

# The Cavendish House Trust

# Cavendish House

## Inspection report

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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 ●

# Summary of findings

## Overall summary

Cavendish House provides accommodation, personal care and support for up to six adults who have a learning disability which may include epilepsy or autism.

We carried out this unannounced inspection on 23 August 2017. On the day of our inspection there were six people living at the home, although not everyone was receiving the regulated activity.

There was a registered manager in place. 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. The registered manager assisted us with our inspection.

People were supported to see healthcare professionals regularly and they received the medicines they required. Medicines management systems were good. Staff maintained a safe environment, including appropriate standards of fire safety. There was a plan in place to help ensure people would continue to receive care in the event of an emergency.

People were encouraged to fully participate in the running of their home. Staff supported people to make their own decisions, be independent and live as normal a life as possible. People were involved in choosing what they wished to eat and were encouraged to participate in the planning, shopping and preparation of meals.

There was good management oversight of the home. Records were well organised, up to date and stored confidentially where necessary. People's support plans were detailed and included guidelines to staff on how to provide the care and support people needed. This included addressing any potential risks to people. Accidents and incidents were recorded and action taken to help prevent reoccurrence.

People were cared for by a sufficient number of staff to meet their needs. Staff understood their roles in keeping people safe and protecting them from abuse. The provider carried out good pre-employment checks before staff started work.

People were supported by staff knew them extremely well and were competent in their roles. Staff had access to training and on-going support from their line managers. Staff acted within the principals of the Mental Capacity Act to ensure that the correct processes were followed with regards to decisions for people.

People were supported by caring staff who demonstrated their understanding in ensuring people were treated with respect. People's privacy and dignity was maintained. People had access to activities both within and outside of the home. People maintained relationships with those close to them and the atmosphere in the house was very relaxed and family orientated.

There was an appropriate complaints procedure in place, written in a way people would understand. People told us they could speak to staff if they felt worried about anything.

Staff worked well together and told us there was a good culture within the home. Team meetings were used for staff to discuss all aspects of the home and resident's meeting demonstrated people were included in decisions.

Staff made regular in-house checks on the service provided and the environment in which people lived. The Trust carried out their own regular audits to check people were receiving the service they should expect. Any actions identified were addressed.

## 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 was safe.

There were enough staff on duty to keep people safe and meet their needs.

People were protected from avoidable risks.

Staff understood safeguarding procedures and knew what action to take if they had concerns about abuse.

People were protected by the provider's recruitment procedures.

There were plans in place to ensure that people would continue to receive care in the event of an emergency.

People's medicines were managed safely.

### Is the service effective?

Good ●

The service was effective.

People were involved in the planning, shopping and preparation of their meals.

Staff received appropriate training and support to meet people's needs.

People's care was provided in line with the Mental Capacity Act 2005 (MCA).

People's healthcare needs were monitored and responded to effectively.

### Is the service caring?

Good ●

The service was extremely caring.

People were made to feel at the centre of the service.

People were as independent as they could be and cared for by staff who showed them respect and dignity.

People were cared for by staff who knew them very well.

Relationships with people close to them were supported to be maintained.

### Is the service responsive?

Good ●

The service was responsive.

People's support plans contained detailed information about people's needs and the care they required.

People had opportunities to take part in activities that meant something to them.

People knew who to speak to if they had any concerns.

### Is the service well-led?

Good ●

The service was well-led.

People and staff had opportunities to contribute their views about their home.

Staff felt supported by their line manager's and told us there was good team work within the home.

There were systems in place to monitor the quality of the service and to address any issues identified.

Records relating to people's care were up to date and stored appropriately.

# Cavendish House

## 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.

The inspection took place on 23 August 2017 and was unannounced. Due to the small size of the service, one inspector carried out the inspection.

Before the inspection we reviewed the evidence we had about the service. This included any notifications of significant events, such as serious injuries or safeguarding referrals. Notifications are information about important events which the provider is required to send us by law. The registered manager had completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we met and spoke with four of the people who lived in the home. Some people were unable to hold in depth conversations with us so instead we observed the support they received and the interactions they had with staff. We also spoke with two staff and the registered manager. Following the inspection we gained the views of the care people received from three relatives.

