

Cavendish Care Home Limited

Cavendish Care Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Cavendish Care Home is a residential care home providing accommodation and personal care to people aged 65 and over who live with dementia and mental health needs. The service can support up to 24 people. At the time of the inspection there were 18 people receiving care. People are accommodated in one adapted building which has had improvements made to it by the current provider to meet people's needs.

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

Prior to the inspection, concerns had been raised about some practices in the home. The new home manager had started to take action to safeguard people from potential abuse and poor practice. Where restrictive practices had been identified, these had been stopped. The new manager was working with healthcare and adult social care professionals to ensure people's best interests were met and their care was personalised.

We found the service's systems and practices did not always ensure people were protected from potential abuse and this shortfall had not been identified by the provider's quality assurance systems. People were not always supported to have maximum choice and control of their lives and staff had not always supported them in the least restrictive way possible or in their best interests; the service's policies in this matter had not been followed.

People did not always receive appropriate support when they became distressed, in order to reduce risks to them and others, from behaviours which could challenge. The management of medicines required review to ensure people received their medicines as prescribed. Staff recruitment processes needed review to ensure all appropriate checks were carried out, on all staff, before they supported people. This was addressed during the inspection to ensure some missing checks were completed. The management staff had ensured there were enough staff in number, skill and experience to meet people's needs.

Staff had received training in subjects related to their role and were knowledgeable about safeguarding adults and the Mental Capacity Act. However, this had not always been reflected in some practices carried out by some staff. Additional training in best interests, dementia care, distress support, positive behaviour support and personalised care planning was being organised to address this.

People's care plans gave information about their likes and dislikes, strengths and weaknesses and showed information had been gathered from both people receiving care and their representatives. Care plans did not always give clear guidance on what actions should be taken to meet people's needs, preferences and to ensure their best interests were maintained. This put people at risk of not receiving person-centred care or consistent care.

People had access to social activities and they were supported to retain relationships with those who were important to them.

The provider's systems and processes for quality monitoring the service had not been effective in identifying areas of concern or shortfalls which may impact on people's safety and wellbeing. As a result, action had not always been taken to make improvements, so that best practice was always followed. These systems had not been effective in sustaining previous improvements made to the service.

Action had started, prior to the inspection, to ensure people were protected from further potential harm. We asked the provider what action they will be taking, and they provided us with a plan of the immediate actions they were taking to address the risks to people. During the inspection, the provider began remedial action to improve some of the services quality monitoring processes. This was to ensure concerns were identified quickly and so appropriate action would be taken to address these in a timely manner.

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 Good (last inspection report published 13 October 2017).

Why we inspected

The inspection was prompted in part due to concerns received about the safeguarding of people from abuse and poor practice. A decision was made to inspect and examine those concerns.

We have found evidence that the provider needs to make improvements. Please see the key questions 'Is the service Safe?', 'Is the service Effective?', 'Is the service Caring?', 'Is the service Responsive?' and 'Is the service Well-Led?' sections of this full report. The overall rating for this service is Requires Improvement.

You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Cavendish Care Home on our website at www.cqc.org.uk.

Follow up

We will meet with the provider following this report being published to discuss the progress of their action plan and to understand what they will do further to improve the standards of quality and safety. We will work alongside the provider and 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 not always caring.

Details are in our caring findings below.

Requires Improvement ●

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 well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Cavendish Care Home

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.

The inspection was prompted by information of concern being shared with the Care Quality Commission (CQC). This information related to care practices in the home and information which the provider should have let us know about but had not.

Inspection team

One inspector carried out the inspection.

Service and service type

Cavendish Care Home 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 did not have a manager registered with the CQC, although the manager has submitted their application to register. When managers are registered with the CQC 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 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. 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. This information helps support our inspections. We used all this information to plan our inspection.

During the inspection

We spoke with four people who used the service but because they lived with dementia were unable to give us their view of the service. We therefore used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We spoke with one relative.

We spoke with eight staff including the manager and one director, who was the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We spoke with one visiting healthcare professional and one adult social care professional.

