Cavendish Staffing Limited

One Lyric Square

Inspection report

One Lyric Square
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Date of inspection visit: 16 February 2015
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Ratings

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

Overall summary

The inspection was carried out on 16 February 2015 and was announced. We gave 72 hours' notice of the inspection to make sure that the staff we needed to speak with were available at the location.

One Lyric Square is a domiciliary care service which provides nursing care and personal care services to people living in their own homes. At the time of our inspection there were five people using the service.

There was a registered manager at the service. 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.

There were established protocols in place to protect people from harm and keep them safe, which included written guidance for staff and relevant training. Staff demonstrated an understanding of the Mental Capacity Act (MCA) 2005 and were aware of the need to consider whether people had capacity. There were enough staff employed to meet people's needs and provide a flexible

Summary of findings

service, including care packages that required two staff for each visit or shift. Relatives and external professionals told us that the provider could promptly respond to people's requests for additional care and support.

Staff received suitable training to meet people's needs. They received support and guidance from the clinical nurse specialist and the registered manager. Staff met two or three times a week with the clinical nurse specialist to discuss people's identified needs and how these needs were being met.

Assessments were undertaken by the clinical nurse specialist to identify people's nursing care and/or personal care needs. Risk assessments were conducted to promote people's safety, whilst respecting their entitlement to make their own choices and maintain their independence as much as they were able to and wished to. The care plans were detailed and personalised, and were regularly reviewed and updated as required. Staff supported people to take their prescribed medicines and demonstrated a good knowledge of the provider's medicines policy and procedure.

Relatives of people using the service and external professionals described the service as being well managed, and we received positive comments in regard to the commitment and compassion shown by the registered manager, the clinical nurse specialist, and the nursing and care staff.

There were systems in place to assess and monitor how the service performed, in order to continuously improve on people's care and support.

Summary of findings

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.

There were enough staff to meet the needs of people who used the service, including people who had complex needs and required two staff at all visits.

People were protected from the risk of abuse and staff knew how to protect people, in line with the provider's written guidance and training.

Risk assessments were in place to identify and manage risks to people's safety and/or well-being.

People's medicines were safely managed and administered.

Good

Is the service effective?
The service was effective.

Staff received training, support and supervision which was applicable to the needs of people using the service.

Care plans showed that people's nutritional and hydration needs were assessed and met, taking into account people's individual preferences and any cultural needs.

Staff informed people's relatives if they had any concerns about a person's health, and they liaised with healthcare professionals as required.

Good

Is the service caring?
The service was caring.

People were cared for by considerate and compassionate staff.

Staff understood how to protect and promote people's dignity and privacy.

People and their representatives were encouraged to be involved in planning and reviewing their care, so that people received a personalised service.

Good

Is the service responsive?
The service was responsive.

Assessments were carried out and care plans developed to identify people's health care and social care needs.

Staff understood people's support needs, their preferences and interests, which meant they could offer a personalised and focused service.

Written information was given to people about how to make comments and complaints. People's relatives thought that the provider would respond thoroughly to any concerns and complaints.

Good

Is the service well-led?
The service was well-led.

Good

Summary of findings

Staff told us they felt fully supported by the registered manager and the clinical nurse specialist, which included daily telephone contact from the management team to check if they had any concerns.

Relatives told us that the registered manager and clinical nurse specialist were knowledgeable and helpful at all times.

The registered manager and clinical nurse specialist carried out regular checks and audits to monitor the service and drive improvement.

One Lyric Square

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 was planned to check 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.

The inspection of Cavendish Staffing took place on 16 February 2015 and was announced. We told the provider three days before our visit that we would be coming. This was because the registered manager and other senior staff are sometimes away from the office location visiting people who use the service and supporting the nursing and care staff; we needed to be certain that someone would be available. One inspector carried out this inspection.

Before the inspection visit we read the information we held about the service. This included the previous inspection report, which showed that the service met the regulations we inspected on 29 January 2014. We also checked statutory notifications sent to us by the registered manager about significant incidents and events that had occurred at the service, which the provider is required to send to us by law.

People who used the service were self- funded and had been supported by their relatives to arrange their care packages. As part of the inspection we spoke with the relatives of two people who used the service, two registered nurses employed within the staff team, the clinical nurse specialist and the registered manager. We looked at records including three care plans, four staff recruitment and training files, the complaints log and policies for safeguarding people, administering medicines and end of life care.

