National Schizophrenia Fellowship

Cavendish Lodge

Inspection report

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

This inspection took place on Tuesday 13th October 2015 and was unannounced.

Cavendish Lodge is a mental health nursing home, registered to provide personal care, nursing and accommodation for up to eight people over two floors. At the time of our inspection, there were eight people living at the home.

A requirement of the service's registration is that they have a registered manager.

A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. A registered manager was in post.

People told us they felt safe at the home, and that they could raise concerns they had with staff at any time. Staff were trained in safeguarding people, and we saw that

Summary of findings

they understood what action they should take in order to protect people from abuse, and that they were supported in doing so by access to policies and procedures. Systems were used to minimise risks to people's safety, and these systems were flexible so that people could build their independence and take appropriate risks if they were able to do so.

People were supported with their medicines by staff who were trained to do so, and had been assessed as competent, and we saw that medicines were given in a timely way and as prescribed. Regular audits of medication took place, which helped to ensure medicines were given effectively. There were enough staff to meet people's needs, although agency staff were being used whilst a permanent, more consistent staff team was being recruited.

Checks were carried out prior to staff starting work to ensure their suitability to support people who lived in the home. Staff received appropriate training, support and clinical guidance, which helped to give them the skills, knowledge and understanding to meet the needs of people living in the home.

People who were considered to lack capacity to make a particular decision at a particular time had formal capacity assessments in place. Staff had a good understanding of this, and of the need to seek informed consent from people wherever possible, and this was reflected both in records kept and in what people living in the home and their relatives told us.

People told us that staff were respectful and treated them with dignity and respect. They also told us that staff supported them to be as independent as possible and respected their right to privacy. We saw this in interactions between people at the time of our inspection, and this was also reflected in records kept. People told us they could choose what to eat and drink, and that they were supported to prepare their own meals.

People had access to other health professionals whenever necessary, and we saw that the care and support provided in the home was in line with what had been recommended. People's care records were written in a way which helped staff to deliver personalised care, which focussed on the achievement of goals. People told us they were fully involved in how their care and support was delivered, and were able to decide how they wanted their needs to be met.

People told us they were able to raise any concerns with the registered manager, and that these concerns would be listened to and responded to effectively, and in a timely way. People told us that staff and the management team were responsive and approachable, and we were told about examples where action had been taken as a result. Systems used to monitor the quality of the support provided in the home, and recommended actions were clearly documented. This was achieved through unannounced manager's visits to check different aspects at each visit.

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 supported by staff who had the knowledge, skills and tools to meet their individual needs. People's needs had been assessed and risks appropriately identified. Staff were aware of safeguarding procedures and knew what action to take if they suspected abuse. Staff were also aware of how and when to escalate concerns if they felt these were not being dealt with. People received their medicines safely and as prescribed from trained and competent staff. There were enough staff to meet people's needs.

Good

Is the service effective?
The service was effective.

People and relatives were involved in making decisions about their care and support, and were supported by staff who were competent and trained to meet their needs effectively. Where people lacked capacity to make particular decisions, this was properly assessed. Staff understood the need to get consent from people on how their needs should be met. People were offered a choice of meals and drinks that met their dietary needs, and were able and encouraged to prepare their own meals. People received timely support from appropriate health care professionals, and communication between staff and professionals ensured health care needs were met.

Good

Is the service caring?
The service was caring.

People were treated as individuals and were supported with kindness, dignity and respect. Staff were kind, patient and attentive to people's individual needs and staff had a good knowledge and understanding of people's preferences and how they wanted to develop.

Staff showed respect for people's privacy.

Good

Is the service responsive?
The service was responsive.

People received personalised care and support which had been planned with their involvement and which was regularly reviewed. Care was goal orientated and sought to build on people's strengths and help them to achieve what was important to them.

People knew how to raise complaints and were supported to do so.

