

National Schizophrenia Fellowship Cavendish Lodge

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Good 

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 Lodge is registered to provide nursing and personal care for up to eight people who have a diagnosed mental health condition. At the time of our inspection visit there were five people living at the home. Care is provided across two floors and a communal lounge and dining area is located on the ground floor.

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

The provider had begun to address the issues from the last inspection, but their own quality assurance process had identified further improvements were still required. Some improvements had only recently been introduced. They needed to be embedded into the culture of the home under the new management team to ensure people's recovery continued to achieve positive outcomes.

There were enough care staff on duty to keep people safe from risks of harm. However, there continued to be a significant use of agency staff whilst recruitment to fill staff vacancies continued. Staff understood their responsibility to keep people safe from abuse or discrimination. Positive risk taking was considered alongside the provider's duty of care. People received their medicines as prescribed.

People had access to other health and social care professionals, so their needs could be monitored and met. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Staff respected people's rights to make their own decisions about their lives and care. Where people needed support to make some decisions, staff assisted them or referred them for independent advocacy support.

Staff had completed training and further training sessions were planned to ensure staff's skills and knowledge continued to be refreshed. Staff understood the ethos of the service was to support people's independence and encourage them to do as much for themselves as possible. People who chose to, were able to come and go freely and their privacy was respected.

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 requires improvement (published August 2018) and there was one breach of the regulations. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations, however further improvements are still required.

Why we inspected

This was a planned inspection based on the rating at the last inspection.

Follow up

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, 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 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 Lodge

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 supported by a specialist nurse who had experience of supporting people with a mental health condition.

Service and service type

Cavendish Lodge is a care home with nursing. Nursing cover was provided five days a week with an on-call support for staff in the evening and weekends should staff need nursing advice. People in care homes receive accommodation and personal care. 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

The inspection took place on 8 August 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 who work with the service. We used information the provider sent to us in the Provider Information Return. This is information we require providers to send us at least once a year to give some key information about the service, what the service does well and improvements they plan to make. This information helps support our inspection. We used all this information to plan our inspection.

During the inspection

We spoke with two people to get their feedback about what it was like to live at Cavendish Lodge. We spoke with five members of staff, including the registered manager, the deputy manager, a nurse, a permanent member of care staff and an agency member of staff.

We reviewed a range of records. This included two people's care records and three people's medication records. A variety of records relating to the management of the service, including policies 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 the rating for this key question has improved to Good. People were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- At our last inspection we found risk assessments did not always adequately reflect how to mitigate risks to people. At this inspection we identified improvements had been made.
- Each person had 'safety management plans' which informed staff how identified risks to people's physical, mental and emotional wellbeing should be supported without unnecessary impact on their independence. Positive risk taking was considered alongside the provider's duty of care.
- People had Personal Emergency Evacuation Plans (PEEPS) which detailed information about the level of support they may require in the event of an emergency. Records showed people and staff regularly participated in fire evacuation drills

Staffing and recruitment

- The registered manager and nurse completed a dependency tool that looked at people's assessed needs to identify staffing levels. Care staff rotas were planned with flexibility in mind, such as increasing staff to accompany people on appointments. An agency member of care staff told us, "Sometimes when the service users get poorly we do feedback to the managers or the nurse and they will make the decision whether to bring in an extra member of staff to support."
- Nursing cover was provided five days a week with on-call support for care staff in the evening and weekends should they need nursing advice.
- At our last inspection we found that whilst there were enough staff on duty to meet people's needs, staffing levels were only maintained because of a high use of agency staff and the provider's own bank staff. This continued to be the case although the provider was actively recruiting.
- The registered manager told us consistency of care was provided by using the same agency staff and bank staff who knew people well. A contracted member of staff told us, "We have regular agency staff which makes life easy because they know the routine." An agency member of staff confirmed they regularly worked at Cavendish Lodge and understood risks to people's health and wellbeing.
- The registered provider undertook background checks of potential staff to assure themselves of the suitability of staff to work at the home.