We spoke with two doctors who had both referred patients to the service for several years and had observed the quality of nursing care and personal care provided by staff.

Good

Is the service safe?

Our findings

People's relatives said they felt that their family member was safe. One relative said, "I have never come across an agency as good as this. It is family run and so personable. We see that [our family member] is safe and we recommend it to others."

Staff were able to describe the actions they would take if they witnessed abuse or suspected that a person was being abused. Records showed that staff had received safeguarding training and they were familiar with the provider's safeguarding policy and procedure, which stated that any safeguarding concerns must be reported to the local authority's safeguarding team. We saw how the service had taken action following a safeguarding concern that had arisen since the previous inspection, which included additional staff training and some revisions to the medicines policy. This demonstrated that the service had used this safeguarding concern to improve on its practices.

The care plans showed that risk assessments were carried out for each person and they were updated as necessary. The risk assessments were written by the clinical nurse specialist and covered a wide range of people's health care and personal care needs, such as moving and handling, prevention of pressure sores and risk of malnutrition. The care plans also contained environmental risk assessments, for example people and their relatives were advised about the risk of trips and slips due to uneven floor surfaces and/or items of furniture that could be an obstacle for people with impaired vision and reduced mobility. This meant people were supported to be safe whilst maintaining their independence.

Staff files showed that recruitment was conducted in a thorough manner. The files we looked at demonstrated that at least two references were sought and their authenticity was checked upon, if necessary. There were also criminal record checks, evidence of staff's entitlement to work in the UK, proof of identity and address. The service employed a combination of registered nurses and care staff. We saw that the service checked and recorded that each registered nurse had a valid annual registration with the Nursing and Midwifery Council (NMC). Staff told us they had received induction training and shadowed the clinical nurse specialist providing care, before being introduced to the first person they provided a service for. This meant that there were appropriate systems in place to make sure staff were safely appointed and supported to understand their role and responsibilities.

People received appropriate supported with the administration of their medicines. Registered nurses were allocated to people who needed assistance with their medicines and they had received training about how to support people with their medicine needs within their own home. Staff told us they were visited by the clinical nurse specialist at least twice a week and more frequently if people were receiving palliative care or had complex needs. The clinical nurse specialist ensured that staff understood people's medicines needs and checked at each visit that medicines were being given in accordance with the instructions of the prescribing doctor or health care practitioner. We were shown a sample of people's medicine administration records (MAR) charts, which were written by people's doctors. The clinical nurse specialist told us that this was a precaution taken by the service to make sure there were no discrepancies. The MAR charts and people's medicine were checked at home visits by the clinical nurse specialist and completed MAR charts were brought back to the office for auditing. The doctors we spoke with told us that staff were competent and safely with the managed people's medicines.

Relatives and the doctors told us that the service had the resources to promptly set up care packages or increase the staffing hours for people. The registered manager told us that she had been working locally within this sector for over 20 years and some staff had worked for her for 10 years or more, with this service and a previous service. The registered manager and clinical nurse specialist understood each staff member's preferred work patterns, for example some staff liked to have breaks between working with different people to fit in with studying and other commitments. This meant that the service could contact a pool of experienced staff at short notice and flexibly meet people's needs.

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Is the service effective?

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Good

Is the service caring?

Our findings

Relatives spoke positively about the attitude and approach of the staff. One relative said, “They are very caring” and another relative told us, “They are very nice, very helpful and great for us when there is a crisis.” The doctors told us they thought staff were compassionate.

The service provided end of life care for people. The doctors told us they recommended the service to people and their families who wished to have end of life care in their own home or the home of a close relative. The clinical nurse specialist provided staff with written guidance about end of life care using the provider’s own end of life policy and procedure. The clinical nurse specialist told us that she updated her knowledge by attending clinical meetings with doctors, nurses and other professionals at one of the hospitals that regularly referred people to the service. Staff told us they updated their end of life care knowledge through attending training, reading professional nursing journals and discussions with the management team.

People’s own wishes about how they wanted to receive their care were recorded in their care plans. One care plan showed that the service was supporting a person to lead an active and fulfilling life, for example care staff accompanied the person to the theatre, luncheon parties and other social engagements. The service liaised with other staff employed by the person so that the appropriate advanced planning could be made to ensure the person was comfortable and safe when they went out with staff.

