

Gresham Care Limited

Cavendish

Inspection report

10 Cavendish Road
Redhill
Surrey
RH1 4AE

Tel: 01737760849

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Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

About the service

Cavendish is a care home for up to six people living with learning disabilities and/or autism. The service was fully occupied at the time of our inspection.

People's experience of using this service and what we found

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 service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture.

Right support: People lived in a homely environment and their quality of life had improved since being supported by Cavendish. Relatives described how people were "Living their best lives" and continuously encouraged to learn new skills and do things that were meaningful and excited them.

There were always enough staff on duty. Staffing levels were set with funding authorities according to people's needs. Staff worked flexibly to enable people to follow their interests and hobbies. Recruitment processes involved people and ensured that they were always supported by suitable staff.

People experienced choice and control over their lives and staff encouraged them to achieve their own levels of maximum independence. People's diverse communication methods were understood, and staff were proactive in the way they actively involved people in all decisions about their support.

People were proactively supported to maintain good health and experienced improved health outcomes as a result. The team had excellent working relationships with other professionals to ensure that people received the very best holistic care.

Right care: People were placed at the very heart of the service and were supported by a team of committed, kind and caring staff. Person-centred care was automatic, and staff were passionate about supporting people in a way that not only met their needs but also enabled them to lead happy, confident and fulfilling lives. Staff supported people with skill and expertise to ensure they could enjoy maximum freedom whilst remaining safe. People's privacy and dignity were upheld as a matter of routine.

Staff had an excellent understanding about how to safeguard people. There were robust systems in place to manage allegations of abuse and staff were confident about their responsibilities in keeping people safe from harm. Risks to the health, safety and well-being of people were addressed in a personalised and

enabling way that promoted their independence.

Right culture: The atmosphere in the service was relaxed and friendly with lots of fun and laughter being shared. Positive relationships between people and staff had been developed that were based on trust and respect. Managers had created a culture where diversity was celebrated and equality the norm. People were respected as partners in their own care and empowered to lead happy and independent lives that were free from unnecessary restrictions. People and relatives were confident to raise concerns or suggest changes for the service as well as to the way they received support.

Staff enjoyed working at the service and were trained and supported to be the best that they could be. The registered manager was an excellent role model and there were sound systems in place to develop staff and promote reflective practice. Staff were proud to work at Cavendish and this in turn led to the delivery of high-quality support.

Quality assurance processes were robust and action plans to improve the service were prioritised and completed quickly. Learning was shared from within and outside the organisation and community contacts were well established.

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

Rating at last inspection

The last rating for the service under the previous provider was good (published 6 December 2016). The provider changed in May 2019 and the service has not been inspected to provide a rating under the new provider.

Why we inspected

This was a planned inspection to provide a rating for the service following its re-registration.

We undertook this inspection to assess that the service is applying the principles of Right support, right care, right culture.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was exceptionally responsive.

Details are in our responsive findings below.

Outstanding ☆

Is the service well-led?

The service was exceptionally well-led.

Details are in our well-Led findings below.

Outstanding ☆

Cavendish

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 Care Act 2014.

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

One inspector and an Expert by Experience carried out the inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

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

The service had a manager registered with the Care Quality Commission. This means they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

The first day of our inspection was unannounced. The second inspection date was announced to enable us to return to the service at a time when people were available and happy to speak with us.

What we did before inspection

We reviewed all information we held about the service. This included information received from our partner agencies and looking at the statutory notifications that had been submitted. Notifications are changes, events and incidents that the service must inform us about.

We sought feedback from Healthwatch, commissioners and two health professionals with regular involvement with the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

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. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We communicated with five people who used the service and spoke with five relatives about their experience of the care provided. Where people were unable to talk with us, we used different ways of communicating to understand their experience of the service. This included using Makaton and pictures and spending time engaging with their activities to enable meaningful observations of their body language and engagement with staff. One person chose to write about the activities they took part in and why they were important to them.

We spoke with seven members of staff including the registered manager.

