inspection report

1 Royal Exchange
London
EC3V 3DG

Tel: 02030085210

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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?	Outstanding ☆
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Cavendish (Homecare) Professionals Ltd is a domiciliary and nursing care agency. It provides personal care and nursing care to people living in their own houses and flats in the community. At the time of the inspection it was providing a service to 24 people.

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

People were truly respected and valued as individuals and empowered as partners in their care in an exceptional service. This had a very positive impact on people's well-being.

There was a strong, visible person-centred culture which was consistently modelled by managers and formed an essential part of how people and their relatives were treated.

The service was exceptional at helping people to express their views preferences, wishes and choices

People using the service and their relatives were very positive about the quality of care they received. They trusted the staff and felt safe with them.

Everyone had an individual plan of care which was designed in co-production with the person, their family or representative. Individual care packages were detailed, responsive and tailor made for each person.

The management went the extra mile to ensure each person's care provision was successful and the registered manager closely monitored the initial package. This worked particularly well for people who had been discharged from hospital and were nearing the end of their life. People told us this personal approach from professional staff had supported them at a very difficult time.

All staff had clear roles and responsibilities and understood the values of the service. The registered manager and management at the service were highly visible and motivated staff.

People were involved in all aspects of their care decisions and assessing potential risks to their safety. Ways to reduce these risks had been explored and were being followed appropriately.

Staff understood their responsibilities to keep people safe from potential abuse, bullying or discrimination. Staff knew what to look out for that might indicate a person was being abused.

Staff treated people as unique individuals who had different likes, dislikes, needs and preferences. Staff and management made sure no one was disadvantaged because of their age, gender, sexual orientation, disability or culture. Staff understood the importance of upholding and respecting people's diversity. Staff challenged discriminatory practice.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Staff understood the way people expressed their views and the service made sure no one was disadvantaged because of the different ways people communicated.

Staff had been trained in the management of medicines and suitable policies and systems were in place. People told us they were satisfied with the support they received to manage their medicines where this was part of their care package.

Staff told us they felt proud to work for the agency and were very positive about the support, encouragement and guidance they received from the registered manager and management.

Everyone who either worked for the service or received a service from the agency had regular opportunities to comment on service provision and made suggestions regarding quality improvements. People told us that the management listened to them and acted on their suggestions and wishes.

People knew how to complain if they needed to and the registered manager asked if people were satisfied and happy with the service on a regular basis. The registered manager was keen to improve the service in co-production with people who used it and everyone working at the agency understood the need to be open and honest if mistakes were made.

The management team worked in partnership with other organisations to support care provisions, service development and joined-up care. This included working with local clinical commissioning groups on complex nursing care packages that successfully enabled people to come out of hospital and be cared for at home.

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

Rating at last inspection

The last rating for this service was Good (published 26 July 2017)

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

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 safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was exceptionally caring.

Details are in our caring findings below.

Outstanding ☆

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Cavendish (Homecare) Professionals Ltd

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

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

Service and service type

This service is a domiciliary and nursing care agency. It provides personal care and nursing care to people living in their own houses and flats in the community.

The service had a registered 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

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before the inspection

We reviewed information we had received about the service since it was last inspected by us on 25 May 2017. 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 six members of staff including the registered manager, the nominated individual, two nurses and a care worker.

We reviewed a range of records. These included four people's care records. We looked at four staff files in relation to recruitment, training and staff supervision. A variety of records relating to the management of the service, including quality audits, monitoring reports, risk assessments as well as policies and procedures relating to the running of the service.

After the inspection

The registered manager sent us documents and additional information we had requested at the inspection. We spoke with 10 relatives of people who used the service and three professionals who acted on people's behalf. We contacted a further seven staff to get their views about working for the agency.

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 Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse.

- Relatives of people who used the service told us they trusted the staff and felt safe with them coming into their home. One relative told us, "My wife has one regular carer and she feels perfectly safe with her." Another relative commented, "We have an open conversation with our son regarding his care and he would let us know if he felt unsafe at any time."
- Staff had completed safeguarding awareness training and understood the procedures they needed to follow if they suspected abuse.
- Staff understood that discriminating against people on the grounds of their protected characteristics was not only unlawful but abusive. The Equality Act 2010 introduced the term 'protected characteristics' to refer to groups that are protected under the Act and must not be discriminated against.

