

Monica Cantwell 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	

Overall summary

Cavendish House is a Christian care home which provides care and support for up to five people who have a learning disability, such as autism. At the time of our visit there were five people living at the home.

There was not a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider. There was a new manager who had begun the application process to become the registered manager. They were present during our inspection.

Staff treated people in a kind and caring manner and we observed people were given the dignity and respect they should expect.

People were safe living at Cavendish House as staff carried out appropriate checks to make sure that any risks of harm were identified and managed. For example, if someone wished to go out of the home. People's care would not be interrupted in the event of an emergency and people needed to be evacuated from the home as staff had guidance to follow.

Staff understood the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards (DoLS) to ensure decisions were made for people in the least restrictive way to protect their human rights.

Summary of findings

Staff were aware of their responsibilities to safeguard people from abuse and were able to tell us what they would do in such an event.

Staff were provided with training which allowed them to carry out their role in an effective way. It was evident staff had a good understanding of the individual needs and characteristics of people. This was confirmed by relatives and our observations on the day.

There were enough staff deployed in the home. This meant people were able to undertake their individualised activities each day.

People received their medicines in a safe way and were supported to self-medicate if they were able to. People were encouraged to eat a healthy and varied diet and were involved in choosing and buying the food they ate.

Appropriate checks were carried out to help ensure only suitable staff worked in the home.

People were supported to keep healthy and had access to external health services. Professional involvement was sought by staff when appropriate. However, we found not all records of appointments were recorded in a way it was easy for staff to see.

Staff encouraged people to be independent and to do things for themselves, such as help around the home, cook or shop.

Staff supported people in an individualised way. Activities were planned that meant something to people. For example, some people wanted to lose weight so they were helped to enrol at a gym. People were involved in developing their own care and support needs.

A complaints procedure was available for any concerns and relatives and people were encouraged to feedback their views and ideas into the running of the home.

Staff carried out a number of checks to make sure people received a good quality of care.

Staff felt supported by the manager and had the opportunity to meet regularly with each other as a team as well as on an individual basis.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

People were allowed to take risks in a safe way to encourage their independence.

Staff understood their responsibilities in relation to safeguarding.

There were a sufficient number of staff deployed in the home.

The provider followed appropriate recruitment processes.

Medicines were handled and dispensed in a safe way.

In the event of an emergency people would continue to be cared for.

Good



Is the service effective?

The service was effective.

People were involved in choosing the food they ate.

Staff had a good understand of the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards. Staff followed legal requirements in this respect.

People had access to external healthcare professionals and were encouraged to maintain a healthy lifestyle.

Staff were trained and competent to work unsupervised and supported people to use different communication methods.

Good



Is the service caring?

The service was caring.

Staff knew people well. They knew their likes and dislikes and respected these.

People were given the opportunity to have time on their own in private.

Staff spoke with people in a kind and caring way and there were good relationships between everyone living in the home.

Visitors were encouraged into the home and were made to feel welcome.

Good



Is the service responsive?

The service was responsive.

People's care was person centred and individualised.

People were supported to participate in activities that meant something to them.

People were involved in their own care.

People were encouraged to raise complaints and concerns.

Good



Summary of findings

Is the service well-led?

The service was well-led.

Staff felt supported by the manager and in turn the manager was supported by the board of trustees.

Quality checks were carried out to monitor the quality of the care provided.

Staff, residents and relatives were involved the running of the home.

Good



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 was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 6 July 2015 and was unannounced. The inspection was carried out by two inspectors.

As part of the inspection we spoke with two people, the manager, two staff members and three relatives. We also spoke with two professionals who are involved in the service. We observed the care and support provided to people.

We looked at a range of records about people's care and how the home was managed. For example, we looked at five care plans, medication administration records, risk assessments, accident and incident records, complaints records and internal audits that had been completed.

Prior to this inspection we reviewed all the information we held about the home, including data about safeguarding and statutory notifications. Statutory notifications are information about important events which the provider is required to send us by law.

We had asked the provider to complete a Provider Information Return (PIR). A PIR 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. However on this occasion we did not use the PIR as part of our inspection.

The last inspection to Cavendish House was carried out in June 2014 where we identified some breaches of regulation. These were actioned and the provider was compliant in all areas at our follow-up inspection in September 2014.

Is the service safe?