We looked at the care records of three people. We looked at how medicines were managed and records relating to this. We checked minutes of staff meetings and spoke with staff about staff training and supervision. We looked at records used to monitor the quality of the service, such as health and safety checks and the provider's audits of different aspects of the service. We also looked at four staff recruitment files.

We last inspected Cavendish House on 6 July 2015 where we had no concerns.

# Is the service safe?

## Our findings

People told us they felt safe living at Cavendish House. One person said they felt safe because they could go out on their own. A staff member told us, "We reinforce to people that they are able tell staff if they are unhappy or worried about anything. They can always have private meetings with us." Another said, "We always watch people when they are cooking, or answer the front door and we are mindful when we go out with people in that they are amongst strangers." A relative told us, "Oh god, yes he is safe. The level of staffing is good and staff know what they are doing."

People were helped to remain safe as staff were aware of their responsibilities should they suspect abuse was taking place. The registered manager stated in their PIR, 'We have an open and transparent culture that encourages staff to speak up when they have any concerns about the safety and well-being of our service users. Staff complete training on safeguarding and additional guidance concerning the process of reporting concerns through the local authority or relevant agency are displayed on the house.' We found this to be the case. Staff were able to describe a situation where they felt it would constitute abuse and told us what action they would take. They demonstrated they knew how to report any concerns they had, including escalating concerns to the local authority's safeguarding team or CQC if necessary. We noted staff had signed to say they had read the in-house safeguarding policy and there was an easy-read policy for people. One staff member told us, "There are clear channels for reporting. I would certainly make (the registered manager) aware."

There were enough staff on duty to meet people's needs and keep them safe. The rota was planned to ensure that staff were available to support people to take part in activities when needed. Staff felt there were enough staff available to ensure that people received the support they required. During our inspection we observed that staff were available when people needed them. The registered manager told us there was always a driver on duty as well as a first aider. They also said there was one sleep-in staff member on duty each night and said if they needed other staff support several staff were within minutes of the home so they could call them. A staff member told us, "There always seem to be enough staff, yes."

Where risks to people had been identified there was guidance and strategies in place to help staff ensure that people were kept safe. Where people self-medicated staff had drawn up risk assessments. These guided staff on what to do should they suspect people had not taken the medicines they required or had overdosed in their medicines. Other risk assessments seen included risks associated with swimming, carrying hot drinks around the home, or being outside of the home on main roads.

Accidents and incidents were recorded and reviewed. The registered manager stated in their PIR, 'Accidents and incidents are recorded on file and reviewed by house managers regularly. Accidents and incidents are also discussed in the staff meetings'. We found this to be the case. The registered manager reviewed the accidents or incident with staff to help identify ways to ensure that there was no similar reoccurrence.

People's medicines were managed safely. Each person had an individual medicines profile (MAR), which contained information about the medicines they took and any potential risks or side effects associated with

their medicines. Some people managed their own medicines and we saw they signed their own MAR to confirm they had taken them. The registered manager told us that staff were aware when people were dispensing their own medicines and checked they were taking them correctly. Medicines were stored securely and staff checked the temperature of the room in order to help ensure medicines were stored appropriately. Protocols were in place for homely remedies (medicines that be purchased over the counter without a prescription). We noted that not everyone had a protocol for their 'as required' (PRN) medicines. We spoke with the registered manager about this who told us they would review these immediately.

People lived in a well maintained environment. Staff carried out regular health and safety checks and a fire risk assessment had been completed. Fire alarm tests and fire drills were held to help ensure staff would know what to do in the event of an evacuation. Each person had a personal emergency evacuation plan, which recorded the support they would need in the event of an evacuation. There was a business contingency plan to ensure that people would continue to receive their care in the event of an emergency.