We reviewed a range of records. This included three people's care files, four people's medicines administration records and documents relating to the Mental Capacity Act and Deprivation of Liberty Safeguards. We reviewed two staff files in relation to recruitment and staff supervision, staff training record and information about training being organised. We looked at a variety of records relating to the management of the service, including policies and procedures, audits and monthly director reports, minutes of meetings with staff and relatives and accident and incident reports.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We requested and received a copy of the staff training record and sought further clarification relating to medicines concerns. We had further conversations with adult social care professionals.

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 now deteriorated to Requires Improvement.

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.

Systems and processes to safeguard people from the risk of abuse

- ☐ The service's policies and procedures on safeguarding adults were available to staff to read but had not been adhered to. Some staff had not read these for some considerable time; since their original employment.
- ☐ Staff had received training on safeguarding adults and were able to tell us what constitutes abuse. However, some restrictive practices were in place, which were not necessary or proportionate in managing risks to people. There were examples of where these practices had caused harm. These practices had not been recognised by some staff as being abusive in nature.
- ☐ The service's monitoring processes were not effective in identifying and investigating potential safeguarding risks and in taking timely action to mitigate these. Examples of this included records of bruising on people which had not been investigated. Action had not been taken to establish the cause of bruising seen on people and to ensure these were not caused by abusive action. Records which contained evidence of restrictive practices had gone unchallenged.
- ☐ An incident had taken place which had caused harm to a person. Some action had been taken by the new manager to investigate this and stop it from happening again. However, it had not been reported to relevant professionals and agencies who have responsibilities for safeguarding people.
- ☐ Staff had practiced restraint in the case of one person, which, had not been in line with the person's care plan or their best interests.

This put people at risk of not being protected from abuse. This is a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- ☐ Prior to our inspection visit a visiting NHS healthcare professional had raised a safeguarding concern with the appropriate authority. Subsequent action was taken to ensure the person was safeguarded. A review of the homes overall safeguarding arrangements had been completed. During our inspection we saw action was being taken to reduce the risk to people including a review of the support given to manage people's behaviours and a review of best interests decision making processes, including care plan guidance related to these. Where needed care plan guidance was amended to ensure people's care was provided in their best interests. A review of some staffs' performance and behaviour was undertaken, and action taken by the provider in response to this.

Staffing and recruitment

- One staff recruitment file demonstrated that all necessary recruitment checks had been completed prior to the staff member starting work. A second staff recruitment file had some checks missing from the file. This was resolved following the inspection and all necessary checks completed. Before the recruitment of this member of staff, checks on staff recruitment files had shown that staff had been appropriately recruited. Arrangements moving forward were that no new staff would start work until the manager was satisfied all recruitment checks had been completed.
- Ongoing arrangements were in place to ensure there were enough staff with the right skills and experience to meet people's needs. Regular agency staff were used where required and the home was looking to recruit new care staff. Staff told us there were enough staff on duty and we observed them working in a way which ensured staff were available to support people.
- Recruitment checks were being completed on a new deputy manager. This member of staff planned to start work at the home in August 2019.

Assessing risk, safety monitoring and management

- Risks to people such as those related to falls, falls from bed, developing pressure ulcers, choking, loss of weight, self-neglect and leaving the service unsupervised were assessed and action taken to reduce these. Staff knew people well and were aware of people's risks management plans.
- People had been referred to healthcare professionals and provided with specialised equipment such as pressure reducing mattresses and walking aids. People had been provided with additional calories in their food and were supervised to eat safely.
- There were arrangements in place with healthcare professionals for the ongoing assessment and management of people's health risks. For example, community nurses, GPs and occupational therapists visited regularly.
- Action was taken to ensure environmental risks to people and staff were reduced or mitigated altogether. This included risk strategies for ensuring the health of the water system and fire safety.