Systems and processes to safeguard people from the risk of abuse

- Staff had received safeguarding training. The provider had discussed learning from recent incidents in their other services to make sure staff understood their responsibilities to keep people safe.
- Staff told us they would report any concerns if they suspected abuse and had confidence the registered manager would investigate.
- The management team understood their legal responsibilities to protect people and share important

information with the local authority and CQC.

Learning lessons when things go wrong

- Improvements had been made to ensure staff understood their responsibility to report and record accidents and incidents. Investigations of accidents and incidents were carried out to identify the cause so action could be taken to prevent a reoccurrence.
- The provider reviewed accidents and incidents to ensure appropriate action had been taken.
- Learning from incidents was shared with the staff team, to drive forward best practice. For example, errors in the recording of medicines had been identified and learning shared with staff. Records demonstrated the number of recording errors had reduced significantly.

Using medicines safely

- Since our last inspection the provider had made improvements in the management of medicines in accordance with good practice. The provider was following safe protocols for the receipt, storage, administration and disposal of medicines.
- Staff were trained in medicine administration and their competencies assessed to ensure they worked in line with the provider's policies and procedures.
- Medicine Administration Records (MAR) were completed as required and people had their prescribed medicines available to them when they needed them. Written guidelines informed staff when people should be given their 'as required' medicines.

Preventing and controlling infection

- People were supported and encouraged to keep their own personal rooms clean and tidy.
- Staff used personal protection equipment such as disposable gloves and aprons to help prevent the spread of infections.

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 continues to be rated as Good. This meant people's outcomes were consistently good, and feedback confirmed this.

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

- There had been no recent admissions to the home. The registered manager was working on a new admissions criteria to ensure the service could meet people's needs and to inform their care plan.
- The registered manager explained this would enable them to be assured they could provide effective care during periods when people were unwell, whilst considering the vulnerabilities of those already living in the home. They said, "We have to look at timescales for transitions as well as the interactions with people already living in the home. I also have to look at the service as a whole. I have to consider what staff I have got, what skills they have got, and what support I have got in an emergency."

Staff support: induction, training, skills and experience

- Permanent, bank and agency staff received an induction when they started work which included working alongside an experienced member of staff.
- Staff were positive about the training they received, and records showed recent training specific to people's needs included personal boundaries, support planning, working with risk and safety and relationships and sexuality.
- Whilst there were some gaps in 'refresher training', the registered manager assured us this had been identified and plans were in place to ensure it was completed. They told us, "There is a real commitment (by the provider) to ensure Warwickshire training is brought up to date. We want to do it over time, so staff have time to digest the training, implement it and reflect on it."

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

- People were supported to have enough to eat and drink in ways which met their needs and preferences.
- Nobody at the time of our inspection had any specific dietary requirements or needed to have their food and fluid intake monitored. However, two people needed to be aware of their sugar intake. Staff encouraged both people to eat a balanced diet and make healthier choices.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People had access to other health and social care professionals, so their needs could be monitored and met.
- The nurse gave examples of support they had provided, so people would be able to access other services. This included working with the community mental health team and people's care co-ordinators to ensure there was a consistent approach to supporting people's physical and mental health.

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 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 some 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 found the management team and staff were working within the Act.
- People's capacity to make decisions had been assessed and staff helped people make day to day decisions in their best interests.
- Nobody had any restrictions on their liberty at the time of our inspection. However, the registered manager told us they were reviewing one person's care plan to consider whether a DoLS application was now required. One person told us, "There are people around if you need them, but it is non-intrusive. We come and go as we please."

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

- People were encouraged to choose the decoration for their bedrooms to reflect what was important to them. One person told us, "They asked us what colour walls we wanted, and it was painted in the colours we chose."
- People enjoyed several communal areas and improvements had been made to the kitchen to ensure it was decorated to a good standard.
- Work had recently been completed on the garden to encourage people who had an interest in plants and growing vegetables to spend more time outside.