The registered manager stated in their PIR, 'We have safe recruitment procedures that address all of the legal requirements and we carry out checks to ensure that staff are suitable'. The provider carried out appropriate pre-employment checks, including obtaining proof of identity, proof of address and written references. Staff were also required to obtain a Disclosure and Barring Service (DBS) certificate 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. We noted staff had signed to confirm they had read the in-house equality and diversity policy.



## Is the service effective?

### Our findings

People were supported to have sufficient to eat and drink and were involved in what they ate and the menu that was planned for the week. The registered manager stated in their PIR, 'Staff and residents prepare home cooked meals that are healthy, nutritious and based on residents preferences. Staff involve residents in the choice of meals and provide and encourage residents on healthy eating and portion control'. We found this to be the case. People decided themselves what they wished to eat for breakfast and lunch and we saw people prepare their own lunch during the inspection. We saw people have a range of different foods that were suitable and healthy. The evening meal was more of a communal affair and during resident's meetings people would give suggestions of what they would like included in the menu. People's support plans were descriptive in relation to their preferences around food. For example, one person liked to eat their cereal without milk and we heard a staff member comment at lunch time that this person preferred their food dry. One person told us, "I make my own meals."

No one living in the home had any special dietary requirements. All were able to eat a range of foods and none of them required support with their foods. We did note however that staff weighed people monthly to monitor any weight gain or loss and as such one person had been referred to the dietician.

Staff had the skills and knowledge they needed to support people effectively. The registered manager had stated in their PIR, 'We make sure that we provide an effective service by ensuring that our staff have the training, skills and knowledge they need to deliver specialist care and support. For example, in addition to training which is mandatory, staff access training such as autism training, learning disabilities, food hygiene and diploma 2 in which covers different areas and needs amongst others'. We found this to be the case. Staff told us they had access to appropriate training and training that was relevant to the people they were supporting. Such as one staff member who told us they had undergone training in autism. They said, "It was really beneficial."

Core training attended by staff included health and safety, first aid, infection control and moving and handling. In addition staff had the opportunity to meet with their line manager on a one to one basis to discuss any concerns, how they were doing and any training requirements they had. At the end of each year the registered manager held an appraisal with each individual staff member when they discussed their personal development plan.

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. The registered manager had stated in their PIR, 'Staff have received training concerning the Mental Capacity Act (2005) and they are aware of the need to make best interests decisions and involve families and other professionals where appropriate'. We found this to be the case. A staff member told us, "It is whether they have the capacity to make decisions and if not we provide support when needed." They gave us an example of one person who did not have the capacity to always make safe choices.

People were encouraged by staff to make choices and decisions about their care and support. A relative told us, "He is very involved in all the decisions that are made." We observed during the inspection that staff were asking people to make their own decisions. Staff understood how to apply the principles of the MCA in their work. We saw documentation that demonstrated the correct processes were followed and recorded when people's mental capacity was being assessed and decisions taken in their best interests. Such as people who were unable to go outside of their home unaccompanied.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked and found the service was working within the principles of the MCA and conditions on authorisations to deprive a person of their liberty were being met. Staff were knowledgeable in what constituted a restriction.

People had access to the healthcare services they needed. The registered manager stated in their PIR, 'We have implemented since the last inspection a more thorough medical history and record plan for each resident which shows that each visit is followed up if needs be by GP, dentist or other specialists in regards to their health'. We found this to be the case and we noted each person had a medical file which recorded information regarding their health needs and routine appointments. We saw they had involvement from professionals such as the GP, dietician, optician and dentist. They also had a hospital passport which contained important information for medical staff should the person require an admission to hospital.

## Is the service caring?

### Our findings

People told us staff were very kind to them and that they liked living at Cavendish House. One person said, "Very kind staff." They added, "It's generally a happy household." Another person told us, "It's my family." A relative said, "She is well looked after. They are lovely staff and I am very happy about her being there." Another told us, "It's first class. We are very pleased with everything – the caring, the helpfulness and the professionalism."