Using medicines safely; Learning lessons when things go wrong

- During the inspection, medicine errors were reported to us by care staff. We found one incident to have been a 'near miss' and another to have been an error, a person's pain relief patch had been changed a day earlier than instructed. The error had not initially been reported to the GP but was subsequently. The GP had confirmed there had been no harm to the person.
- Lessons had been learnt by these incidents. Actions had been taken by the provider and new manager to address the reasons for the error and to ensure medicines were administered safely in the future.
- One medicine, prescribed for several people, on an 'as required' basis had been given to some people on a regular basis. No harm had come to these people, but it had been part of the staffs' practice to administer this whether it was needed or not. The new manager had reviewed practices around the use of this medicine and other medicines prescribed to be administered 'as required', to ensure these were used safely and as prescribed.
- Medicines were stored safely.

Preventing and controlling infection

- There were arrangements in place to keep the environment clean and free of unpleasant odours.
- Infection control procedures were followed to reduce the risk of infection to people or of infection spreading. Staff wore protective aprons and gloves when delivering people's personal care and when serving people's food. Specialist contractors checked the health of the water system.
- Laundry arrangements ensured soiled laundry was managed safely.
- The kitchen had been awarded a food hygiene rating of '5' by the Food Standards Agency in May 2018. This means the standard was 'very good'.

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 now deteriorated to Requires Improvement.

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

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 who lacked mental capacity to consent to live at Cavendish Care Home, and who required continual support and supervision, so their care and welfare needs were met, had authorised Deprivation of Liberty Safeguards in place.
- ☐ Where conditions on authorisations applied, staff were meeting these for one person and were now unable to meet these for another person as the person's abilities and needs had altered. The new manager planned to get this condition reviewed with the supervisory body.

Staff support: induction, training, skills and experience

- ☐ We were informed by the provider that staff completed induction training when they first started work with the company. Some improvement was needed to ensure all staff would be familiar with all the provider's working practices. For three recruited staff, the new manager could not find any evidence of this. One of these staff confirmed they had been provided with an introduction to the service, which had included going through the fire procedures, how to raise concerns, but had not for example, included reading the provider's safeguarding policy and procedures. The new manager confirmed that all new staff would automatically complete induction training in line with the Skills for Care induction standards. In the

meantime, to ensure staff had appropriate knowledge of the provider's policies and procedures one policy would be looked at and discussed each week with staff.

- ☐ Training in relevant subjects had been provided and most staff had completed these; through a mixture of workbook learning and face to face training. These subjects included safe moving and handling, food hygiene, infection control, health and safety, first aid, fire safety, diabetes, dementia care, delirium, challenging behaviour, Mental Capacity Act (MCA) and equality and diversity training.
- ☐ A few staff had completed additional training on skin care, end of life care and mental health problems and were able to support other staff in these areas. One member of staff said, other more experienced staff had been helpful in supporting them to learn more.
- ☐ There was evidence of completion of job specific trainings such as cleaning and delivering meaningful activities.
- ☐ Several staff held the National Vocational Qualification (NVQ) in care where their practice and knowledge would have been formally assessed.
- ☐ Considering the concerns raised, management staff were working with healthcare professionals to organise and deliver additional training in subjects such as the MCA, behaviours which cause distress and challenge, dementia care and person-centred care and care planning. This would enable a review of staffs' understanding of current legislation and ensure their knowledge was in line with current best practice.
- ☐ We observed staff adhering to best practice when they moved people, administered medicines and supported people who lived with dementia to eat.
- ☐ Staff competencies and their knowledge was to be assessed by the new deputy manager due to start in post in August 2019, so any additional learning needs could be supported.
- ☐ The new manager had held conversations with staff when they first started to establish what skills and needs the staff team had. Formal supervision meetings with staff had been previously completed and it was planned for these to continue to support staff development.

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

- ☐ People's needs were assessed before they moved into the care home to ensure the home would be appropriate for their needs. We saw recorded evidence of pre-admission assessments.
- ☐ There was evidence of people's on-going needs having been reviewed, for example, how people mobilised or needed to be moved and people's nutritional needs.
- ☐ Staff practices and several of the homes processes were being reviewed to ensure they were in-line with the homes policies and procedures, current best practice and legislation.