Assessing risk, safety monitoring and management.

- People's relatives told us, and records showed they had been involved in discussions about any risks people faced as part of the assessment of their care needs. A relative told us, "They did, and we were happy with their suggestions to support my sister's safety. They explained things very well, they are amazing. We had experienced a very stressful type of care before we got this team from Cavendish."
- Staff understood the potential risks to people's safety and welfare and knew what action they needed to take to mitigate these risks. Information about risks was recorded in people's care plans and was being reviewed regularly.
- We saw that the service had systems for identifying, assessing and acting on environmental risks for each person.

Staffing and recruitment

- The registered manager was following safe recruitment practices to ensure checks were routinely carried out on the suitability of staff.
- Staff files contained appropriate recruitment documentation including references, criminal record checks and information about the experience and skills of the individual.
- Staff we spoke with confirmed that they could not start working for the service until they had received a satisfactory criminal record check.
- People who used the service and their relatives told us there were rarely any issues with timings or lateness. One relative told us, "They would ring me if there's a problem which has happened in the past, but they do go the extra mile to be supportive. We have never had any missed calls." Another person said, "They will call if running late but this hardly ever happens."
- Staff told us the time they were allocated was enough for the tasks required. People told us they did not

feel rushed by the staff.

Using medicines safely

- The service was clear about its responsibilities and role in relation to the management of medicines, where this was part of the person's care package. We saw satisfactory records to confirm people received their medicines as prescribed including PRN (as required) medicines.
- Staff had received medicine training and had undertaken an observed competency check, by the registered manager, to make sure they understood the practical issues of medicine administration.
- Comments, from relatives regarding staff supporting people with their medicines included, "They know exactly what he needs and when to give it. They record what has been given and they do offer PRN when required," "They do fill in a MAR (medicine administration record) chart and also the company's own paperwork. They are very disciplined with the timing of his medication and will administer pain relief when our [relative] asks for it" and "[My relative's] Psychiatrist reviews him every two weeks and the carers are aware of any changes to his medication. They record what they give him and when."

Preventing and controlling infection

- Staff had completed infection control and food hygiene training and understood their roles and responsibilities in relation to these areas of care. They told us they were provided with sufficient amounts of personal protective equipment.

Learning lessons when things go wrong

- The service had policies and procedures in place for reporting and recording of accidents and incidents and staff understood these.
- The service had accident and incident forms in place and the registered manager told us they would follow their procedures where required. Staff were clear when they would need to call a doctor or an ambulance.
- The registered manager gave us examples of where they had learned lessons from past experiences and how this had improved the service overall.

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 Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Assessments of people's needs were comprehensive, expected outcomes were identified, and care and support regularly reviewed.
- People's needs assessments included the person's life history, support needs around mobility, medicines, skin care, physical health, pain control, diet and hydration, personal hygiene and social and emotional needs. Specific clinical assessments were carried out using appropriate and nationally recognised assessment tools.
- Care plans included information around the person's important relationships, culture and spiritual needs and care preferences.

Staff support: induction, training, skills and experience

- People told us staff were good at their job and knew what they were doing when providing support. One person told us, "I think they are very good. When my wife required care from this company they sent me the lady's CV before she came, and she appeared well qualified." Another relative said, "Staff are really well trained and very understanding."
- Staff told us that the induction process was useful and involved completing all the training required by the agency as well as shadowing more experienced staff before they felt confident to work alone.
- Staff told us, and records showed that staff were provided with the training they needed to support people effectively. We saw records of staff training were being maintained and monitored so refresher training could be booked when required. A staff member told us, "I had to do all of it [training] before I started working." Another staff member said, "They are very hot on training and they provide training for nurses."
- Staff confirmed they received regular supervision and felt supported by this process. One staff member told us, "I can discuss practical concerns with my supervisor, and know that they will be responsive and supportive." Another staff member commented, "Because I work on my own, it helps me a lot to just talk about my work. [The nominated individual] is always very supportive and it's just having that safety net if needed."
- Staff told us they undertook a yearly appraisal and found taking time to reflect on their work practice useful.

