

Together Working for Wellbeing

Cavendish Road

Inspection report

The Haven
4-6 Cavendish Road
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Ratings

Overall rating for this service

Good 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

Cavendish Road is a residential care home which provides accommodation and personal care support for up to 13 people. The service provides support for people living with mental health conditions. There were 11 people living at the service at the time of our inspection.

This was an unannounced inspection which took place on 5 November 2014.

Our last inspection of Cavendish Road care home was on 8 May 2014 where we found moderate concerns in relation to the care and welfare of people, the management of people's medicines and monitoring the quality and safety of the service. Following our inspection

the provider sent us an action plan to tell us the improvements they were going to make. During this inspection we looked to see if these improvements had been made. We found that improvements had been made.

The service has a new manager who had been in post two months. The manager was absent on the day of our inspection. The operations and development manager told us that the new manager had recently submitted an application to register as the manager of the service with the Care Quality Commission (CQC). A registered manager is a person who has registered with the Care Quality

Summary of findings

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 were caring and respectful and had the required knowledge they needed to meet people's needs. Staff treated people with respect and were kind and compassionate towards them. People told us they found the staff and management approachable and could speak to them if they were concerned about anything.

Medication was stored safely and administered correctly. The provider had robust systems in place to detect medication errors and took action promptly to rectify these.

People were encouraged to lead the life style of their choice and staff supported them to meet their diverse needs and their privacy and dignity was respected.

Staff had been trained and had the skills and knowledge to provide support to the people they cared for. They understood the requirements of the Mental Capacity Act

(2005) and the Deprivation of Liberty Safeguards which meant they were working within the law to support people who may lack capacity to make their own decisions.

People had access to healthcare professionals when they became unwell or required specialist help with an existing medical condition.

People's independence was encouraged and their hobbies and leisure interests were individually assessed. Staff encouraged and supported people to access voluntary work placements and activities within the community.

The provider had a system in place for responding to people's concerns and complaints. People told us they knew how to complain and felt confident that staff would respond and take action to support them.

Staff told us they found the new manager supportive and they were happy working at the service. They felt they were listened to and empowered to do their job well with the training and development provided.

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?

This service was not consistently safe. The provider's medication policy did not provide staff with guidance in the management of people's medicines when they stayed away from the service.

Staff knew how to reduce the risk of people experiencing abuse. The risks to people's safety had been assessed.

Staff were recruited safely and trained to meet the needs of people who lived in the home.

There were enough staff to provide the support people needed.

Requires Improvement



Is the service effective?

The service was effective.

People's needs were assessed and care plans written in detail so that staff had the guidance they needed to support people's individual needs appropriately.

People were provided with a choice of nutritious food. They told us they could ask for what they wanted and that their views and opinions had been sought when planning menus.

Good



Is the service caring?

This service was caring.

People told us that they were well cared for and we saw that the staff were caring and people were treated in a kind and compassionate way. The staff were friendly, patient and discreet when providing support to people.

Staff took time to speak with people and to engage positively with them. This supported people's wellbeing.

People were treated with respect and their independence, privacy and dignity were promoted. People were included in making decisions about their care. The staff in the service were knowledgeable about the support people required and about how they wanted their care to be provided.

Good



Is the service responsive?

The service was responsive.

People's needs had been assessed and people's support was provided as agreed in their care plans

We found that people made choices about how they lived their lives in the service and were provided with a range of opportunities according to their individual wishes and preferences including support to access community involvement.

Good



Summary of findings

There was a robust system in place to receive and handle concerns, comments and complaints.

Is the service well-led?

The service was well-led.

There were systems in place to assess the quality and safety of the service provided.

There was a new manager who had submitted an application to register with the Care Quality Commission.

The staff were well supported by the manager and there were good systems in place for staff to discuss their personal development, performance management and to report concerns they might have.

People who lived at the service were provided with opportunities to express their views and opinions about how the service was provided and their comments were acted on.

Good



Cavendish Road

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 inspection took place on the 5 November 2014 and was unannounced. This meant that the provider and staff did not know that we were planning to visit.

This inspection was carried out by one inspector and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. Our expert had experience of commissioning mental health services.

Prior to this inspection we reviewed information we held about the service such as statutory notifications we had received. Statutory notifications include information about important events which the provider is required to send us by law.

During the inspection we observed care and support provided to people, spoke with five people who lived in the service, one visitor, five care support staff and the operations and development manager. We received feedback from one social care professional. We also viewed three people’s support plans, three staff recruitment and training files and a selection of the providers quality and safety audits.

Is the service safe?

Our findings

All of the people we spoke with told us they felt safe living at Cavendish Road. One person said, “I like living here, I feel safe with all the staff.” Another person said, “The staff are kind and I know that if I have any worries they will help me.”

At our last inspection in May 2014, we had moderate concerns about the safe handling of people’s medicines and the lack of robust and effective audits which would identify and respond to medication errors. We asked the provider to send us an action plan describing how they would make improvements. At this inspection we found that improvements had been made.