We reviewed a range of records. This included four people's care records and three medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were also read.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People and their families expressed that they felt safe with staff. One person told us, "I feel very safe with staff." Likewise, relatives consistently told us that they felt their family members were safe. One parent told us, "The home have kept my loved one safe and cared for all their needs."
- People were at ease in the company of staff and sought them out for reassurance when they felt anxious or unsure.
- Staff understood their roles and responsibilities in protecting people from harm and were committed to keeping them safe. Staff were able to confidently describe the different types of abuse and how to report concerns. One staff member told us, "I have never had to report any abuse here, but would know exactly what to do to keep person safe and how to report it to the Multi-agency Safeguarding Hub (MASH) if I needed to."
- There were appropriate systems in place to protect people from the risk of abuse. Staff completed annual training and safeguarding was a standard agenda item at every staff meeting.
- There were clear safeguarding policies and procedures in place and the registered manager demonstrated her knowledge and ongoing commitment to safeguarding people.

Assessing risk, safety monitoring and management

- Risks were identified and managed in a way that balanced people's safety and right to independence. One person gave us a tour of the home and highlighted the different things in place to keep people safe. They told us, "The front door is kept locked because not everyone would be safe on their own outside. If I want to go out though, then I just ask staff for the code to open it."
- Relatives told us they thought risks to people were managed well. For example, one family member told us, "The home have done a fantastic job keeping my loved one safe."
- Despite people's complex needs, the home was very calm, and the level of incidents was low. We saw how staff supported people in a way which pre-empted their anxieties and avoided their triggers.
- Staff understood the risks associated with each person's care and how to keep them and others safe. One staff member told us, "All staff are really on top of the risks associated with people."
- Care records included a clear assessment of the risks associated with people's needs and detailed guidelines about how to manage identified risks.
- Staff knew how to safely support people in the event of an emergency, and each person had a Personal Emergency Evacuation Plan (PEEP).
- Staff were delegated health and safety champion roles on rotation, so all staff understood the areas of risk. One staff member highlighted, "One person has a lot of gadgets in their room, so we are constantly checking things are not overheating." Another staff member commented, "We're really on top of things like

infection control and COSHH here." COSHH is the law that requires employers to control substances that are hazardous to health.

Staffing and recruitment

- People told us they always received the right support from staff and staff were there when they needed them. One person shared how they were involved in the interview process for new staff. They told us, "In the second interview, I always ask questions such as do you enjoy caring for people and how do you think you can support me."
- Staff told us appropriate staffing levels were maintained and staff rotas were organised flexibly around people's needs and activities.
- Where people received funding for 1-1 support, we saw evidence that this was always allocated in accordance with what had been agreed with commissioning bodies.
- The registered manager recruited new staff subject to appropriate pre-employment checks to help ensure staff were safe to work with people who used care and support services.
- Recruitment information included written references and the completion of a Disclosure and Barring Service (DBS) check for staff. DBS checks help employers make safer recruitment decisions and include a criminal record check.

Using medicines safely

- Medicines were managed safely and where possible people were actively encouraged to be involved in the administration process. One person shared with us their goal to achieve independence in this area and how staff were supporting them to recognise their medicines and count their tablets each day.
- Each person had an individualised medicine plan which helped people to understand what medicines they were being supported with.
- There were clear guidelines in place for the use of occasional (PRN) medicines. Staff also completed a form following the administration of PRN medicines to evaluate if they were successful. Where medicines had been administered in respect of people's behaviours, this was in line with professionally agreed Positive Behaviour Support (PBS) plans.
- Managers and staff demonstrated commitment to the principles of STOMP (stopping over-medication of people with a learning disability, autism or both) and ensured that people's medicines were reviewed by prescribers and where possible reduced in line with these principles.
- There were systems in place to ensure medicines were managed and stored safely. Staff were trained and competency checked prior to handling medicines.
- Staff completed Medication Administration Records (MAR) following the administration of medicines. MAR were regularly audited.

Learning lessons when things go wrong

- The registered manager had created a culture of reflective practice in which staff confirmed they felt supported and empowered to learn from their mistakes.
- Incidents and accidents were routinely reviewed internally and externally, with areas for learning discussed both at management and staff level.
- The physical intervention audit showed a continual reduction in the number and severity of incidents that occurred within the service. People, staff and managers attributed the low number of behaviour-based incidents to the fact that staff followed the guidelines in place so well. Further information about the success of the PBS Plans is reflected under the Responsive domain.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.

- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- The provider was facilitating visits to people living at the home in accordance with current guidance. We observed visitors at the service during the inspection.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection of this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People and their representatives said they received support that met their needs and respected their choices.
- People's needs were comprehensively assessed prior to them moving into the home. The registered manager explained that compatibility with other people living at the service was a key consideration before offering a placement to anyone. The success of these assessments was evidenced by positive relationships observed, people's willingness to spend time with each other and the lack of incidents between people.
- Care records evidenced people's needs and choices were continually reviewed, and information used to appropriately plan their care in line with principles of best practice and promoting independence.

Staff support: induction, training, skills and experience

- People and their relatives were consistently positive about the staff who supported them. One person told us, "The staff are very good." Likewise, a family member commented, "Staff really support [the person], and [they] really trust them."
- Staff told us they received ongoing training that provided them with the skills needed to deliver high quality support. One staff member told us, "The training is so good, and they are on top of everything with refreshers every year." Similarly, another said, "There is so much support here, monthly supervision and training refreshed yearly, so I feel really confident."
- Staff received specialist training enabling them to meet people's individual needs. For example, the positive behaviour support (PBS) training meant people were ensured staff managed complex needs and behaviours in a safe and effective way.
- People were protected by the effective induction programme in place for new staff. One person told us, "It's always a bit scary when new staff join, but the old staff make sure they know how to help us."
- Staff confirmed that when they first joined Cavendish, they had spent a lot of time reading care plans, getting to know people and working alongside more experienced staff. New staff were also supported to complete the Care Certificate, which is a nationally recognised set of standards which health and social care workers are expected to demonstrate in their daily working lives.
- Regular individual and group meetings with staff were used to carry out a knowledge checks and develop staff skills in accordance with best practice.

Supporting people to eat and drink enough to maintain a balanced diet

- People enjoyed their meals at Cavendish and told us that staff encouraged them to make healthy choices about their food. One person showed us the menu on display and explained, "We all make choices about the meals we want and then staff type this up for us." They went on to point out the food they had chosen on

the menu.

- We joined people for their lunchtime meal in which people were observed making homemade pizzas. Different ingredients were laid out enabling people to choose their own toppings and discreetly promote independence according to people's individual levels of ability.
- People were supported effectively to ensure risks around food and mealtimes were managed in a way that promoted people's independence and inclusivity. For example, some people had health conditions that meant unrestricted access to food was harmful to their physical health. For other people, the routine and predictability of mealtimes was vital to managing their anxiety.
- Relatives praised the way staff had supported people to achieve and maintain a healthy diet. One family member told us, "My loved one used to be a very fussy eater but with the support of the staff team they will try most things and now has a good, balanced diet." Likewise, another family member commented, "They have really opened up what [person] eats. We used to have so many behaviours linked to food, but now [person will] try anything, and we can eat out without problems."
- Staff explained how some people had been very overweight when they moved to Cavendish and described the different ways, they had supported people to achieve healthier diets. For one person the desire to go on theme park rides had motivated them to lose weight so this was possible. For another, the focus on good health during the pandemic had led to them cutting down junk food and eating fruit and vegetables with every meal.

Adapting service, design, decoration to meet people's needs

- Cavendish is a domestic detached property in keeping with the other homes in a residential area of Redhill.
- People showed us around their home with pride. One person gave us a tour of the home and garden pointing out the different areas and items that were important to people.
- Each person had their own room with ensuite facilities which they had been supported to personalise as they wished. One person explained the upcoming refurbishment plans for their room and the choices they had made in respect of this.
- One person's room was very minimalist, and staff outlined the significant distress that having belongings in their room had caused this individual. The registered manager confirmed that once items had been removed from the area, the person's level of anxiety and dramatically decreased. Care records and incident reports reflected the same information.

Supporting people to live healthier lives, access healthcare services and support

- Staff supported people to maintain good physical and mental health. People's representatives spoke positively about the way staff and managers had managed people's complex needs and engaged with other professionals.
- Staff recognised and responded quickly to signs that people were anxious or distressed.
- Each person had a comprehensive Health Action Plan People's and care records reflected the specialist support and guidance provided by other health care professionals.
- Staff worked effectively in partnership with other healthcare professionals such as local GP's and dieticians who praised the support people received at Cavendish.

Ensuring consent to care and treatment in line with law and guidance

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.