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

- People told us they were satisfied with the way their relatives were supported with eating and drinking. They confirmed that any special requirements in relation to nutrition and hydration were being followed by staff. A relative told us, "The carers get his main meal and sandwiches or snacks often. Hydration is a high factor for [our relative's] care. They have to fully record what liquids he has taken and what he has eaten. I

check he has had what is required if not I tweak it. Everyone works together on this." Another relative commented, "They have to feed dad and they know his likes and dislikes. They also make sure he has drinks throughout the day."

- We saw evidence in people's care plans that clinical assessments had been carried out if required. For example, we saw assessments by speech and language therapists and instructions for staff were clearly recorded.
- Staff understood people's cultural or religious requirements in terms of food and drink and people told us this was respected. A relative told us, "We are Jewish, and this is a Kosher house. The staff are well aware when bringing their own food into the house what they can or can't bring in."

Staff working with other agencies to provide consistent, effective, timely care

- Staff and management worked collaboratively across services to understand and meet people's needs.
- The service had clear systems and processes for referring people to external services. The registered manager understood the importance of referring people to external services when required.
- Where people required input from other professionals this was supported, and staff followed guidance provided by such professionals. Information was shared with other agencies if people needed to access other services such as doctors, health services and social services.

Supporting people to live healthier lives, access healthcare services and support

- Care plans showed the registered manager had obtained the necessary detail about people's healthcare needs and had provided specific guidance for staff regarding what action they needed to take if people became unwell.
- Staff we spoke with had a good understanding about the current medical and health conditions of the people they supported. Staff attended hospital or GP appointments with the person if this was required.

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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

- We checked whether the service was working within the principles of the MCA and found that it was. Staff had attended MCA training and were aware of the need to always obtain consent when they supported people. People's ability to consent to care and treatment was recorded in their care plans.
- Relatives told us that staff asked permission before supporting people, offered choices and valued people's decisions. A relative we spoke with told us, "Our [relative] can respond to the carers relating to permission / consent but if a problem arises, they seek us out and check with us before going ahead with anything."

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has improved to Outstanding. This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

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

- People consistently told us that the management and staff were highly motivated and provided care and support to them and their relatives that was exceptionally compassionate and kind. A relative told us, "The carers come in and are just like family. All three are brilliant, very polite and know exactly what they are doing."
- The service ensured that staff focussed on building and maintaining open and honest relationships with people and their families, friends and other carers.
- In cases where staff were supporting people on a 24-hour basis, relatives told us the staff were professional and sensitive about being a part of the household and fitting in with the family. A relative told us, "It took a while to adjust to having non-family carers but very happy with it now." Records of quality assurance feedback included, "[Staff member] was a pleasure to be part of our family for six weeks and I wouldn't hesitate to recommend her for any nursing position."
- People told us managers and staff cared for people in a way that exceeded their expectations. One person commented, "He turned 100 years old and had a birthday party to which all the carers and other staff were invited as they are like his family."
- There was a strong, visible person-centred culture which was consistently modelled by managers and formed an essential part of how people and their relatives were treated.
- Staff at the service understood what person-centred care meant and the importance of treating people as unique individuals with specific needs and preferences. A staff member commented, "The approach of care we're using is patient centred. They are involved in making decisions and they lay out their preferences on how the care should be delivered."
- People told us, and records showed that the service was committed to delivering bespoke care that reflected people's diverse needs in respect of the protected characteristics of the Equality Act 2010. A relative told us, "They have learnt about our customs and have attended our Jewish New Year celebrations in order for dad to be involved and supported." Another relative commented, "My sister stipulated female carers only."
- The managers and staff at the service demonstrated a very good understanding of people's background history, likes and dislikes, health and social care needs, care outcomes, and how this impacted on how people would like to be supported.
- People told us that the registered manager and staff were particularly sensitive at providing emotional support at difficult and stressful times. A relative had written to the service after the death of their loved one and stated, "Our family are so pleased we found your company and particularly [staff name]. Her knowledge, experience, professionalism and, most importantly compassion made these last few hours so

much easier."