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

- ☐ Food was home cooked, on site, each day, by the cook. People's likes, and dislikes were known to the cook and staff helped people make daily choices about what they ate and drank. People were provided with drinks and snacks in-between meals. People always had a cold drink in front of them or near to hand and were encouraged to drink these.
- ☐ People who were known to be at risk of not swallowing their food or choking were monitored. The process for ensuring people had a referral to a speech and language therapist when they needed this, was one of the processes being reviewed by the new manager.
- ☐ We observed one tea-time meal which care staff prepared and provided each day and which consists of a selection of sandwiches and a simple hot option. On this day, the hot option was tinned Ravioli which was served to some people cold. Following this the new manager was going to review the processes in the kitchen to ensure everyone received their food how they liked it. After this meal, which is served at 4:30pm each day, people were supported to have evening drinks and snacks.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live

healthier lives, access healthcare services and support

- Staff worked with commissioners of care and local hospitals to ensure people could access the care home when needed; on a permanent or short-term basis.
- Appointments with healthcare professionals were predominantly carried out at the care home because for many, leaving the care home caused confusion and distress. Regular visits were made by a local GP. Community nursing staff provided support and managed people's health needs such as wound care, skin assessments and end of life medicines support if required. People were referred to mental health practitioners and occupational therapists who visited when required to assess people. Advice was also sought from pharmacists regarding people's medicines.
- People were provided with an annual optical review, regular chiropody and could access NHS dental care when needed. There were plans to ensure everyone was provided with an oral health assessment and were registered with a local dental service.

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

- The care homes environment, although an older building, was adapted to help meet the needs of people who lived with dementia. For example, bright colours and pictorial signage was used to identify key areas such as toilets, bedrooms and the lift. This helped people define areas, objects and space.
- A large conservatory had been added to the care home. This offered further communal space, so people could sit and enjoy or access the secure back garden. It had also provided additional space for social activities. Window blinds were due to be fitted soon to the conservatory, which was too hot at times for people to sit in during the inspection.
- Improvements had been made to both back and front gardens to offer secure outside walking space. Bright coloured garden accessories provided additional visual stimuli.
- A large television screen, mounted on a wall, with deep coloured velvet drapes behind and to the sides gave a 'cinema like experience' for people who enjoyed watching musicals and well-known films.
- A wet-room style shower was now available on the first floor providing easy access for people with mobility difficulties. Additional adaptations were in place such as disability grab-rails in toilets.

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 now deteriorated to Requires Improvement.

This meant people were not always well-supported, cared for or treated with dignity and respect.

Ensuring people are well treated and supported; respecting equality and diversity; Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- ☐ Practices in the home had not always resulted in people being treated in a caring and supportive way. This had impacted on some people's wellbeing.
- ☐ Prior to the inspection a visiting NHS professional had raised concerns that some adopted practices were uncaring.
- ☐ The new manager had also identified that some restrictive practices and a rigid care routine was in place. This way of working did not always respect people's views or decisions about their care and did not result in them getting support in a way they needed it. Decisions had been made on behalf of one person, that clearly opposed their views and care preferences and did not uphold their autonomy or dignity.
- ☐ Prior to the inspection the new manager had taken action to stop this person's restrictive care plan and to work with the person to establish care support which met their needs, choices and best interests. At the time of the inspection this was still being patiently established with the person. The person was feeling more secure and happy with the support being provided to them. Once fully established and agreed the care plan would be altered to reflect the new personalised care for this person. In the meantime, to avoid a repeat of inappropriate and unsafe care, the new manager was taking the lead on establishing the new care routine with the person.
- ☐ Prior to and during the inspection, the provider also took action to ensure people's ongoing welfare was protected and this caused unrest in the staff team. It was therefore too early for us to judge if this action would lead to cultural improvements which could be sustained.
- ☐ During the time of unrest there were examples of staff going above and beyond to ensure people remained supported. One member of staff remained 'on-duty' past their allotted time to go home, so there were enough staff available to care for people. Another member of staff came in on their annual leave to ensure people's food was provided during the unplanned absence of another member of staff.
- ☐ We observed caring and compassionate interactions between staff and people which included one member of staff making time to sit with a person to help them through a period of anxiety. Patient and meaningful interaction with this person, helped to alleviate their distress.
- ☐ Another member of staff knew one person's cultural preferences well and explained how the person's religious and food preferences were supported.
- ☐ We observed some good examples of where people's independence was supported. This included people being able to access the garden when they wished and staff supporting people at mealtimes without

compromising their retained skills or desire to independently feed themselves.