Good

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

People, relatives and staff felt able to approach the management team and felt they were listened to when they did so. Staff felt well supported in their roles and there was a culture of openness. There were systems in place for the provider to assure themselves of the quality of service being provided. Where issues were identified action had been taken to address them.

Good

Cavendish Lodge

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 Tuesday 13th October 2015 and was unannounced. The inspection team comprised of two inspectors.

Before our inspection visit we asked the provider to complete a Provider Information Return (PIR). The 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. We found the information in the PIR was an accurate assessment of how the service operated.

We reviewed the information we held about the service. We spoke to the local authority commissioning team and reviewed the statutory notifications the registered manager had sent us. Commissioners are people who work to find appropriate care and support services which are paid for by the Local Authority. A statutory notification is information about an important event which the provider is required to send us by law.

We spoke with five people who lived at the home, and one relative. We spoke with four members of care staff and the registered manager. We looked at two care plans and other records of care to see whether people's individual risks were identified and managed. We looked at records of the checks the provider made to assure themselves the service provided good quality care and support. We looked at staff records to check that staff recruitment included checks on their suitability for the role, processes had been undertaken, and that staff were provided with supervision which provided support to ensure they were effective in their role. We observed how the staff worked and how care and support was provided to people living in the home.

Good

Is the service safe?

Our findings

People told us they felt safe receiving care and support at Cavendish Lodge. One person told us, "There is no bullying or anything like that here. There is no trouble or hassle." Another person told us, "It is nice and homely here." People told us they felt safer than they would do if they lived elsewhere, without the appropriate care and support. One person told us, "Staff have enabled me to live in the community." Relatives told us they were confident people were safe. "As far as I'm concerned, yes. I'm so pleased they are there."

Staff told us how they ensured that people living in the home were safe and were protected. We saw that there were policies and procedures in place for staff to follow should they be concerned that abuse had happened, and that staff knew about these. Staff told us they had received training to help them understand their responsibilities. Staff told us they would report any concerns immediately to the manager. One told us, "If I suspected abuse I would contact managers and the relevant team straight away. I would also record everything." We saw in the office area that there was information on display including contact details of the local safeguarding team so staff knew who to contact. Staff were clear that they would escalate concerns if no action were taken. One staff member told us, "If I was concerned that action was not being taken, I would go through the management structure. We have a whistleblowing policy in the office, and that is what it tells us to do." We saw training records indicating that staff had received Safeguarding Adults and Safeguarding Children training.

Risk assessments and care plans identified where people were at potential risk, the likelihood of the risk occurring, the severity of the risk if it did occur, and what actions should be taken to minimise the risk. Records showed people were involved in assessing and managing their own risks, using 'safety self-assessments', which were included in their care plans. Staff understood the risks associated with the type of care and support provided. Records showed that people were encouraged to talk about how they were feeling in a structured and supportive way, so that risk could be understood and managed.

The premises maintenance folder included risk assessments, control measures and actions agreed.

Routine checks were completed for basic premises safety including gas and electrical items. Records showed that when staff had reported potential risks, these had been dealt with.

People told us staff were available to meet their needs at the times they needed them. One person told us, "They don't come into your room or intrude. They ask how I am. There is a good balance. They are not intrusive but are aware of how things are going." People told us that there was agency staff being used, but that this was to ensure there was enough staff on duty. One staff member told us, "We always seem to cover the shifts. We do have to use agency and bank staff, but we are recruiting so this will help." Some people told us there were differences between the support offered by agency staff as opposed to regular staff. One person told us, "Regular day staff are generally more communicative than agency staff, but the agency staff are still very good."

The registered manager told us that staffing levels were based on the needs of people living in the home, and that staffing levels could be increased if necessary, for example, if someone's needs changed unexpectedly, and they needed additional support. The registered manager told us that staff advised them when people's needs changed to ensure they arranged extra support staff. Staff told us that the manager trusted their judgement and made sure there were enough staff to meet people's needs.