Our findings

One relative told us, “I’m confident that the correct safeguards are in place to protect people and no decisions are made without discussing them with people and their families.”

People were provided with care by a sufficient number of staff. The manager told us staffing was arranged depending on the activities people had chosen to do. Most days there were three staff and one member of staff at night. Care staff undertook care as well as general duties, such as shopping and cooking. Each person’s support file showed that staffing hours had been individually assessed throughout the week and weekend to determine how many staff were needed. The manager said agency staff were rarely used and bank staff were available to cover any shortfalls. We saw sufficient staff deployed on the day of the inspection which corresponded with people’s assessments and activity plans. For example, we saw people were able to go out and others could stay at home and there were enough staff around to meet both needs. Staff told us when health appointments or emergencies arose staff were able to plan to make sure that people’s needs were met.

Relatives told us they felt there was always enough staff on duty when they visited. One relative said staffing levels had increased as people now planned activities individually rather than in groups. This was reiterated by a professional we spoke with. They told us they felt people were safe and well supported.

Staff were aware of their responsibilities in relation to safeguarding people from avoidable harm. Staff were knowledgeable about what action they should take should they suspect abuse was taking place. They were able to tell us about the different types of abuse, how to identify abuse and how to report it. They understood the role of the local authority safeguarding team and told us they received regular safeguarding training. They told us they believed people were protected from harm and said as part of their role, they talked to people about this. Policies were in place covering safeguarding and information on who to contact was displayed.

Risk assessments were in place to keep people safe and guide staff in providing support in a safe way. These covered daily tasks within the home as well as support people may require when going out. For example, some

people liked to attend the gym and staff had carried out risks assessments in relation to this. Other people travelled by train to local villages or went swimming and in each case the person had a risk assessment completed. One person told us they were aware of their risk assessments and why they were in place.

Accidents and incidents were logged and staff recorded proactive ways to reduce any incidents. We read the log included the details of any incident, how it had been dealt with by staff and what actions had been taken to avoid reoccurrence.

People’s care would not be compromised in the event of an emergency. The manager told us a continuity plan was in place should the home have to close for a period of time. We saw the plan mainly relied on people staying with family members. People had their own individual evacuation plan in their care plans.

People were provided with their medicines in a safe way and were able to be involved in this process. People who could self-medicate were supported to do so and we read some people did this. Staff recorded medicines that were taken and kept a running log for auditing purposes. The manager explained those who self-medicated were involved in this process as they signed their medicines in and out. The manager said they planned to ask the local pharmacy to start carrying out regular audits as this had not happened before.

Staff were provided with medicines guidance for best practice. We saw there was a medicines policy available for staff as well as guidance for homely remedies (medicines that do not need to be prescribed by a GP). Staff had signed to show they had read the policies.

The dispensing of medicines was recorded in an appropriate way. We saw those people who were unable to self-medicate had a medicines administration record (MAR). This contained a picture of the person, together with any relevant information such as allergies. MAR charts had no gaps or incorrect entries which corresponded with guidance for staff, for example codes to be used. When people had as required (PRN) medicines these were recorded separately and the reason for the PRN noted.

The provider carried out appropriate checks to help ensure they employed suitable people to work at the home. Staff files included a recent photograph, written references and

Is the service safe?

a Disclosure and Barring System (DBS) check. DBS checks identify if prospective staff had a criminal record or were barred from working with people who use care and support services.

Is the service effective?

Our findings

One person told us everyone was good at cooking and they liked the food.

People were involved in developing the menus for the week. We sat in on a 'house' meeting and heard people discuss what they would like to eat for lunch and dinner over the coming days. Staff gave everyone the opportunity to say what they would like and whether or not they wished to be involved in the cooking of the meal.

People's dietary requirements were taken into account and people were encouraged to maintain a good diet and keep healthy. One person said they chose their own menu and often did their own cooking as they were trying to lose weight. We saw staff encouraged this and we read in care plans people were working towards achieving their goal.

People participated in shopping for meals. We heard how people accompanied staff, or went out on their own to purchase food. One person developed their own shopping list and had their own money for food. They budgeted each week and decided on what they meals they would eat based on their budget.

The rights of people were understood and respected. Staff were aware of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberties Safeguards (DoLS) and how this should be used to support people in the home. One staff member told us, "People shouldn't be forced to do anything; they have rights and choices." Staff were aware of the process of best interest decisions by working with the person, their family and other relevant professionals. They understood that people should be given information and opportunities in a format that would help them make decisions. For example, one person did not like visiting the dentist. A plan was put in place for them to visit different dental practices so they could choose where they felt most comfortable.