- ☐ We observed people being supported to make simple decisions and choices and staff responding in a caring and compassionate way if more support was needed to make these.
- ☐ People's privacy was upheld, for example, intimate personal care was delivered in private. Arrangements were in place for people's private correspondence to be dealt with by their legal or recognised representative.

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 now deteriorated to Requires Improvement.

This meant people's needs were not always met in the way the care was planned, delivered and organised.

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

- ☐ People's care had not always been planned in a way which gave them control of their care, met their needs and choices and had a positive outcome for them.
- ☐ One person's care plan stated their care should be given in their best interests and in the least restrictive way possible. The care plan gave staff guidance to impose care, within a set timeframe, if the person had not agreed to the care recorded in the care plan and, if there were known risks to their health. The decision to impose this care lay with the senior care staff.
- ☐ Despite other information being available to show the person was meeting their care needs (but not in the way the care plan stated), there was no known risk to their health and the care to be imposed went against the person's personal wishes, the care recorded in the care plan was imposed on them against their will. This had not been a proportionate response at the time, did not uphold the person's best interests and was not carried out in the least restrictive way.
- ☐ Another person's care plan gave descriptive information about their behaviours which we observed during the inspection. This included anxiety being shown in pacing and verbal challenges. There was no specific behaviour support plan to give staff guidance on how to effectively de-escalate these behaviours before they escalated.
- ☐ Prior to the inspection the new manager had observed a lack of early intervention by staff, which led to the person's behaviour escalating and becoming challenging. At the time of the inspection the manager was taking action to support staff to better identify when they needed to support this person. NHS mental health professionals were also reviewing this person's care and medicines. A behaviour management plan was being developed by the manager with support of NHS mental health professionals to give staff appropriate guidance.
- ☐ In the case of two people's significant weight loss over three months, the most recent care plan reviews made no reference to this loss in weight. There had been no adjustment to the care plans to give staff guidance on how this should be managed. Food intake charts had been previously adopted but a blanket approach to their use had not been helpful in helping to adjust the care planning around these needs.
- ☐ Prior to the inspection the new manager had already reviewed the use of the care monitoring forms to ensure these were used appropriately for areas of additional monitoring where there was high risk. They had also checked the arrangements for fortifying people's foods (adding additional calories using cream, butter and full fat milk). During the inspection the arrangements in place included a check by the new manager of all monthly weight recordings to ensure correct adjustment was made to the care delivered but also to the care plans.

- ☐ Advanced care planning as part of best practice in the management of people with multiple chronic conditions, particularly as they approached the limits of their treatment and end of life was not in place. At the time of the inspection the new manager was gathering basic information about people's specific end of life wishes so the staff team were aware of, for example, if people wished to remain in the home (as opposed to admission to hospital) if they became poorly near the end of their life, funeral director details and other planned arrangements such as specific cultural or religious wishes. Advanced care planning following current best practice would be introduced later.

People were put at risk through a lack of clear care planning, which considered people's preferences, specific care needs, and which was amended when people's preferences and needs altered. This is a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The management team subsequently developed an action plan which incorporated a planned review and update of everyone's care plans, the introduction of behaviour management plans and end of life advanced care planning. Mental capacity assessments were also to be completed for each area of care planned where appropriate.

- ☐ One relative told us they were happy with the way their relative was cared for. They had been given opportunities to express their views on how their relatives care was provided. They confirmed they were due to review their relative's care plans with the new manager.

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.

- ☐ People's communication care plans gave clear information about how people communicated, what support they needed with this and how they required information to be given to them. Staff were aware of the care plan guidance.

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

- ☐ Staff supported people to maintain relationships with those who were important to them. Family and friends were made welcome at any time. One relative confirmed this to be the case.

