

National Schizophrenia Fellowship Cavendish Lodge

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service responsive?

Good 

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 8 people who have a diagnosed mental health condition. At the time of our inspection visit there were 8 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

People spoke positively about the support they received from the registered manager and staff to stay well and maintain their independence. However, the provider had experienced difficulties recruiting and retaining staff and staffing numbers were maintained by using temporary staff supplied through an agency. The high use of agency staff had impacted on consistency in following some of the provider's processes, particularly in relation to safe medicines management.

Staff understood their safeguarding responsibilities and were able to describe the subtle signs that might indicate a person was worried or the subject of abuse. Changes in people's risks were communicated to staff during handovers between shifts. Staff described an open culture where learning from accidents and incidents was shared within the staff team.

People told us they received care that met their needs and spoke of the positive impact living at Cavendish Lodge had on their well-being. People at Cavendish Lodge were working towards achievable goals in their recovery under the provider's recovery programme.

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.

The provider and registered manager took a proactive approach to promoting equality and diversity to ensure the service was inclusive of the needs of people and staff.

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

Rating at the last inspection

The last rating for this service was Requires Improvement (published 30 August 2019). The service remains rated requires improvement. This service has been rated requires improvement for the last three consecutive inspections.

Why we inspected

This inspection was prompted by a review of the information we held about this service. This focussed inspection only looked at the key questions of safe, responsive and well-led.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

For those key questions not inspected, we used the ratings awarded at the last comprehensive inspection to calculate the overall rating. The overall rating for the service has remained as Requires Improvement. This is based on the findings at this inspection.

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

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe.

Details are in our safe findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection team consisted of two inspectors.

Service and service type

Cavendish Lodge is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Cavendish Lodge is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

The inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection and sought feedback from the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We also sought feedback from healthcare professionals who work with the service.

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 5 members of staff including the registered manager, the regional operations manager, a support worker, an agency support worker and a newly recruited nurse. We also spoke with 6 people who lived at Cavendish Lodge. We looked at 2 people's care plans and a selection of medicine records. We also looked at a range of records relating to the management of the service including 1 staff recruitment file, maintenance of the building and premises, staff meetings, audits and quality assurance checks.



Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question good. At this inspection the rating has changed 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.

Using medicines safely

- We could not be assured people received their medicines as prescribed because the systems to support safe medicines practices were ineffective.
- Accurate records were not always kept showing how much of a person's medicine was in stock. The amount of medicine stock carried forward to the new medicines cycle had not always been recorded. Without this information, medication errors were difficult to identify.
- Best practice medicines guidance was not always followed. For example, handwritten entries on medication records were not always signed by the staff member making them or countersigned by a second staff member to confirm their accuracy. This is important to ensure the instructions are correct and people receive their medicines as prescribed.
- Despite this, we saw some examples of good medicines practices. For example, one person was prescribed a medicine that required careful monitoring and regular blood tests which was being managed well.
- Some people needed medicines on an 'as required' (PRN) basis. There were detailed protocols for staff to follow to determine when these medicines should be considered.

Staffing and recruitment

- At the time of our inspection, only two permanent members of care staff were employed at the home. The provider had experienced difficulties recruiting and retaining staff and as a result, staffing numbers were maintained by using temporary staff supplied through an agency.
- People spoke positively about the quality of care provided by both permanent and temporary staff. One person told us, "There are enough staff here. They are all the same and care for us well."
- The provider carried out recruitment checks to ensure newly employed staff were safe to work with people.

Assessing risk, safety monitoring and management

- Assessments provided staff with information about how risks to people could be minimised whilst recognising that people could live their lives as they wished. We found some risk management plans would benefit from more detailed information to ensure staff responded consistently if a particular risk presented itself.
- However, permanent and regular temporary staff knew people's histories and the risks they posed to themselves or others. A 24 hour support line was in place for staff to call in an emergency situation.
- Arrangements were in place to check and maintain the safety of premises and equipment to minimise

risks to people's physical well-being. This included checks on fire safety equipment, electrical and other equipment.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- The service was working within the principles of the MCA. Where a person's capacity to make a specific decision was in question, the registered manager understood their responsibility to carry out a mental capacity assessment.
- At the time of our inspection visit, nobody had any restrictions within their care and support plans which deprived them of their liberty. One person told us, "We are independent but also supported which is exactly as it should be. They promote our rights and give us the privacy and dignity we need."

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from avoidable harm because staff understood how to protect them from abuse.
- People told us they felt safe. Comments included, "I feel safe here because the staff are very helpful. They are competent, caring and supportive" and, "We get on very well with each other and the staff."
- Staff received training in safeguarding and understood the subtle signs that might indicate a person was worried or the victim of abuse. One staff member explained they would monitor, "Any withdrawal signs such as they might not be so social, if they have a loss of appetite or are more anxious around people; any change of behaviour."
- The provider had a process to safeguard staff who were lone working within the home and the community.
- People who required support to manage their finances were supported appropriately by staff. A member of staff described the processes in place to protect people from the risks of financial abuse.

