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Cavendish Domiciliary Care Agency

Inspection report

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Date of inspection visit:
01 June 2017
02 June 2017

Date of publication:
19 July 2017

Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

Cavendish Domiciliary Care Agency is a supported living service. They provide support to people living at 7 houses. They provide support for people with autism and learning disabilities. Some people had diagnosed mental health conditions. At the time of our inspection, there were 31 people receiving personal care.

At the last inspection, the service was rated Good.

At this inspection we found the service remained Good.

Why the service is rated Good

Risks to people were assessed with appropriate plans in place to keep them safe. Where incidents occurred, actions were taken to prevent them from reoccurring. People's medicines were administered safely by trained staff. Staff understood their role in safeguarding people from abuse. The provider carried out appropriate checks to ensure staff were of good character. Staff were deployed in a way that meant people's needs could be met safely.

People were supported by staff who were trained to carry out their roles. Staff worked in accordance with the Mental Capacity Act 2005, this meant that people's legal rights were protected. People were supported to prepare food in line with their dietary requirements and preferences. Staff worked alongside healthcare professionals to meet people's needs.

People were supported with kindness and compassion by staff that knew them well. People were involved in their care and their independence was encouraged. Staff were respectful and promoted people's privacy and dignity.

Care plans were person centred and reflected people's individual personalities and interests. People had access to a range of activities that they enjoyed. People were supported to complain if they wished to. Any complaints were responded to appropriately.

Measures were in place to involve people and staff in the running of the service. The provider took staff wellbeing seriously. Regular checks were undertaken to monitor the quality of the care that people received.

The provider kept up to date records that were easy to access.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service remains Good

Is the service effective?

Good ●

The service remains Good

Is the service caring?

Good ●

The service remains Good

Is the service responsive?

Good ●

The service remains Good

Is the service well-led?

Good ●

The service remains Good

Cavendish Domiciliary Care Agency

Detailed findings

Background to this inspection

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

This inspection took place on 1 and 2 June 2017 and was announced. The provider was given 48 hours' notice because the location provides a supported living service; we needed to be sure that someone would be in.

The inspection was carried out by three inspectors.

Prior to this inspection we reviewed all the information we held about the service, including data about safeguarding and statutory notifications. Statutory notifications are information about important events which the provider is required to send us by law.

During the inspection we looked at a range of records about people's care and how the service was managed. We looked at four people's care files, including risk assessments. Four staff files, training records, complaints logs and quality assurance monitoring records.

We spoke to four people and one relative and observed people's care being delivered. We spoke to ten members of staff and the registered manager.



Our findings

People told us that they felt safe. One person told us, "I'm safe here." A relative told us, "It is absolutely safe. They have my full confidence."

Risks to people were assessed and plans were in place to enable people's independence, whilst keeping them safe. Staff had a good understanding of the risks people faced and what measures were in place to reduce them. Care records contained detailed risk assessments, with plans for staff to follow to keep people safe.

Where incidents occurred, staff took steps to ensure that people were safe. Incidents were documented and staff recorded the actions they had taken. Actions taken were appropriate, with measures to prevent incidents reoccurring. Where appropriate, people's care plans and risk assessments were reviewed following incidents.

People received their medicines safely. Staff had been trained in how to administer medicines and kept up to date records. Staff followed the guidance of healthcare professionals. Where staff noticed possible side effects of medicines, we saw evidence that they had spoken to the prescribing doctor.

People were supported by staff that understood their roles in protecting them from abuse. All staff completed safeguarding training before working with people. Staff understood the signs of abuse and how to report suspected abuse. One staff member told us, "Immediately, I'd report to my line manager. We also have a whistleblowing line." We saw evidence of staff working with the local authority and healthcare professionals where there had been safeguarding concerns.

Staff were deployed in a way that meant people's needs were met safely. Numbers of staff at each house were based upon people's needs. Staff were not rushed when providing care and they were able to respond to people's needs quickly. A staff member told us, "There's enough staff to support all the clients here."

Safe recruitment practices were followed before new staff were employed. A relative told us, "(Person) is just so comfortable with the staff." Checks were made to ensure staff were of good character and suitable for their role. The provider had obtained a Disclosure Barring Service (DBS) certificate for staff before they started work. DBS checks identify if prospective staff have a criminal record or are barred from working with people who use care and support services.



Our findings

People told us that staff were skilled enough to meet their needs. One person said, "They (staff) are good." A relative told us, "They (staff) are very well trained, no two ways about it."

Staff had completed training that ensured they were effective in their roles. Staff told us that they completed an induction when they started employment. One staff member told us, "I learnt all the systems and met everyone. I spent time participating in activities with people and did a lot of training courses." Staff completed mandatory training in areas such as safeguarding, fire and health and safety. They had also completed training in how to support people with autism and learning disabilities.

People's rights were protected because staff worked in accordance with the Mental Capacity Act 2005 (MCA). People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. We saw evidence of the correct legal process being followed and staff seeking advice from the local authority where necessary. One staff member told us, "We have to assess people's capacity to make decisions for instance if they want to go out alone."