- ☐ Events were held in the home to enable people to socialise with their families and friends, and those of others.

- ☐ Activity coordinators were employed to support people with group and one to one activities which they enjoyed taking part in. External entertainers also visited the home to provide music and movement sessions and visits by animals.

Improving care quality in response to complaints or concerns

- ☐ The provider had a complaints policy and procedures in place. We were told the complaint procedures had been on display in the main reception area but had been moved. The new manager was considering a more secure place for it to be displayed.

- ☐ We were informed by the provider that no complaints had been received by them. Concerns which had been raised with Care Quality Commission had been shared on an anonymous basis by us and investigated by the provider. Concerns had included those relating to individual staff and the environment. Action had been taken at the time to address these, not all concerns had been substantiated by the provider.

End of life care and support

- At the time of the inspection no-one was receiving care in the last few days of life, so it was not possible for us to make a judgement about the practical care provided to a person at the end of their life. However, notifications sent to us from the provider, following a person's death, informed us that staff worked with visiting healthcare professionals to support a comfortable and dignified death. This information also told us that most people had chosen to remain in the home and receive end of life care from the staff they knew and recognised.
- People's family members were able to stay with their relative at the end of their life, if this is what they wanted to do.
- The new manager informed us that people's end of life care is delivered around people's individual protected characteristics, cultural and religious preferences.

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

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.

The service did not have a manager registered with the CQC. When managers are registered with the CQC 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. A new manager, who had already applied to register with CQC, had started work in the home two months prior to the inspection.

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

- ☐ We found since our previous inspection the culture in the home had deteriorated. Ways of working had been adopted by staff which had not promoted a person-centred approach to care. Good outcomes for people had not always been achieved because of this.
- ☐ The new manager had identified that a lack of collaborative team working was preventing the service from improving.
- ☐ At the time of the inspection we found the provider had started to address this problem by taking action, which supported the new manager's expectations of the staff and the changes in practice which had been proposed and started. These included a more person-centred way of working, a whole team approach to working and support for staff to understand why changes were being introduced in order to achieve good outcomes for people.

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

- ☐ The provider's quality monitoring process, along with a lack of relevant provider knowledge, had not enabled areas of concern, such as those related to the home's processes, staff practice and staff culture to be adequately challenged. Areas of potential risk to people had therefore not been fully understood and identified by the provider.
- ☐ A lack of overall leadership and support from the provider had resulted in managers not delivering what was required of them and ensuring regulatory requirements were fully met. For example, the allocation of staff annual leave had not been adequately managed or monitored by the provider. This had potentially left the home with insufficient staff with the right skills and knowledge to meet people's needs. Action had been taken by the new manager to rectify this and to ensure staff annual leave requests were managed fairly and, in a way, which ensured people's needs continued to be met.
- ☐ Staff meetings had been held by the provider as opportunities for management staff to communicate

important information to staff in relation to expectations relating to practice, staff behaviour and values. These meetings had not always been successful in staff listening to what the management staff had to say or in staff feedback being listened to and acted on. This had gone on unresolved.

- Although audits had been completed there had been a lack of depth, in provider follow up and scrutiny of these in order to identify areas of concern. An example was in the recorded entry of "monitoring" on a record kept of bruising to people. The "monitoring" had not been followed up to check what monitoring had taken place, what were the reasons for people's bruising and what had been the subsequent action. This level of scrutiny is needed to ensure bruising to people is not occurring from abusive acts or poor care practices.
- The provider's monitoring processes had not led to adequate scrutiny of people's care plans and other care records to identify, challenge and address areas of recorded restrictive practice and a lack of care planning around people's loss of weight and behaviour.
- Previous notifications about events in the home which CQC must be made aware of had been received. In some cases, these had lacked detail about the circumstances which had involved people. However, the provider had failed to notify CQC about the concerns which triggered this inspection. This puts people at risk of poor practice and abuse not being identified by agencies and professionals, who have responsibilities to safeguard people and protect people from poor or inappropriate care.
- Records (both paper and electronic) providing information about people's care and the management of the service, had not been stored or archived in the home, in such a way which made it easy for relevant information to be retrieved when needed. For example, when needing to review care and treatment, complete quality monitoring or inspect the service. During the inspection the new manager informed us this would be addressed so that arrangements met the need of the home and, ensured relevant information about people's care and treatment was accessible.
- Levels of permission, to other electronically stored information, such as records relating to staff recruitment checks and the management of the home, needed adjusted during the inspection to ensure access to this was by appropriate persons only. This was completed during the inspection.