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 continued to be rated as 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

- People spoke positively about the care and support they received at the service. One told us, "I like the staff, I think they do a wonderful job." The other said, "Staff are great, very helpful and very positive."
- The interactions we saw between people and staff were limited. However, those we did see demonstrated staff engaged positively with people and were kind and respectful towards them. We saw a member of staff sitting and talking with a person in a relaxed and friendly manner in the garden.
- People's responses during our visit showed they enjoyed the company of each other as well as staff. One person told us, "It is very easy to live here, and it is very pleasant to share our lives with the people in here." They added, "Everyone is helpful and supports us in a nice house to share gentle company with other people and the staff."
- The provider and staff respected people's equality and diversity, and protected people against discrimination. People and staff were treated equally according to the guidance on protected characteristics.

Respecting and promoting people's privacy, dignity and independence

- Staff understood the ethos of the service was to support people's independence and encourage them to do as much for themselves as possible. One agency member of staff told us, "What we try to encourage is independence, we support them, but we don't do everything for them. We encourage them to do as much as possible for themselves, so we don't de-skill them."
- One person explained how the support of staff gave them confidence to be more independent. They said, "We are given autonomy as well as being well supported."
- People who chose to, were able to come and go freely and their privacy was respected.
- The service complied with data protection law. People's private information remained secure. Care documentation was held confidentially, and systems and processes protected people's private information.

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

- Staff helped people express their views and make decisions about their care by talking with them and explaining their options. One staff member explained, "It may take a while to help them understand the decision being made, but we give them time."
- The registered manager supported people to access advocacy services if needed. One person had recently had the support of an independent advocate to help them make choices about their living arrangements. Advocacy services offer trained professionals who support, enable and empower people to speak up.

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 we found some improvements had very recently been made, but further improvements were still required. The rating has remained Requires Improvement. 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

- The provider worked to a 'recovery model' which is a holistic and person centred approach to mental health care. It helps people to identify and achieve their goals and promote independence.
- The new nurse was enthusiastic and motivated to support people's recovery and the impact of their work had already achieved positive outcomes for people. One person had been supported to change their living arrangements and adapt their personal space and another person was now able to independently pursue a leisure interest after a period of ill health.
- However, while we could see very recent efforts to develop an understanding of people's mental health and support their recovery, this had not always been reflected within the service. This positive approach needed to become embedded within staff's practice to ensure people's recovery continued to achieve positive outcomes.
- Overall, care plans had been updated to ensure staff had the information they needed to respond consistently to people's needs. However, additional information was needed to support staff understanding of how to support people's emotional wellbeing during times of anxiety. The registered manager told us further training in 'de-escalation' techniques was planned which would help in the development of more detailed support plans.
- People had been involved in their care plans and agreed with the contents.
- At our last inspection we found the provider's keyworker system was not working effectively due to a lack of permanent staff. A keyworker is a member of staff allocated to a person whose role it is to form a trusted relationship with that person and develop a good understanding of their needs. Whilst we received positive feedback from one person about their keyworker, the registered manager acknowledged the keyworker scheme would not become fully effective until they had more permanent staff in post.

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 carer.

- The registered manager was aware of their responsibility to support people's communication needs.
- Where a need was identified, information was provided in a different format to assist people's understanding.

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

- People chose whether they went out each day, spent time alone, or spent time with staff in the communal areas of the home or the garden.
- People were encouraged to build and maintain friendships and relationships of their choice and this was respected by staff.

End of life care and support

- The service was not providing care to people at the end of their lives at the time of our inspection.
- The deputy manager told us they would work with other social and healthcare professionals to consider people's best interests if a person wished to spend their final days at the home, They explained, "If we could still meet their needs here there would not be an issue with them remaining."
- The registered manager planned to develop a document called "My Life Wishes' which could be used as a tool to talk about ageing and becoming ill. They explained this would enable them to sensitively explore people's wishes at the end of their lives to ensure their preferences would be met.