A DoLS application had been made for one person due to the level of restrictions required to keep them safe. The

application was completed in detail and gave consideration to the person's needs and abilities. The correct process had been followed and the application had been granted.

Staff supported people with different forms of communication. One person said they were going to get a 'tablet' to help them talk to their family as they found talking on the phone difficult. One professional told us they were pleased technology was being used to support this person. The use of an iPad meant this person could show people photographs to aid their communication. This meant they felt less frustrated.

People were supported to see healthcare professionals when needed. For example, the GP, dentist, psychologist, occupational therapist and nutritionist. We saw evidence that people attended regular medication reviews and health checks. Two people who wanted to lose weight had been referred to a nutritionist. Monitoring forms were in place to track people's health appointments although we found these were not consistently used. The manager explained information was available in people's general notes but this made it more difficult to see at a glance what external support there was in relation to individuals. She told us she would ask staff to start completing these properly.

Staff received appropriate training and supervision to carry out their role effectively. Staff told us they had one to one supervision every month with the manager and were, "Able to discuss anything." They said training had increased since the new manager had been in post and that two staff members were about to start their NVQ Diploma 3. The manager told us they would be commencing annual appraisals for everyone as these had not happened to date. She wanted to take time to get to know the staff and the home before starting this. Staff received training in appropriate areas to help ensure they understood their role and were able to provide care and support following best practice, for example in moving and handling, safeguarding and infection control. Staff meetings were used as a forum for reminding staff of their training. For example, the manager had discussed safeguarding in the May 2015 meeting.

Is the service caring?

Our findings

One person told us, “I’m happy living at Cavendish House, it’s home.” They asked us to see their room which was personalised with photographs of family members. They said they liked hoovering the house and that they had been to choose the new Hoover with the manager. When the house car had broken down they said they had been involved in choosing a new one.

Relatives told us, “All the staff are very kind, especially my son’s keyworker” and, “My daughter is very happy and has put roots down. She seems to be happier and happier and has blossomed there.” Another comment we received was, “The staff approach is empathetic, they don’t say, ‘this is what we do fit in’, they give people choices and accept the individual.”

People were comfortable and chatted easily with staff. One professional told us they witnessed a great deal of positive interaction from staff. They described it as a very equal relationship with lots of humour, adding they believed people were treated with respect and that privacy and dignity were upheld. Another professional said it was good to see empowerment and people’s social and emotional well-being considered by staff.

Staff knew people well. One staff member told us that they had known people living at Cavendish House for many years; some from childhood. This was confirmed by the manager. The staff member said, “We don’t see Cavendish as a residential home, it’s their home.” We heard staff talking to people about past events and plans for the future which centred on their individual preferences.

People were involved in their care and the running of the home. The manager told us that people were involved. Everyone helped with meal preparation, laundry and cleaning tasks. We saw this on the day of the inspection.

She told us that since starting at the home she has been keen to ensure people had increased choices and believed this had had a positive impact as people had more control. She said, “They know they can come and ask for something and discuss any issues.” People said they had recently redecorated the ‘music room’ and had been fully involved in choosing colours, furniture and completing the work.

We observed a weekly residents meeting where people and staff discussed what they had been doing over the weekend and planned the menu for the coming week. Everyone was given the opportunity to speak and make choices. People were sharing jokes and laughing and it was clear staff had a good understanding of people’s likes and dislikes. One person chose not to take part in the meeting and we heard both staff and others say they would need to talk to them about their preferences individually. One professional told us they were impressed at how much confidence people had gained in their communication and vocalised what they wanted. And another said there were a lot of opportunities for both formal and informal discussions in the house.

People’s dignity was respected and promoted. We witnessed staff asking permission before entering someone’s bedroom. The manager had arranged for everyone to have a lock on their bedroom door to enable them to have privacy if they wished in. Support plans showed that people’s preferences and wishes were clear and recorded in detail.

Relatives were able to visit whenever they wanted and were always made to feel welcome.

One relative told us, “I’m always made to feel welcome and offered a drink as I walk through the door.” Another said, “Communication is always good and everyone is always very welcoming. They always ring if there is anything wrong.”