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

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff worked collaboratively with people in a way which effectively balanced their safety and independence. One person told us, "Some of us have a keypad on our bedroom doors to protect our belongings from another person. Staff taught us how to use the code so we can still get in though."
- Managers and staff had a good understanding of the principles of the MCA and ensured any restrictive practices were both necessary and kept under continuous review. Staff spoke proudly of the way they had successfully supported people to reduce the restrictions needed to keep them safe. One staff member commented, "When [Person's name] started here they had lots of PBS plans in place, but with consistent care planning, we now have no incidents and never need to use any form of restraint."
- Care records highlighted that where people had been assessed as lacking the mental capacity to make certain decisions about their care and treatment, appropriate DoLS referrals had been made.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were supported by a team of staff who showed genuine kindness and compassion towards them. Throughout both inspection days we observed many interactions that demonstrated the positive relationships people had with staff and each other. During a game of bingo, the laughter and private jokes were reflective of the trust and fondness people shared.
- People told us they could talk with staff about anything. One person commented, "The staff are helping me to understand relationships better, I can always talk to them if something is on my mind." People's representatives echoed staff treated their loved ones well. One family member commented, "My loved one has a great relationship with the staff."
- Staff and managers had created a culture of acceptance where people were celebrated as individuals and differences were respected. One staff member told us, "We are a very multi-cultural client group and staff team here; I feel so lucky to be part of this house because everyone is so open-minded with each other."

Supporting people to express their views and be involved in making decisions about their care

- People were respected as partners in their care and included in making the decisions about their lives. One person's relative told us, "My loved one is encouraged to be as independent as they can and are supported to make their own decisions."
- Staff spent time encouraging people to express their views and were proactive in using alternative communication methods to enable people to express their choices. One staff member told us, "[Person's name] is not able to communicate verbally but is now able to use Makaton and a programme on the iPad to make choices." Makaton is a language programme that uses signs together with speech and symbols.
- Care records included the level of participation that people had had in developing the various parts of their support plans and provided clear guidance to staff on how each person wanted to be supported.

Respecting and promoting people's privacy, dignity and independence

- People were supported to continually strive to achieve their own levels of maximum independence. Each person had their own set of short- and long-term goals which outlined how this would be achieved.
- Both people and staff spoke proudly of the life skills people had achieved since living at Cavendish. One person told us, "I do my own laundry now, I know how to separate it and everything." Likewise, a member of staff said, "I'm so proud of [Person's name] when they first came here they didn't want to engage in any daily living tasks and through the goal setting process now makes their bed nearly every day without prompting."
- Personal support was provided sensitively in a way which promoted people's dignity. We observed staff discreetly prompted people to manage personal hygiene and look their best.
- Staff were seen to knock on people's bedroom doors and wait for a response before entering. Where

people expressed a wish not to be disturbed, this choice was respected.

- One person lived with a lot of anxiety about their belongings and staff were knowledgeable and respectful in the way they managed this. One staff member explained, "[Person's name is very protective of their things and will notice if anything is moved. We understand this is a trigger for them, so we never touch anything in their room and always seek permission to enter when they are there.]"

Is the service responsive?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated outstanding. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

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

- The exceptional skill, consistency and individualised approach to care meant people who were previously subject to high levels of restrictive practices no longer required continuous monitoring or high levels of medication. One relative told us, "Within less than a year at Cavendish [person] was off all medicines and so much calmer." A staff member expressed, "[Person's name] not being on the Risperidone has really improved their life." Staff and care records confirmed this person had also reduced from needing the support of three members of staff to just one.
- Staff recounted how when one person had moved to the service, they lived in a separate annexe with no access to the main house due to behaviours that made them a risk to themselves and others. We saw this person was now able to freely move around the whole home and staff confirmed the connecting door had not been locked for over two years. Medicine records also highlighted that this person had reduced from being on seven medicines to just three with an ongoing plan to further reduce these.
- The service had been externally recognised as a 'PBS Specialist' by the Surrey PBS Network in 2020. The report from this assessment had highlighted, "This service routinely gathers data to inform and evidence outcomes, work alongside professionals, and are skilled at supporting people who present behaviours that challenge."
- Despite being a service designed to support people with complex behavioural needs, there were very few incidents and managers and staff confirmed that no practices of active restraint were used. Incident records reflected that the last physical intervention had been in 2020 when staff used a simple arm raise to protect themselves when a person scratched them. Staff spoken with all reflected that restraint was not required because diversion and distraction techniques were always effective. One staff member told us, "Each person has a PBS plan which includes safe holds as a last resort, but we never get to that stage." Likewise, another staff member said, "We never have any real incidents here because we are all really aware of each person's triggers and work together to avoid them."
- Staff spoke knowledgably about tailoring the level of support to individual's needs and ensuring people with sensory sensitivities were supported in a way which was comfortable to them. One member of staff recalled, "Sensory management for [Person's name] is so important. When they first moved in, we stored up the glass bottles so they could take them to the bottle bank and break them safely as a sensory release." They went on to explain how the person was now able to have their sensory needs met through back massage, structured walks and a sensory diet."
- Relatives repeatedly praised the support their loved ones received. One person's representative told us, said "The great thing is that everyone is on the same page. We are all working for the best life my loved one can have." Likewise, another family member said, "I think they are amazing. We've been through a number