Improving care quality in response to complaints or concerns

- Systems were in place to promote, manage and respond to any complaints or any concerns raised. Four complaints had been received in the last 12 months and had been dealt with in accordance with the provider's complaints process.
- Where learning had been identified through people's feedback, the registered manager shared this with the provider and staff to ensure improvements were made.

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 because the provider had failed to have robust and effective quality assurance systems. A lack of effective management and monitoring put people at risk of poor care. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Good Governance.

At this inspection we found some improvement had been made and the provider was no longer in breach of these regulations. However, further improvements were still required and the rating has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; 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 provider had begun to address the issues from the last inspection. The provider's action plan to address key areas included adopting staff dependency tools to support safe staff levels, improving nurse and registered manager availability, improvements to care plans and retraining staff in essential areas such as safeguarding and risk and safety management. This action plan was updated and used by the provider as a universal 'turnaround plan' to make sure, all their services provided quality care and support.
- The implementation of the 'turnaround plan' had led to significant changes to the overall and clinical management at Cavendish Lodge. A new management team and nurse were now in place and action was being taken to recruit to staff vacancies.
- However, the significant changes in the management and clinical leadership at Cavendish Lodge, and a continuing high number of staff vacancies had impacted on the effective implementation of some aspects of the plan.
- The provider completed compliance assessment visits to ensure the service was meeting the essential standards of quality and safety. The last visit had taken place in July 2019 when the provider recognised further improvements were still required to ensure safety and positive outcomes for people were consistently achieved. The new deputy manager had developed an action plan to address the shortfalls which was being worked through at the time of our inspection visit.
- Some improvements had only recently been introduced and needed to be embedded into the culture of the home under the new managers and with a new staff team, to ensure they would be sustained.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- A new manager had become registered with us on 29 April 2019. A new deputy manager had been in post for four weeks at the time of our visit and the nurse who provided clinical oversight had been in post for three months.

- These managerial appointments had already had a positive impact on the home. All three demonstrated a commitment to improving service delivery to ensure people's recovery achieved good outcomes.
- An increased managerial presence was positive for staff who did not need to rely so much on the on-call service for support and advice.
- Although there were only three permanent care staff contracted to the home, the provider ensured bank and agency staff were clear about their responsibilities. However, the registered manager acknowledged a permanent staff team would enable them to concentrate on developing staff skills to ensure they provided the best person centred care possible. They told us the provider was developing innovative ways to recruit and retain staff.
- The registered manager was aware of the circumstances when they would need to notify the Care Quality Commission of certain events which may happen at the service.
- The registered manager was aware of the requirement to display their rating following an inspection and to ensure it was also on the provider's website for people to see.

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

- Staff supervision meetings had not been happening as regularly as planned, but this was being addressed. The registered manager explained, "Supervisions were not happening as regularly as they should have been, but [new deputy manager] plans to have them every four weeks during this period of change. Then they will be reduced down to quarterly."
- Staff told us they felt supported in their roles and able to share their views and opinions with the managers.
- People and relatives were encouraged to express their views about the service. People were asked their views through informal discussions on a day to day basis and 'house meetings' for those who chose to participate.
- The registered manager understood the need to consider people's protected characteristics in the planning and delivery of people's support needs.

Continuous learning and improving care

- Systems were in place to learn from incidents where mistakes were made. For example, following an incident when a medication was missed, an incident report was completed detailing the reasons for the error, actions taken and the outcome of the action.
- The registered manager was responsive when we highlighted areas in need of improvement during our inspection.
- The provider had set up a clinical support group for the nurses who worked in their four Warwickshire services. The group met once a month to discuss clinical issues, share learning and support their professional development. The provider also encouraged them to attend external training, so they could keep up to date with any changes in best practice.

Working in partnership with others

- The registered manager and staff understood the need to work in partnership with community health and social care professionals to achieve positive outcomes for people and promote their physical health and mental well-being.
- The registered manager worked in partnership with other managers within the provider group to improve quality standards.