The registered manager told us that they were about to change the night-time staffing arrangements, and there would be a staff member sleeping overnight rather than being awake on shift. This had been suggested by staff members who had been consulted on how the service should be staffed, with a view to using resources more effectively. People told us they were aware of this change and views were mixed. One person told us they were anxious about staff being asleep during the night, whilst another told us they did not think this would have an impact on them. One staff member told us they thought this arrangement was a good idea, whilst another told us, "To me it represents a reduction in the level of service." The registered manager told us the arrangement would be monitored through feedback from staff and people living in the home to ensure people were safe and that their needs were being met.

The provider's recruitment process ensured risks to people's safety were minimised. The registered manager

Good

Is the service safe?

obtained references from previous employers and checked whether the Disclosure and Barring Service (DBS) had any information about them. The DBS is a national agency that keeps records of criminal convictions. Staff told us they had to wait for these checks and references to come through before they started starting work in the home.

People told us they received their medicines at the right time and as prescribed. One person told us, “I always get my tablets when I need them.” People received their medicines from trained, experienced staff. The clinical lead told us they regularly checked staff’s competence to make sure people’s medicines were managed safely.

Some people told us they kept their own medicines in their rooms, while other people told us their medicine was kept in the clinical room. Where medicines were kept in the person’s own room, risk assessments had been completed and clearly recorded that the person was able to self-administer. People had signed their consent for staff to check their medication stocks to ensure medication was taken according to the prescription, and for medication administration records (MARs) to be held in the clinical room.

The six MARs we looked at were signed and up to date, with no gaps in recording. The daily checklist showed staff checked the actual amount of medicine matched the records and any discrepancies were investigated and addressed. The registered manager told us they had introduced the checklist system to minimise the risk of errors in medicines administration. Records showed staff made sure medicines were kept safely and at the recommended temperatures.

Good

Is the service effective?

Our findings

People and their relatives told us that staff were knowledgeable and knew how best to support them. One person told us, "I can't praise [staff member] enough. [Staff member] helps me tremendously. [Staff member] does my one to ones and helps me talk through whatever I need to. Staff have had a big influence on my life." We saw that staff responded appropriately and effectively when people became anxious or upset. Staff were well informed about people's needs and used their knowledge and experience to support people according to their needs.

Staff told us they completed an induction when they first started working at the home, which included training, shadowing experienced staff and being observed in practice before they worked independently. Staff told us they received training appropriate to people's needs. One member of staff told us, "It is targeted at what we need to do here." The registered manager showed us records of the training staff had undertaken, which they used to plan refresher training.

Staff told us the training they received was effective. They told us they could request additional training in their one to one supervisions and at staff meetings. One staff member told us, "We are able to raise training needs and requests will usually be met." Staff told us they had enough opportunities to undertake training relevant to their role and to maintain their professional development and professional registration.

Staff told us they received regular one to one supervisions, although due to recent changes to the management structure, some staff were not sure who would be providing this going forward. Staff told us they attended staff meetings on a regular basis, which were useful. The registered manager told us they had recently introduced time at each meeting for staff to share a good story or good piece of work they had been involved with, to encourage sharing of skills and knowledge across the staff team.

The registered manager explained how they assured themselves that staff were competent in their role and the actions they took if staff did not demonstrate an appropriate response to people's needs. They told us they discussed how best to support people at a recent staff meeting, with staff sharing their ideas on how to approach people when their emotional needs changed. People told us they could challenge and report staff's practice if they felt it was not effective or appropriate, and that they were well supported when they did.

The Care Quality Commission is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and to report on what we find.

The MCA protects people who lack capacity to make certain decisions because of illness or disability. DoLS is a law that requires assessment and authorisation if a person lacks mental capacity and needs to have their freedom restricted to keep them safe.

Staff received training in the Mental Capacity Act 2005 (MCA) and understood the importance of seeking people's consent before they provided any care. We saw that, in line with the requirements of the Mental Capacity Act 2005 (MCA), staff presumed capacity unless they had reason to believe otherwise, and that they tried to encourage people to be as independent as possible. People we spoke with told us staff helped them to be independent, which included making their own decisions. One person told us, "I am free to do what I want."