People were supported to maintain relationships with their friends and families. People regularly went to stay with family members and staff had regular contact with relatives. Some people were able to make the journey to stay with family on their own and one person described to us how they did this by public transport. Others visited family at the weekends. A relative told us their family member was always happy to return to Cavendish House. They said, "She loves it there. It's staffs general attitude towards everything – they go that extra mile."

People received their care from a consistent staff team. Most of the staff were longstanding and knew people well. The registered manager told us they did not use agency staff and instead people were cared for by permanent or bank staff. We saw on the day that people were comfortable in staff's presence. A relative said, "(Name) loves it there. She tells us how much she likes the staff."

People received support from staff who showed them attention and affection. One person told us, "I feel over supported by her (the registered manager) and can talk to her." We heard one staff member say, "What would you like for lunch sweetheart?" to one person. When people were eating their lunch staff chatted to them about their food and what they liked to eat. When one person indicated they were tired after being out all morning, staff showed them concern and suggested they rest for the remainder of the day. A relative told us, "Staff are super helpful. We are over the moon. They (staff) are general helping her to fulfil her life. She feels empowered."

People were looked after by staff who knew them well and as such understood people's needs. A relative told us, "A year ago I might not have said this, but I now feel the staff know her really well." The registered manager stated in their PIR, 'We are very fortunate to have a particularly stable staff team and a number of key staff members who have been with the service for a great number of years and they know the residents very well and can support them intuitively and sensitively. We have a close focus on offering person centred support'. We found this on the day. Staff were able to describe to us people's individual characteristics, likes, dislikes and routines. Such as one person who did not like their name shortened. They were able to tell us about people's fears or phobia's and how they managed these. Such as one person who was afraid of dogs. Each person had a keyworker whose role was to support the person to stay healthy, to identify goals they wished to achieve and to express their views about the care they received. We read from the discussions between people and their keyworker that this arrangement had created a lot of trust between people and staff. One person's goal was to be able prepare simple meals and we heard that they were with staff support now able to make their own breakfast, do some baking and help to chop vegetables. Another person's goal was to walk dogs and staff told us this person accompanied them regularly to walk their dogs. A relative

said, "Staff have everyone's interest at heart. I've never come across a group (of staff) who are all the same in that respect."

There was a strong person-centred approach within the home. People were introduced to us as they returned from their morning activity and staff encouraged them to talk with us about their home and how they spent their time. The registered manager stated in their PIR, 'During the last two years we have renovated and are still developing the premises of Cavendish House. All of our residents have played an important role in choosing their environment and been consulted regarding furniture, colour schemes, crockery, cutlery and the use of extra rooms, for example, conservatory and computer room. They've recently been involved in painting their own bedrooms and choosing their preferred flooring, etc.'. We found this to be the case. We saw that people lived in a lovely environment which had undergone a large amount of refurbishment since our last inspection. This had resulted in people having the ability to sit in several different areas of the home depending on what they wish to do. It also gave them a large open plan kitchen with sufficient space for more than one person to prepare and cook meals at one time. One person told us, "The refurbishment is amazing!" They told us that they had been involved in it and also in decorating their room. Another person said they liked the new rooms. A staff member told us, "We make it feel like their own home and that's important." A relative said, "The facility is first class. The whole feeling about the place is great. It's definitely the right environment for her."

There were close, easy going relationships between people and staff. We heard everyone chatting together amiably whilst they were getting on with what they were doing; such as preparing their lunch. Two people had been out shopping and they were keen to show staff their purchase and staff chatted to them about it. During the lunch period the atmosphere in the home was one of a family sharing their lunch together. We heard people discuss what they had been up to that morning and what they planned to do the rest of the day. One person had only been living at Cavendish House for a few months and we witnessed others including them in conversation and paying them attention. A staff member told us, "I have been humbled by the tenderness people have shown towards (name) since she has moved in." A relative told us, "It is a settled and happy atmosphere. She tells us how she likes the other people there and she gets on with them."