of other care services, including supported living, and [they have] never thrived in the way [they have] since moving to Cavendish."

- Staff supported people through recognised models of care and treatment for people with a learning disability or autistic people. Each person had a comprehensive plan of care that was linked to a set of meaningful and person-centred goals that people were consistently supported to achieve.
- People had a designated key worker who was responsible for setting goals with people and then drafting guidelines which were shared with the rest of the team to ensure all staff adopted the same approach. The registered manager explained that keyworkers were changed every six to twelve months to ensure that staff were confident working with everyone.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Each person had a communication passport which was also integrated into their PBS plans, highlighting that effective communication was directly linked to people's behaviour and mood.
- Staff had excellent awareness, skills and understanding of individual communication needs, they knew how to facilitate communication and when people were trying to tell them something. For example, recognising when people were using physical gestures or vocalisations to express being too hot or the environment too noisy.
- In addition to communication aids such as Makaton, staff used visual structures, including objects, photographs and timetables to help people know what was likely to happen during the day and who would be supporting them.
- For one person the use of bespoke social stories had enabled them to successfully understand the pandemic, how to socially distance and communicate their feelings to staff. A staff member told us, "[person's name] is very particular about their clothes. If you don't use a social story when talking about getting changed then that will be a trigger for anxiety." Social stories are a social learning tool that supports the safe and meaningful exchange of information between professionals and autistic people.

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 received exceptionally personalised support that enabled them to lead inclusive and fulfilling lives. One person told us, "I have a very good life here." They went on to describe how staff had continuously supported them to do the things that were meaningful to them. They wrote, "I go to college once a week ... I enjoy college as it helps me in day to day life." Similarly, they talked to us about their voluntary work in a local charity shop, telling us, "I enjoy working because I like to socialise and talk to customers....it helps build my confidence."
- People benefitted from the opportunities to go on holiday to places that were of interest to them. One person told us about a trip to Disneyland Paris which had been made possible because they had reached a goal weight enabling them to access the rides. Similarly, staff were clearly emotional as they talked about how they had supported one person to go on holiday for the first time in their life.
- Relatives praised the way staff supported people to engage in meaningful activities through the pandemic. One family member said, "During lockdown they had to be imaginative with the activities they could offer, and this helped my loved one cope with the isolation." Staff confirmed that daily walks, cooking, games and creative activities had all become popular.
- During the inspection we observed three people enjoying a foot spa. Staff explained that the activity had been introduced during the first lockdown when an external spa session that people used to go to was

stopped. People expressed that having this sensory experience regularly at home was now an important part of their day and it was evident from the bubbles and laughter that this was the case.

- People were supported by staff to try new things and to develop their skills. One family member told us, "[Persons] language and grammar have really improved since being here. Staff encouraged [them] to write to me every week and now they are teaching them to use a laptop so [they] can e-mail me."
- Care records outlined the practical life skills people had/were being supported to master. For example, people had individual goals which involved them in daily tasks such as laundry, cooking and cleaning of their rooms.

Improving care quality in response to complaints or concerns

- People told us they didn't have any complaints, but they would always raise any issues straight away, knowing concerns would be dealt with.
- People's representatives confirmed they had never had cause for concern but would feel comfortable to voice any worries. One family member told us, "I have no concerns at all, I am just very happy with the home."
- No formal concerns had been received, but there was a clear complaints policy available and people had access to a pictorial version.