Is the service responsive?

Our findings

People were supported by staff who understood their individual needs and preferences. The staff team has been stable for a number of years and were familiar and knowledgeable about the people they supported. We saw staff give people 'space' when they wanted it, or wait for people to respond to questions, rather than speaking for, or over them. One staff member told us, "We try to get things right and give people what they need and ask for. We care, nurture and listen. We want people to gain confidence so they can gain independence." This was supported by the manager who had encouraged more people to manage their own budgets, or plan their own weekly menu.

People had care plans in place which described their needs and the way in which their support should be delivered. One person showed us their care plan and indicated they liked that it contained lots of photographs of them doing different things. They talked to us about the things they liked and didn't like which were reflected throughout their plan. A quality questionnaire listed things they would like to do including seeing a musical, visiting Centre Parcs and decorating their bedroom. All had been achieved or were being planned. Other people wished to become healthier or lose weight and we read how they were being supported to do so.

Two relatives said they were fully involved in all aspects of their relatives care and support and were positive about the changes the new manager had encouraged people to make. One relative told us that prior to the manager starting most activities were done as a group. The manager had discussed this with people and found people wanted

to do things independently of others. As a result individualised plans had been developed. One relative said, "I believe this has had a very positive impact on my son as he is now able to have more input into his future." Another told us their family member didn't like change but the way changes had been communicated had meant this had positive for them. They said, "They are now doing more for themselves; shopping, cooking and budgeting which they enjoy."

People had access to a wide range of activities and interests including attending church services and groups, swimming, horse-riding, gym, art, music events, shopping and eating out. We saw people were actively involved in the local community including volunteering with the meals on wheels service and undertaking jobs such as decorating and gardening for people in the village. A professional said there was a big community of people who popped into the house for a chat and everyone was made to feel welcome.

People were provided with support to raise any concerns. The manager told us an independent advocate and counsellor visited the home regularly. This was to give people the opportunity to talk about any concerns they may have. People met with the counsellor without staff to ensure they could speak freely and openly.

People had access to complaints information should they have any concerns about anything. Relatives told us they would have no hesitation in approaching the manager. However, one relative said they had raised some concerns with staff, but had yet to receive a satisfactory response. We spoke with the manager about this who explained the action they had taken to date and said they would invite the relative in to meet with them.

Is the service well-led?

Our findings

Staff felt very supported by the manager and they could discuss anything openly. They said the staff team communicated well and this was encouraged by the manager.

A relative told us they were impressed by the way the manager was developing the service. They said, "I have always thought the service was exceptional in its Christian ethos and the manager has engendered this and built on it. She has looked at the service as a whole and only changed the things that need changing. Throughout the changes she has carried the staff with her."

There were clear management structures that offered support to all staff. The manager told us she felt supported by the board of trustees and there was a mix of different skills. She received supervision from a trustee and felt she could approach anyone to discuss issues at any time.

People were encouraged to give feedback. A quality questionnaire had been completed and we read everyone was happy with the care provided and people were given the opportunity to comment on areas they thought could be improved. The manager told us that a satisfaction questionnaire was being developed to send to relatives, although she said relatives were already very involved in the running of the home, particularly as some sat on the board of trustees.

Staff had a good understanding of their responsibilities, for example sending in notifications to the CQC when certain accidents or incidents took place.

Staff had a clear understanding of the ethos of the home and the purpose of their role. The home had a Christian approach and the manager said most staff lived in the village and attended the local church which embedded the Christian values and beliefs.

Staff were involved in the decisions about the home. We read there were regular staff meetings where staff discussed a variety of topics. These included the food, training or each person living in the home and any updates in relation to them.

Policies and procedures were in place to support staff. We saw the registered manager held a file which contained policies useful for staff. For example, this included the provider whistleblowing policy, safeguarding information and the fire procedure.

The home was quality assured to check that a good quality of care was being provided. The manager carried out a number of checks and monthly health and safety and environment checks. For example, in relation to water temperatures, vehicle checks, fire checks. We saw a new boiler was required and the manager said this was being installed in August. Once a month the board of trustees met with the manager to talk through any issues, concerns or positive progress within the home.

The manager said since she had started she had carried out an audit of care plans and ensured everyone had completed risk assessments, she had introduced the counsellor to the home, organised additional training for staff and commenced regular staff supervisions which all showed the service was continually improving.