All the staff we spoke with told us that they had received training in the safe handling and administration of people’s medicines. This was evidenced from a review of staff training records.

Where people were prescribed medicines on a ‘when required’ basis, for example pain relief, or when they were prescribed variable doses, for example ‘one or two tablets’, we found there was sufficient guidance for staff as to when they should be administered. Medication administration records clearly recorded the dose and time medicines had been administered. People could be assured that staff had the guidance they needed to ensure they would receive their medicines to meet their needs.

Medication was stored securely. The new manager had implemented a system of regular audit checks of medication administration records and regular checks of stock. However, we noted that when people spent time away from the service staff had dispensed people’s medicines out of the original pharmacy dispensed bottles and packets into containers for later administration by either the person they were prescribed for or others not employed by the service. The provider’s medication policy stated that medicines should only be administered to people from the original containers as dispensed by the pharmacist. Care plans of people who regularly spent time

away from the service did not provide guidance for staff in the safe handling of people’s medicines when they spent time staying away from the service. This has the potential to put people at risk of dispensing errors and not receiving their medicines as prescribed.

The staff we spoke with demonstrated that they understood what abuse was and how they should report any concerns they might have. This included the steps they would take to report to the local safeguarding authority should they need to do so. This showed that people’s risk of abuse was reduced. Staff said they had received training in safeguarding people from abuse and the training records we viewed confirmed this.

Risks to people’s safety had been assessed by staff and records of these assessments had been reviewed. Risk assessments had been personalised to each individual and covered areas such as health, accessing the community safely and financial risks. This enabled staff access to the guidance they needed to help people to remain safe.

Senior staff told us that the allocation of staff to the rota was calculated based on the dependency needs of people who used the service. All of the people we spoke with told us there were enough staff to meet their needs and we observed this on the day of our inspection. Staff also told us they felt there was enough staff to meet people’s needs. They told us that any shortages of staff were covered from within the team and agency staff were only used on rare occasions. One person we spoke with said, “There is always plenty of staff around at all times.”

The three staff files we looked at showed us that the provider operated a safe and effective recruitment system. The staff recruitment process included completion of an application form, a formal interview, previous employer reference, identification and criminal records checks. People who used the service could be assured that their needs would be met by staff who were fit and had been checked to ensure they were appropriately qualified.

Is the service effective?

Our findings

The staff we spoke with told us they had received enough training to meet the needs of the people who lived at the service. We reviewed training records and saw that staff had received training in a variety of different subjects relevant to the needs of the people they provided care and support to.

People told us they felt the staff who supported them were well trained. One person told us, “They are well trained and understand my needs.” Another said, “They are all professional and seem to know what they are doing.”

People’s needs were assessed and care plans written in detail so that staff had the guidance they needed to support people’s individual needs appropriately. All of the staff we spoke with were knowledgeable about the people they supported. They were able to tell us about people’s needs, their likes, dislikes and preferences. The information staff told us matched what was documented within people’s support plans. All of the people we spoke with were happy with the care and support they received.

Each person who lived at the service had a support plan to provide guidance for staff in how to best support people to maintain good health. Support plans contained detailed information about their individual health needs and what staff needed to do to support people to maintain good health. People told us they were supported to go out and exercise and join a gym. People were supported to access

health services independently if they had capacity to do so. One person told us, “There are no restrictions here I can go out when I wish to, I have been out for a walk this morning.” Another said, “I get to visit the dentist, the doctor and my care coordinator regularly.”

Records confirmed that people had regular health checks with their local GP and that conditions such as diabetes were monitored. This demonstrated that people’s physical and mental health had been monitored and people’s healthcare needs were responded to.

People were provided with a choice of nutritious food. They told us they could ask for what they wanted and that their views were sought when planning menus. A review of weekly menus confirmed that people had a variety of foods and menu choices had been discussed at residents meetings. People had been encouraged to choose healthy food and drink options.

Staff we spoke with understood the principles of the Mental Capacity Act (2005) (MCA) and their roles and responsibilities in meeting the requirements of the Deprivation of Liberty Safeguards (DoLS). Staff had received training and understood the action they would need to take should an assessment of a person’s capacity be required. They explained how they would ensure decisions were made in people’s best interests by those qualified to do so. This demonstrated that people would be cared for by staff who understood how to protect their human rights.

Is the service caring?

Our findings

People told us that the staff were caring and that their rights to dignity and privacy were respected. One person said, “I can come or go whenever I like. I have keys to the front door and to my room.” Another said, “The staff here are always kind and helpful. They are helping me towards independent living again so I can live on my own.” A further person told us, “I get on well with all the staff, we have a laugh.”

We observed people to be relaxed with the staff who were supporting them and were talking openly about the activities they had enjoyed that day. Staff were polite and respectful when they talked to people. Staff knocked on doors before entering.