End of life care and support

- The provider was not supporting any person with end of life care at our time of inspection. As a service for younger adults who were in good physical health, people and their families had not yet wanted to engage in these conversations.
- The registered manager however was confident that through their good relationships with people and those who advocated for them and would take all measures to ensure a person had a dignified experience if they entered this period of their life.

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.

This is the first inspection of this newly registered service. This key question has been rated outstanding. This meant service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People and their relatives described the service as exceptional and having exceeded their expectations. Families repeatedly compared their experiences of the service to other places people had lived and described how they were now living, "Their best life" at Cavendish. We learned how people who had experienced a previous succession of failed placements were now enabled to flourish and achieve their goals because staff had an excellent understanding and genuine commitment to meet their every need.
- Support had enhanced people's quality of life by continuously improving their physical and mental well-being. One family member highlighted, "My son had struggled to cope in the early days of his residency, and there [was] clear evidence of engagement with other professionals, high quality assessment of risk and an inquisitive and rigorous consideration by staff of how [they] might amend and improve their practice to effect better outcomes." We saw how this person was now living a full and active life and was no longer subject to the restrictive practices that had been needed to keep him safe at the start of his life at Cavendish.
- The service met the principles of Right Support, Right Care, Right Culture because people had choice and control over every aspect of their lives. Support was designed by people for people and staff consistently worked together to follow people's plans and routines which meant developing their skills and independence was automatic. Staff used their skills to explain complex issues in an accessible way, so people were afforded the right to live the life of any other citizen. For example, each person was registered on the electoral roll and during election periods staff had gathered candidate information and produced it in line with people's communication guidelines and levels of understanding to enable them to cast their own meaningful vote.
- There was a strong organisational commitment towards ensuring equality and inclusion across the service with people and staff alike being actively encouraged to be their authentic self. At Cavendish, keyworking sessions had recently been used as a safe space for people to speak with staff on an individual basis about their own sexuality and relationships and the support they would like in this area.
- The provider's core values of being Kind, Friendly, Trustworthy and Professional were owned and delivered by staff across the service. New staff were required to pass a values-based recruitment process and then once employed, were continuously supervised and appraised against these standards. The monthly Employee Recognition Award highlighted how staff were rewarded for living the company's values. People, families and external professionals were all encouraged to use the provider's website to nominate and vote for staff who they felt had demonstrated exceptional dedication or outstanding performance that month.
- Staff were consistently motivated and proud of the support they delivered and felt respected and valued

by managers which in turn created a positive and improvement-driven culture. One staff member told us, "The manager's passion for her work was infectious from day one, and I soon found myself wanting to learn as much as possible about our clients and how best to support them."

- In addition to high quality training and regular meetings, there were excellent systems in place to personally support staff to be the best they could be. For example, staff had access to qualified mental health first aiders across the company and 24-hour access to a recognised employee assistance programme. We were told how both had been especially valuable during the pandemic when many people struggled.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- People demonstrated ownership of the service and were at the heart of how it was run. When we arrived, one person took charge of showing us round the home and highlighting areas they liked and where changes were planned.

- There was a parity between people and staff who worked in partnership to develop and promote the company. People told us about how they had attended community events such as festivals and carnivals in the local area and been part of recruitment stalls encouraging members of the public to come and work with them.

- People had monthly meetings with their keyworker to review their care and evaluate their goals. Minutes showed these meetings were led by people and what was important to them. People were confident to express what was working well for them and challenge what wasn't.

- Relatives were consulted and involved in the way the service was run. They felt staff communicated with them well. One relative told us, "I am listened to when I provide feedback whether it is through the surveys they send out or verbal feedback." In addition to informal measures, relatives were also sent annual satisfaction questionnaires and invited to attend a parent's meeting run by the provider to share their feedback.

- Managers promoted equality and diversity in all aspects of the running of the service. With a multi-cultural client group and staff team we saw a service in which diversity was truly celebrated. Staff commented how the diverse nature of the team had secured a culture of respect and acceptance in which differences of thought were positively considered. One staff member told us, "We are a multi-cultural team with the same goal." Similarly, another commented, "We are a very diverse staff team and encouraged to bring whole self to work." Team meeting minutes evidenced that every voice mattered at Cavendish.