People were offered care that was kind and compassionate. A staff member told us, "I will continually remind people they can come and talk to me on my own in private if they wish. Obviously if it was a safeguarding concern I would let them know I would need to take that further, but otherwise I have found that (name) in particular will come and speak with me on a one to one basis. This has really helped." Everyone we spoke with told us they could always speak with the staff.

People were supported to be independent and encouraged to participate in the running of their home. This included cleaning their own rooms and other areas of the home, doing their own laundry, clearing away after mealtimes and emptying the dishwasher. Most people were able to go out independently and use public transport to take them to neighbouring towns or clubs that they belonged to. During the afternoon one person walked into the nearby village to do some errands and to purchase milk for the house. The registered manager told us people had their own front doors keys and each carried a mobile telephone so they could contact staff if need be. Staff knew people's routines so had a sense of how long people may be out and we heard one person telephone staff to tell them of their whereabouts and what time they would return. During our inspection one person made a hot drink for us and we heard how people were enabled to arrange their own health appointments when they required them. A staff member told us, "We try and encourage people to be individuals and valued for who they are. We encourage independence – that's why I come to work." A relative told us, "I have admiration for the staff. They have afforded (name) every help and support to make him feel chuffed about himself." Another said, "She is being taught life skills – it's all part of the care that she gets and you can see she is coming on and learning new things."

People could have privacy and staff showed an appreciation of people's individual needs around privacy and respect. Staff told us when they supported people whilst they were having a shower, they would turn their back on them so they had privacy and yet had the knowledge that staff were present. One staff member said, "I am conscious that they may feel embarrassed with us being with them, so I would always face the other way." Staff respected people's decisions if they chose to spend time alone. We saw people return after their morning activity and one person immediately went to one of the small lounges to watch television. Another person indicated to staff that they were going to go for a nap during the afternoon. A relative told us, "She has never complained about staff not being respectful to her." Another said, "It is clear from the conversations we have (with staff) that they have thought things through thoroughly in order to meet her needs. We are over the moon with the respect and dignity she is shown."

## Is the service responsive?

### Our findings

People had detailed guidelines in their support plans for staff to follow. The registered manager stated in their PIR, 'Our support plans are developed using expertise from within the team and also with consultation with families and other stakeholders. This includes social services, parents, doctors but most importantly we involve staff who are on the floor and using the support plans to make sure that what we have is accurate, realistic and workable'. We found this statement reflected the support plans we viewed. They included how people wished to be supported. Guidance was also sought from health and social care professionals when appropriate. Regular reviews were undertaken of people's care needs and their support plan updated to reflect any changes to help ensure they continued to reflect people's needs.

People's needs had been assessed before they moved into the home to ensure staff could provide the care and support they needed. Where needs had been identified through the assessment process, a support plan had been developed to address them. People's plans were person-centred and included information on their likes, dislikes, what was important to them, their preferred routines and what support they required from staff. One person had more recently moved to Cavendish House. The registered manager stated in their PIR, 'We worked closely and collaboratively with parents with the transition of our new resident'. This was confirmed by staff we spoke with. They told us when someone moved in to Cavendish House their move was undertaken gradually to help ensure that people felt comfortable and did not experience any anxieties. For example, they would visit initially for a day, increasing to more than one day and latterly start staying overnight. This was done until such time the person demonstrated they were happy moving in.

Staff communicated important information about people's needs on an on-going basis. There was a communications book in which staff recorded important information and reminders, together with messages for other staff regarding people, the home or visitors due. We could see that staff on duty read the messages and signed to say they had done so. For example, one note was seen relating to a person who was on antibiotics and to remind staff they were not to drink alcohol during this time. Another note requested that staff ensure one person was up earlier the following morning as they had an activity to attend. A relative told us they felt their family member received the care they needed. They said, "She seems to have grown up in the last few years and that's thanks to Cavendish House."