People told us the staff employed by the service listened to them when they wanted to discuss things. People were encouraged to maintain their independence and to get involved with preparing and cooking meals and household chores. One person told us how they cooked regularly. Another person said, “I do some cleaning.”

Monthly meetings were held between the people who lived in the service and the staff.

This was a forum where people could raise any issues they had with their care and support. We saw from the minutes of these meetings, that where an issue had been raised that this had been followed up by the service. For example, one person had said that they wanted bath rails to be put into the bathrooms as they were finding it a struggle to get out of the bath. Staff had arranged for an occupational health assessment in support of and to assess this person's needs.

People told us they were encouraged by the staff to keep in touch with people who were important to them and to build up social relationships. One person said, “Yes, my family visit me regularly.” Another said, “We go to groups where we meet other people. This is a good thing.”

People told our expert by experience that they had access to advocates when they needed them to support them with making important decisions and when they wanted independent advice. This was confirmed by a review of care records. This demonstrated that the service was aware of advocacy services and pro-actively introduced the service to people so they could access independent advice when they wanted to.

Is the service responsive?

Our findings

At our last inspection in May 2014, we had moderate concerns about the planning of people's care as not everyone had a support plan and associated risks assessments in place. We asked the provider to send us an action plan describing how they would make improvements. At this inspection we found that improvements had been made.

The support plans we looked at had been written in a way that reflected people's individual expressed needs and preferences. Each one contained information in relation to the individual person's life history, needs, likes, dislikes and preferences. All of the staff we spoke with were able to demonstrate a good knowledge of people's individual preferences. For example, we saw that it was documented that one person enjoyed collecting musical instruments. Another person had been supported to access a holiday which they told us they had, "Thoroughly enjoyed. It was a holiday that I chose myself."

People had access to a number of opportunities to access the local community and activities they were interested in. One person was supported by staff to work as a volunteer in a local charity shop. Another person was supported to attend a local gym. People told us they regularly participated in shopping trips and going to the local pub. This demonstrated that people were supported to access activities that were important to them.

The support plans demonstrated the service had conducted a full assessment of people's individual needs

prior to them moving into the service, to determine whether or not they could provide them with the support that they required. Plans of care were in place to give staff guidance on how to support people with their identified needs such as personal care, activities, communication and with their night time routine.

Support plans were regularly reviewed. People had opportunities to discuss their care, treatment and support at individual annual care reviews. Care reviews were attended by health and social care professionals as well as relatives when requested by the person. This was evidenced from a review of minutes from these meetings and from our discussions with people who used the service.

We asked people if they were confident to raise any concerns or complaints if they were unhappy with anything. They told us they were happy and did not have any complaints, but that they would speak to the staff if they needed to. One person said, "I am happy here, I would talk to my keyworker if I needed to. I get on well with them and I trust them to help me." Another person said, "The staff here do listen to you and don't make you feel stupid."

The senior support worker told us the service had not received any formal written complaints in the last 12 months. We observed people regularly come into the office and discuss any concerns they had about their support. All of the staff we spoke with knew how to respond to complaints if they arose.

Is the service well-led?

Our findings

The people we spoke with told us they knew who the manager was and comments included, “They are approachable and helpful.” Another said, “If you have any worries you can go to the office and they will help you.”

All of the staff we spoke with told us they worked in a friendly and supportive team. They told us they felt supported by the manager and that they were confident that any issues they raised would be dealt with. One staff member gave us an example of this. They said they found the culture of the service and the manager “empowered staff” to be proactive in developing the service for the benefit of people who lived there.

We asked staff about whistleblowing. Whistleblowing is a term used where staff alert the service or outside agencies when they are concerned about care practice. They all told us they would feel confident to whistle blow if they felt there was a need to.

Staff told us the morale was good and that they were kept informed about matters that affected the service. Team meetings took place regularly and this was evidenced from a review of meeting minutes. Staff also told us they worked well as a team. One staff member told us, “It is the nicest job I have ever had.”

The operations and development manager told us that the corporate management team carried out regular satisfaction surveys where they assessed the views of people who used the service. There was no documentation available at the service to evidence to us that these had taken place. However, following our visit the provider sent us the outcome and results of the most recent survey. The results of this survey recorded that the majority of people 89.9% said that they were satisfied with the service provided and 80.8% of participants strongly agreed that they could take a lead in planning their support. 86.4% said that decisions they made about their support plan were acted upon.

The provider conducted visits to the service to check on quality. We saw evidence of these. They covered areas such as health and safety of the premises, a quality audit of support plans, cleanliness of the premises and whether people had any complaints or suggestions for improvements. Where shortfalls had been identified, action plans in response to concerns had been developed with agreed timescales for review of the action taken.

Other audits that took place on a regular basis included looking at medication, cleanliness and analysis of accidents and incidents. This meant the service monitored the quality of the care they provided to make sure that it was safe, appropriate and met people’s individual needs.