Relatives described staff as being “punctual and reliable.” One relative said, “This is the best. The staff do not hurry.” The clinical nurse manager told us that staff contacted her if they were held up by traffic and she contacted people and their relatives to apologise. People using the service, their families and staff were provided with a dignity statement and policy. It informed people of their rights and explained how staff must promote and protect their rights. There was information about how people and their families could access professional advocates if they wanted assistance to make a complaint about the service. We saw this policy during the inspection and it was mentioned to us by a member of staff who we telephoned after the inspection visit. They told us it was useful as it gave examples of how best to promote people’s dignity within their own home and on occasions that a nurse or a member of the care staff escorted a person to a clinic or hospital appointment. Staff told us about the daily actions they took in order to maintain people’s confidentiality, promote their dignity and ensure their privacy. For example, staff understood that they were not permitted to discuss their work with any persons not connected to people using the service.

Good

Is the service responsive?

Our findings

Relatives described how the service could quickly respond to changes in people's needs. One relative told us they needed additional support for their family member and the service responded on the same day. The doctors told us they had observed the service setting up complex care packages to meet people's urgent requests to leave hospital and return home for end of life care. The registered manager told us they had been telephoned by hospitals at the weekend and gone in that day to speak with people, their relatives and the hospital team. The clinical nurse specialist said that she worked flexibly, which meant she was available to support staff with a new care package overnight and during weekends.

The service had protocols for staff to respond to problems and emergencies. The registered manager and the clinical nurse specialist told us they shared the on-call duties for the out of office hours. Documents showed that they were called out in the evenings and weekends by people's relatives and by staff.

The daily records completed by nursing and care staff showed that people received personalised care that reflected their needs and wishes. The daily notes were very detailed and demonstrated that staff understood people's preferences and how they wanted their care to be delivered. The care plans were descriptive and provided sufficient information in the event that the person's regular staff were not available and a colleague needed to provide the care, although the social care and social history information was not as detailed as the clinical and personal care information. The clinical nurse specialist told us that if an occasion arose when the staff who regularly visited a person were temporarily unavailable any new staff would be introduced by a member of the management team and given intensive guidance and support whilst they got to know the person and their needs.

Relatives told us they knew how to make a complaint and confirmed that they had been given written information about how to make a complaint. One relative said, "We have used the service for years and have just never had anything to complain about" and another relative told us, "As a small family business they understand responsibility and accountability." Relatives said they believed the registered manager would deal with any complaint in an open and robust manner. We looked at the complaints log book and there had not been any complaints since the last inspection. We were shown written compliments from families that had used the service.

Good

Is the service well-led?

Our findings

Relatives told us they thought the service was well run. Comments included, “It’s high quality, we recommend it” and “The manager is very good, no complaints.” The doctors told us they recommended this agency and always found that their patients received very good care.

The service was managed and owned by the registered manager. The clinical nurse specialist was employed by the service to support staff to meet people’s health care needs and to support staff with their training and professional development. The registered manager and clinical nurse specialist were supported by two senior staff nurses who could also provide support and guidance for staff nurses and care staff when required. There were also administrative staff so that the management team could focus upon the health care and personal care needs of people using the service.

Staff said they felt extremely well supported by the clinical nurse specialist. They told us that although the initial care plan was set up by the clinical nurse specialist, they were involved in updating care plans as people’s needs changed, which meant that staff’s professional judgement was valued. One staff member told us they received a combination of announced and unannounced visits from the clinical nurse specialist when they were providing care at a person’s home. Minutes showed that staff meetings took place although the registered manager said it was difficult to bring staff together because of their commitments within people’s homes. One staff member told us they had recently had their annual appraisal and we were shown a copy of another staff member’s annual appraisal during the inspection.

The registered manager and the clinical nurse specialist audited the quality of documents completed by staff, including care plans, medicine administration record (MAR) charts and daily records. The service sent out questionnaires to people and their families and used their feedback to develop the service. For example, the clinical nurse specialist developed health education booklets for people who wanted to know more about the conditions that affected them. The clinical nurse specialist also audited incidents and accidents, complaints and comments in order to identify any significant trends.