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

- The service was exceptional at helping people to express their views so that staff and managers at all levels understood their views, preferences, wishes and choices. Relatives told us they felt empowered, valued and listened to.
- People told us the registered manager and management of the agency went the extra mile to ensure care provision were successful and monitored the provision of care very closely until they were happy and satisfied it met their needs
- There was a strong emphasis on collaboration and we saw people who used the service and their relatives had been involved in updating their care provision on a regular basis. A relative told us, "Mum's needs or preferences can change quite quickly, and they respond promptly when required."
- People and their relatives were at the heart of the assessment, planning and review of their care provision. A relative told us, "They are attentive, and kind and the head of the agency did come and chatted to us both. We agreed on what was needed, and they gave us the times I asked for."
- People told us, and records confirmed that people were involved in making decisions about their care on a daily basis. Staff respected people's views in relation to their care and followed their lead with sensitivity. One person told us, "They do ask what he wishes and abide by those wishes."

Respecting and promoting people's privacy, dignity and independence

- Respect for privacy and dignity was at the centre of the service culture and values and staff knew this. People consistently told us staff treated their relatives with dignity and respect which had a positive impact on their well-being. A relative told us, "On the many occasions I have been at dad's home I have observed how well they protect his privacy and dignity. They always close his door when doing his personal care." Another relative commented, "Very considerate, always protect his dignity with towels when doing personal care."
- Staff encouraged people's independence and people's needs were assessed so the staff would only provide support with tasks the person was unable to do themselves. One person told us, "Following five months in hospital he came out as a fragile person requiring good nutrition but now he needs to start becoming more independent. Carers are encouraging him to put on his own shoes."
- Care plans contained information to encourage people to complete personal care tasks they were able to and staff encouraged people. This supported people to maintain as much independence as possible.
- Staff gave us examples of how they maintained people's dignity and privacy both in relation to personal care tasks and that personal information about people should not be shared with others.
- Personal information held by the service and relating to people using the service was being treated confidentially and in line with legal requirements.

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 good. At this inspection this key question has remained the same. This meant that people's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People were at the heart of planning their care. They told us they felt empowered, valued and listened to. A relative told us, "The [registered] manager is very good and approachable. She checks the scheduling, so I talk to her and she responds immediately. They are on the ball and I have highly recommended them to others."
- The registered manager told us how they had worked with local clinical commissioning teams who required a high level of nursing care on very complex care packages when people were discharged from hospital. People told us that staff dealt well with this complexity. A relative commented, "My sister has complex medicinal needs. They were so compassionate and understanding of our needs. They are really hot on planning and very professional."
- People were involved in planning their care, from the initial assessment through to reviews and updates when required. A relative commented, "They are good at adapting to dad's changes of needs. His deterioration is quite slow although continual, which gives time to adjust to changes."
- Managers and staff had a good understanding of the needs of different people and groups of people and delivered care and support in a way that met these needs and promoted equality.
- Staff supported people to carry out activities and encouraged them to maintain links with the community and their family and friends where this was part of their care provision. A relative told us, "[Staff member] has taken mum to a street market in a taxi and walked around with her which mum loves."

End of life care and support

- The service had detailed policies and procedures in place to support people at the end of their life, so they could experience a comfortable, dignified and pain-free death.
- The stated aim of the end of life policy stated, 'to provide high-quality care with dignity and compassion for those who are dying, abiding by the appropriate customs of religious culture and practice and supporting the dying person's family throughout.' Both nurses and care staff understood these shared values.
- In conjunction with their end of life policy, the service had developed an end of life comfort assessment which regularly checked to make sure everything that was required was in place. This included, managing nausea, pressure care, providing support and information to relatives and ensuring that spiritual needs were being met.
- People we spoke with were very positive about how the agency had helped them through this difficult process. A relative told us, "My aunt was diagnosed just three weeks ago that she was at the end of her life. None of us knew or suspected it, I was in a state of melt down when I rung and spoke to the [registered] manager. she was so amazing and understanding."
- Both nursing and care staff had received end of life training and people told us staff had the specific skills

to understand and meet the needs of people and their families in relation to emotional support and the practical assistance they need at the end of the person's life.