People's healthcare needs were met. Important information about people's conditions were in their care plans. Where staff identified problems that would require a healthcare professional, the relevant referrals were made. Staff had noted one person was squinting and had arranged for them to see an optician. Another person who was autistic, was anxious about blood tests. Staff were using pictorial stories to show them how blood tests worked, before supporting them to their appointments.

People's nutritional needs were met and they were involved in planning meals. One person told us, "I like fish and chips the best." Information about what foods people liked were in their records. People were supported to prepare food and we observed staff doing this. Staff used pictures to help people make choices about food. Where people had specific dietary requirements, these were listed in their records.



Our findings

People told us that they were supported by kind and caring staff. One person told us, "They (staff) are kind and friendly." A relative told us, "The staff are so good with (person), he's always so excited to come back after visits. (Staff member) has been a real support to me too."

Caring interactions that we observed demonstrated kindness and compassion. People were comfortable spending time with staff. They were observed laughing and enjoying sharing conversations and jokes with staff.

People were supported by staff that knew them well. A relative told us, "They know (person) even better than I do." Care plans were detailed and contained information on people's backgrounds and preferences. Staff had a good knowledge of people's stories when we spoke to them. One person had recently had an operation. Staff had found a novel way to explain it to them in a way the person found reassuring. We observed staff discussing their recent operation with them in this way. Staff started conversations with people about their interests and backgrounds.

People lived in an inclusive atmosphere. People were observed interacting well with each other. Some people already knew each other before moving into the houses. Each house organised group activities as well as outings and holidays. The provider held regular groups and parties, where people developed relationships with people from other houses. During our inspection people were asking after their friends who we met at other houses.

People were supported by staff who respected their privacy and dignity. Staff had a good understanding of how to provide care in a way that promoted people's privacy and dignity. Staff were observed being discreet when providing personal care. One staff member told us, "We don't just open doors or leave them open. We tell people what we are about to do and make sure people are properly covered."

Staff empowered people by promoting their independence. People's goals and aspirations were included in their care plans. Staff supported people to develop skills to increase their independence. One person was developing cooking skills. Their care plan contained information on verbal prompts and support they needed in order to prepare a meal. We observed people supporting with household tasks as well as food preparation.



Our findings

People told us that they had access to a range of activities. One person told us, "I go to the pub on Tuesdays and I like sugar craft." A relative told us, "(Person)'s always excited. They've been on some wonderful holidays."

People had individual activity timetables. These reflected people's hobbies and interests, which were listed in their care plans. One person had a love of wrestling. Their room was decorated in a way that reflected their interest. They had just been to see a wrestling show with staff and told us that they had enjoyed it. Regular outings were arranged and a number of people attended college.

People received person-centred care. Care plans were kept up to date and important information on how to meet people's needs was present. One person had a favourite film star who they talked about a lot. This information was in their care plan. Another person responded to particular words as part of their routine. This information was in their care plan and included the times they liked to structure their day. Another person did not like to have a structure to their day. They decided what they wished to do each morning. When we visited they were going to visit a local castle, as they had decided to do so that morning.

People received a thorough assessment before receiving a service. The assessment process was thorough and included a transition period to enable people to settle in. People's needs were regularly reviewed and changes in need were acted upon by staff.

Complaints were responded to appropriately. There was a complaints policy in place and people were given information on how to complain in an accessible pictorial format. Where complaints had been received, the provider took appropriate actions to address them. There had been two complaints since the last inspection, both of these had been resolved.



Our findings

People told us that they felt the service was well managed. One person told us, "I like (registered manager)." A relative told us, "I can go to (registered manager) with literally anything."

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Staff felt well supported by the registered manager. One staff member told us, ""(Registered manager) is positive and constructive, hands on and very accessible." Staff told us regular activities were arranged for staff and the provider took their wellbeing seriously. The registered manager delegated responsibilities to managers of each house, whilst ensuring they had effective oversight of the service. The registered manager visited the houses regularly and staff said they could call the office at any time for management support.

Quality assurance systems were in place to monitor the quality of service being delivered and the running of the service. The registered manager carried out regular audits and documented their findings and any actions taken. Each house also completed their own audits in areas such as health and safety, infection control and medicines. Where improvements were identified, we saw evidence that these had been actioned.

The provider kept important records up to date. Information in care plans and daily notes was clear and current. Due to the nature of the supported living service, up to date records in the office were important in ensuring that the registered manager had oversight of the service. Filing systems were clear and information that we required was accessible on the day of inspection.

People and staff were regularly consulted on how the service was run. Each house had regular meetings. Where people did not like meetings, people's feedback was actively sought. A staff member told us, "They guys don't like meetings so we have individual discussions with them and their key worker." A keyworker is a member of staff allocated to work closely with someone and oversee their care. Regular staff meetings took place and staff used these as an opportunity to make suggestions that could improve people's lives.