People had opportunities to take part in activities. Although people had a weekly timetable, they were, on the whole, able to plan their own week as they could make decisions each day about how they would like to spend their time. Two people had been out trampolining during the morning of our inspection and came back tired, but happy. They spent time describing enthusiastically to staff what they had done. One person worked as a volunteer at a charity shop and another at a local grocery store. They told us how they had been asked to increase to two days at the store which they were pleased at. As part of the refurbishment a computer room had been created and staff told us people used this frequently. Other people went to guitar classes or worked with an experienced plumber and decorator to learn new skills. As a result of this one person's fine motor skills (dexterity) had improved which meant they could now 'make sandwiches with less of a struggle and drinks more confidentially'. Another person liked riding their bike and we noted they had ridden to a village several miles away and then returned by train. A staff member told us people had commented they would like to meet new people and as such they had researched and found a local twice-

monthly disco which they were going to suggest to them. A relative told us, "Activities seem to have improved. They (staff) have certainly found more things for (name) to do." Another said, "They (staff) are always looking at new activities and ways to keep her occupied. They tailor things to what she wants."

People told us they knew who to speak to if they were unhappy or worried about anything. They said they thought staff would listen to them. There was a complaints procedure in place. This was written in an easy-read format which meant people would be able to understand it. The registered manager told us they had not had any formal complaints since our last inspection. A relative told us, "We have no complaints whatsoever."

## Is the service well-led?

### Our findings

Relatives told us they felt there was good communication from the staff and manager's at the home and that they felt it was well run. A relative said, "The progression since (the registered manager) has come is excellent." They added, "(The deputy manager) is tailor made for the job and (staff name). When you look at their backgrounds you just know that if you have that calibre of staff it is going to be well run." A second relative told us, "(The manager) is very nice. She always keeps us informed. She is really on the ball. All of the staff are very knowledgeable and follow procedures to the book. In fact the whole organisation is on the ball."

Staff told us they felt valued and supported by their managers. They said teamwork was good and they enjoyed working at the service. The registered manager stated in their PIR, 'We have worked hard to ensure that we promote an open and transparent culture at Cavendish where staff can own up to mistakes and this was evident recently when a staff member made a medication error and immediately owned up to their mistake'. Staff told us the culture within the staff team was good. One staff member said, "There is a really supportive culture within the staff team." Another told us, "I always feel supported and valued. (The registered manager) and deputy manager are always saying 'thank you'."

The registered manager stated in their PIR, 'We have a good practice working ethic, in which all correspondence is minuted and reviewed by the RM, ensuring that everybody's voice is heard, supported and if able solved it in the best of her abilities'. This was confirmed by staff. One of which told us, "(The registered manager) makes me feel challenged but empowered and that my opinion matters."

The standard of record-keeping was good. Staff maintained good records for each person that provided important information about their needs and the care and support they received. Records were kept secure and confidential. The registered manager was aware of their legal requirements in that they had informed CQC and other relevant agencies about notifiable events when necessary. There was good management oversight and following our last inspection the registered manager had introduced some new procedures and made changes based on some of the discussions we had at the time. They had created medical folders for people so any contact people had with health professionals was easy to identify. They had also requested their supplying pharmacist carry out a medicines audit. In addition all staff were undertaking their Level 3 diploma in Health and Social Care (a nationally recognised set of standards for people working in care).

People and staff had opportunities to contribute their views about the home. There were regular meetings in which they told staff what they had enjoyed doing since the last meeting, what they would like to do in the coming weeks and to give them the opportunity to tell staff of a meal they would like to see included on the menu. Staff met regularly as a group to discuss the needs of the people they supported. A staff member told us they had suggested a slightly different format to a regular evening event people attended in order to accommodate everyone living in the home. They said this had been adopted and was being trialled.

There was an effective quality monitoring system in place. The Trustee's and staff carried out regular audits



which included health and safety to help ensure people lived in a safe environment. We could see there were also regular fire, electrical, gas and water safety checks. Where actions or shortfalls these had been address. An external medicines audit had taken place and we noted no actions had been identified. We noted the Trustee's audits looked at the service as a whole as well as a focus on people and staff. We found the most recent audit had identified no specific areas requiring attention from the registered manager.