- The provider had a recognised objective of life long-learning both for people and staff. This was reflected in the link between staff appraisal goals and the independence goals for the people they support. This had also been recognised by the Surrey PBS Network who highlighted, "Cavendish House is outcomes focused with clear embedded practice around goals, key working and evidenced a priority on meaningful engagement, communication and active support."

- Staff were passionate about delivering high quality care and all staff spoke with pride about the achievements of the people they supported and enthusiasm about their ongoing goals.

- The provider demonstrated a visible oversight of the running of the service and the senior management team provided a key role in the effective governance of the service. An engagement forum run by the human resources team facilitated cross-location discussions about working life within the organisation giving staff a voice on how to improve performances and delivery of service.

- The provider was committed to continuous improvement and running a forward-thinking organisation. The organisation had achieved the gold accreditation standard for Investors in People and was actively working towards the platinum level at the next round of assessment.

- In response to feedback about systems, in March 2022, a new electronic recording system had been introduced to improve the accuracy of documentation and enhance communication across services. Senior

Managers had first trained and trialled the new system to ensure it was fit for purpose before rolling out to managers and teams. Similarly, a computerised clock-in system had been introduced to enable off-site managers to monitor staff whereabouts remotely which had proved especially beneficial for ensuring lone-working staff at night remained safe.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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 registered manager was committed to developing her own professional practice. They held a number of relevant professional qualifications including a diploma at Level 5 in Leadership and Management in Health and Social Care. She was also greatly active in a wide range of local networks which enabled ongoing sharing of best practice within the specialist field of supporting autistic people with complex behavioural needs.
- The registered manager was a credible leader and praised by people and their relatives. One person told us, "[Registered Manager's name] is a very good manager and she involves us in everything." A relative also said, "The management of the home is great, the manager makes sure everyone is working in the best interest of my loved one."
- At both provider and registered manager level staff development and satisfaction was recognised as a key indicator of quality. One staff member told us, "The manager saw my potential and set me targets every supervision, working towards the ultimate goal of becoming assistant manager." Another member of staff reflected, "It's an amazing environment to work in. We get so much support from the manager – I feel very lucky to work here." The registered manager proudly told us how four of her support staff had gone on to successfully secure management roles across the company and beyond as a direct result of the coaching and training they had accessed as Cavendish.
- Services that provide health and social care to people are required to inform the Care Quality Commission of important events that happen in the service. The registered manager had always submitted notifications of this nature in a timely way to us and other relevant agencies to ensure multi-disciplinary oversight of the service.
- The registered manager had a positive attitude towards learning from incidents to improve the care. The registered manager met with other managers across the service and the in-house behavioural specialist to discuss trends, patterns and what learning could be shared across the whole company.
- The provider and registered manager were open and transparent with staff and professionals which in turn created a culture of reflective practice at every level. Staff explained how every handover, staff meeting, or individual supervision was used as an opportunity to reflect on their practice and what they could individually and collectively do to improve outcomes for people. For example, if someone declined support from a staff member, the rest of the team constructively challenged and supported that member of staff to consider what they could do differently next time. All staff spoken with were professionally inquisitive and welcomed feedback which enabled them to improve in their roles.
- Effective communication was recognised as the driver of quality care and managers and staff were committed to open engagement both internally and externally to the service. People were included in discussions that affected them and relatives praised the way they were kept informed. One family member told us, "I could not ask for better communication."
- Governance was well-embedded into the running of the service. Lead roles such as health and safety, medicines and infection control were delegated amongst the staff team and regularly changed so all staff understood what standards were required.

Working in partnership with others

- People were supported to attend a wide range of community events which enabled them to meet other people with similar interests. One person talked to us about their job at a local charity shop and how this created a sense of belonging to the local community wider than the peer group at home.
- Managers and staff had positive relationships with healthcare professionals and worked in partnership with them to improve outcomes for people. It was evident from discussions with staff and reviewing care plans that specialist advice was sought and reflected in the way support was being provided.
- Cavendish was respected by other professionals as delivering high quality support. In addition to the positive feedback from the Surrey PBS Network, the lead GP for Learning Disabilities at the local surgery told us, "If I had a family member in need for that service, I would ask to place them there."