Preventing and controlling infection

- We were somewhat assured the provider was promoting safety through the layout and hygiene practices of the premises. There was a schedule for cleaning communal areas and people were encouraged and supported to participate in cleaning their bedrooms. However, some areas of the home were worn and therefore difficult to clean and the provider needed to ensure all waste bins had lids operated by a foot pedal.
- We were assured the provider was preventing visitors from catching and spreading infections.
- We were assured the provider was supporting people living at the home to minimise the spread of infection.
- We were assured the provider was admitting people safely to the home.
- We were assured the provider was using PPE effectively and safely.
- We were assured the provider was responding effectively to risks and signs of infection.
- We were assured the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured the provider's infection prevention and control policy was up to date.

Visiting in care homes

- There were no restrictions on visiting. People were supported to have visits from their friends and family safely and in line with government guidance.

Learning lessons when things go wrong

- The provider had a process for recording and reporting any accidents and incidents that occurred in the home.
- One staff member explained how learning from accidents and incidents was shared within the staff team through staff meetings, handovers and individual supervision meetings to promote safe care. They told us, "Every incident gets reported and we have a team meeting, usually every month, and we will discuss issues that need to be discussed. Anything that needs to be discussed immediately, it is discussed in handover."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's needs were met through good organisation and delivery.

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

- People, and where appropriate their families, were involved in developing their care, support and treatment plans.
- People told us they received care that met their needs and spoke of the positive impact the service had on their well-being. Comments included, "I'm in a better place here mentally. It is calming being here and helps my emotions" and, "I can go whenever I want and do the things I want. They [staff] don't stop me."
- Since our last inspection the provider had introduced a 'refresh programme' which encouraged people to re-build or learn new skills to support them to live more independent and fulfilled lives. People at Cavendish Lodge were working towards achievable goals in their recovery and these were clearly recorded.

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 were encouraged and supported to go out as they pleased and be a part of the local community. Most people went out regularly and for varying periods of time. Some people chose to go out alone and other people chose to go with staff.
- Each person we spoke with told us what they liked most about Cavendish Lodge was living in an environment free from restrictions. One person told us, "This place is a lot better than my old place. The 24 hours support is nice for reassurance, but I can come and go as I please. I like that. I am trusted."
- People were supported to engage in activities and hobbies of interest to them and maintain their links with families and friends.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The provider understood their responsibility to ensure people could get information in a format which met their individual needs. There was information in the entrance to the home informing people of their rights under the Accessible Information Standards.
- One staff member explained how they supported people to understand information. They told us, "We have pictures for two residents and we also have people who will ask us to read information to them. If they don't understand it, we will simplify it and explain it to them."
- Where a need was identified, staff arranged for advocacy services to ensure people's voices were heard.

One staff member told us advocacy services were important because, "It is the voice of the residents and it is important we get them in quickly and make sure the residents stay healthy."

End of life care and support

- Records demonstrated people had been asked what was important to them and who they would like informed, if they became very unwell.

Improving care quality in response to complaints or concerns

- People said they felt confident to raise any concerns knowing they would be listened to. One person told us, "[Registered manager] listens to us and helps us when we need it."
- Staff told us they would support people if they wanted to raise a formal complaint. One staff member explained, "We have a complaint form they can fill out if they want to and we can offer them support to do that. We have also got the advocacy system if they would rather talk to them than us."
- The registered manager confirmed they had not received any formal complaints in the last 12 months.

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 our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. Whilst leaders and the culture they created supported the delivery of person-centred care, improvements were needed in the oversight of some areas of the service.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The provider had systems to maintain oversight of the service which included provider visits to carry out audits and checks.
- However, improvements were needed to ensure systems for checking in medicines and recording stock balances supported safe medicines management and provided assurance people received their medicines as prescribed.
- Improvements were also needed to ensure staff consistently followed systems and processes. For example, the required daily check of MAR charts had not been carried out on the weekend before our visit. This meant one person had not received their medicine on two separate occasions.
- The registered manager acknowledged that high use of agency staff sometimes impacted on consistency in following the provider's processes. However, they were confident medicines management processes would improve as this had already been identified as a priority area to be addressed by the newly recruited clinical nurse.
- The provider recognised a stable staff team would further support people in achieving their recovery goals and sustaining the progress they had made. They were introducing a package of incentives to support recruitment and improve staff retention levels.
- Staff spoke of a culture of learning supported by the registered manager which meant they felt confident to report any errors in their practice.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People told us the home was well managed and spoke positively about the support they received from staff to stay well and maintain their independence.
- People and staff told us the registered manager was always available, took time to listen to them and was responsive to any requests. One person told us, "[Registered Manager] is nice and looks out for us" and a staff member commented, "If we say, this needs doing or that needs doing, [registered manager] is on it straightaway."
- Meetings were held with people and staff to discuss the service and how care should be provided.
- Staff told us they had the opportunity to discuss any concerns and any training or developmental needs during individual supervision meetings.
- The registered manager regularly met with other managers within the provider group to discuss best

practice, any updates in social care and to analyse any trends arising across the services.

- The provider took a proactive approach to promoting equality and diversity to ensure the service was inclusive of the needs of people and staff. One staff member commented, "I like the inclusivity here. It is a safe place and I really enjoy it."
- The provider supported staff by providing access to a range of tools to support their well-being. One staff member told us, "I have had talks with [registered manager] about the stress here and how we can manage it. The support is there, and it is good. We have also got access to free counselling."

Working in partnership with others

- The registered manager worked in partnership with other professionals including psychiatric services to ensure people received specialist support when required.

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 understood the duty of candour and the need to be open and honest. The registered manager had reported incidents to CQC and other stakeholders where appropriate.