A lack of effective provider quality monitoring processes had failed to identify shortfalls in the quality and safety of the service provided to people. This had impacted on some people's wellbeing and safety. It had also failed to identify shortfalls in the needs of the home. This put people at risk of not receiving appropriate care for their needs. This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Arrangements in relation to the General Data Protection Regulation (GDPR) and other relevant data protection law for the longer-term archiving of people's confidential personal information and recording who had visited the home were in place.
- Prior to the inspection, how the new manager and nominated individual were working together to manage the service and address issues in the home had not been effective. By the end of the inspection an effective way of working had been decided on; each were clear about their responsibilities and how to support each others role. A comprehensive action plan had been devised and had started to be implemented. Both shared the same vision for the home which was to ensure people who lived with dementia could live well and feel safe. As plans for new ways of working were in their infancy it was too early for us to be able to judge if these actions would lead to improvements and be sustained.
- Improvements required to the provider's on-going quality monitoring system had been identified by the new manager prior to the inspection, but not yet fully introduced by the time of the inspection.
- The role of the new deputy manager was clearly defined for when they started in post in August 2019. This member of staff was to have quality monitoring responsibilities which would focus on review and assessment of staff practices and staff competencies.
- We were subsequently informed that a staff meeting had been held after this inspection, in which the

provider and new manager were successfully able to update staff on recent events and subsequent actions. Staff were reminded about their responsibility in maintaining confidentiality. The new ways of working and expectations in relation to these were explained and positively received.

- Regular meetings with heads of departments were to be started by the new manager to improve staff communication across the home. These would ensure that any key areas of risk were discussed which would include any safeguarding and practice concerns as well as medicine errors.

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

- Duty of candour had also applied following an incident when one person had care imposed on them, which did not respect their wishes or independent decision about how their care support should be given. It was explained to them that this would never happen again and what actions had been taken to ensure this remained the case, and an full apology was given to them.
- Lessons have been learnt from these incidents and action taken to alter the systems and processes which led to these incidents occurring.

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

- Meetings were held with relatives to communicate important news about the home, gain their views of the service and discuss ideas and suggestion which may benefit the home. Relatives had been supportive of and involved in helping to arrange some of the social events which had taken place at the home.
- The new manager had developed a pictorial satisfaction questionnaire which people were going to be supported to complete in the future.

Continuous learning and improving care

- Lessons had been learnt by the provider, that all allegations and incidents of potential abuse and harm to people must be reported to relevant agencies which includes the CQC.
- Lessons had been learnt from the events which triggered this inspection and from the inspection process. This subsequently led to a comprehensive action plan implemented by the new manager and provider, which will support improvements being made to the services provided to people and in the quality monitoring of these.

Working in partnership with others

- Staff worked with commissioners of care, providers of acute and primary healthcare to ensure people could access adult social care support.
- The provider was keen for the care home to be of use and benefit to the local community. Links had been made with local groups who were welcome to use the homes facilities, the conservatory for example, to have meetings in. This arrangement used by local healthcare professionals.
- The provider was also keen to work collaboratively with other local providers of adult social care, so arrangements could be made which would benefit both people who lived at Cavendish Care Home and at other local services.

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 9 HSCA RA Regulations 2014 Person-centred care People's care was not always planned to consider their preferences, needs and altering needs. Regulation 9(1)(2)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment People who use services and others were not protected against the risks associated with abuse. Regulation 13 (1) (2) (3) (4)(b)(d)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance People who use services and others were not protected against the risks associated with a lack of effective provider systems and processes to quality monitor the service and ensure its compliance with requirements. Regulation 17 (1) (2)(a)(b)(c)(d)(f)