- Staff told us the management also supported them emotionally when they supported people at the end of their life.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The care documentation showed that the service identified and recorded people who had different communication needs. Staff understood the way that people expressed and communicate their needs and wishes. People told us that staff interacted well with their relatives and understood the different ways they communicated.

Improving care quality in response to complaints or concerns

- People told us they knew how to make a complaint and they felt their concerns would be heard. A relative told us, "I have not had to make any complaints to date but would know how to do it and feel they would resolve any issues to my satisfaction." People told us that any complaints or concerns they had raised with the agency in the past had been dealt with appropriately and they had received an apology if mistakes had been made.
- People confirmed that the registered manager and management at the agency regularly contacted them and asked if they were happy with their care provision. Any concerns were dealt with quickly and to their satisfaction. A relative told us about a concern they raised. They told us, "The office responded well and sorted it out straight away."

Is the service well-led?

Our findings

Well-Led – this means 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 Good. At this inspection this key question has remained the same. This meant that the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People who used the service and their relatives were very positive about how Cavendish (Homecare) Professionals Ltd was run. One person told us, "The manager and owner are very skilled and professional. Communication is very open, and I cannot speak highly enough of them."
- Staff told us they felt very well supported in their role. One staff member told us, "[The registered manager] is a consummate professional. Her experience and knowledge of nursing practice is evident and shared. Her leadership skills, and emotional intelligence in her role as the founder of the company never ceases to amaze me. The degree to which she takes steps to continually improve the service and the experience of all the clients in receipt of care is impressive and motivating." Another staff commented, "I can honestly say they are so supportive and approachable. They always respond to my emails or return my calls. Also, I feel appreciated and valued as a staff member. I've been working for Cavendish for two years now and I am really happy in my work."

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

- Both the registered manager and staff understood their responsibility to be open and honest if mistakes were made. The service manager told us, "Although the number of incidents or near misses are low amongst Cavendish Homecare clients when these do occur we actively engage with the client, their family and any associated services."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics: Continuous learning and improving care

- Staff understood the values of the organisation and how they put these values into practice on a day to day basis. These values were discussed with staff on a regular basis. A staff member informed us, "It is simply the best agency I have worked for in my long nursing career. Cavendish imbue all the qualities of a well-lead, responsive, safe, effective and caring company."
- People told us they were regularly contacted by the registered manager and office staff to ask them for feedback on the quality of the service and they also received spot checks by the registered manager to check the quality of the service. We saw completed quality assurance checks, carried out by the registered manager. These were very positive about the quality of care provided by staff and management. A relative told us, "Once a year we get a form to fill in. They do take on board any suggestions." Another relative

commented, "I have just completed one [survey]. I think all the carers are very professional and do what they say they will do but it is very expensive. Good care costs."

- Records showed that audits took place on a regular basis to make sure the continued safety of both people using the service and the staff supporting them. In addition to these internal audits, the service manager told us about a recent external audit that had taken place. They commented, "We are pleased to have achieved the globally recognised standard, ISO 9001 accreditation. We consider this an important milestone as it reiterates our commitment to providing a quality service which is underpinned by robust processes and documentation. Our eligibility for accreditation was assessed over a 2-day period by an external auditor."
- Staff confirmed there was equal treatment of employees.
- Staff told us they were consulted about the running of the service and their comments and suggestions were sought and taken on board by the management. One staff member told us, "Our managers value my input. They are open to ideas, suggestion and recommendation that will give the best outcome to our client's care."
- Everyone we spoke with told us they felt included in the development of the service and we saw examples of improvements being implemented that had been suggested by staff and people using the service.

Working in partnership with others

- We saw the registered manager and management worked in partnership with key organisations to support care provision, service development and joined-up care. These included GPs, private consultants, district nurses, hospices, palliative care teams and clinical commissioning groups.
- From discussion with the registered manager, management, staff and people using the service, it was clear the registered manager was transparent, collaborative and open with all relevant external stakeholders and agencies. The service manager informed us, "We pride ourselves on working flexibly and effectively with multidisciplinary teams and a broad range of services. Working collaboratively with [external] services enables us to provide our clients with holistic care which meets their changing needs."