Where people lacked capacity to make specific decisions, their care plans made this clear. For example, assessments had been completed about people's ability to manage their finances. The assessments identified which aspects of money management people could manage independently, where they needed support and what sort of support they needed. It was clear that this had been decided in the persons 'best interests' with involvement from family and other professionals as appropriate. Staff understood this process and knew which people had capacity to make their own decisions.

The registered manager understood the requirements of the Deprivation of Liberty Safeguards (DoLS) and had sought advice from the local authority to ensure people's freedoms were effectively supported and protected. The registered manager understood when and how to apply for a DoLS authorisation and explained why this did not currently apply to any of the people living in the home.

Staff cooked a shared meal for the evening, and people organised their own breakfast and lunch. People cooked their own dinner at least one night a week, which supported them to develop their skills in planning and

Good

Is the service effective?

promoted their independence. One person told us, “We have cooking days and I’m going to cook myself some soup.” People told us they enjoyed the food, and they could choose what they wanted to eat. We saw information was displayed in the kitchen area about people’s food allergies to remind them to check ingredients before eating or planning their meals.

People told us they received care and treatment from medical professionals when they needed to. One person told us how discussions with staff about how best to manage their health needs had led to a referral being made for external therapeutic input. Staff explained when and why people needed support from medical professionals. Records showed when referrals were made and how staff communicated with external health professionals to support people to achieve their identified goals.

Good

Is the service caring?

Our findings

People and their relatives told us staff were caring and treated them with dignity and respect. One person told us, “Staff are quite open and will talk about their own lives which helps as I don’t have much of a social network.” Another person told us, “Staff are very respectful and ask how best to support me.” One relative we spoke to told us, “Staff are certainly caring, and are very welcoming.”

Staff told us there was a shared philosophy of what it is to be caring, which focussed on being respectful, supportive and helping people to build their independence. One member of staff told us, “We are here for them, we listen to their problems, and we give them support whenever we can. We encourage independence.” Another told us their focus was on, “Caring for people, making sure people can reach their goals.” This approach was echoed by the registered manager, who explained that the provider encouraged and promotes support based on dignity and respect, and that this was the basis of all training provided to staff.

We spent time observing interactions between people and the staff who provided care and support. We saw natural, friendly and respectful interactions, and that people appeared comfortable and relaxed around staff. Staff were communicative and friendly, and called people by their preferred names. We saw people came to staff when they were feeling anxious or upset, and that staff responded in a caring, supportive manner. Staff showed they knew people well and they were able to provide meaningful support to people as a result. One person told us, “The staff are genuinely quite caring here.”

Staff showed they had a detailed knowledge of people’s past, their likes, dislikes and preferences. They showed that they were able to use this information in order to support people effectively, and to ensure they treated people with dignity and respect. People told us they were supported by staff who knew them well, and that relationships had built up which meant there was trust and mutual respect. One person told us, “With the familiar staff that are here more often there is more of a social element.”

Staff showed a good understanding of the need to respect people’s privacy and their personal space. People told us they had full control of their own rooms and were always asked whether it was alright for staff to come into their rooms. Staff confirmed they would not go into people’s rooms unless they had permission to do so. We saw that staff respected people’s need to be on their own and gave them the time and space to do so. For example, we saw that one person was anxious and agitated. Staff gave the person time and space in the quiet lounge area of the home and did not engage until they had permission to do so.

Relatives told us they were free to visit whenever they wanted, and we saw people visiting throughout the day. Staff were friendly and familiar with relatives, who responded positively to communication with staff.

Good

Is the service responsive?

Our findings

People told us the care and support they received was centred on their needs and staff responded in a timely way when they needed support. People told us they had every opportunity to be involved in making decisions about planning their care and support and how it should be provided. One person told us, "I have the opportunity to input into my care plan but I tend not to take it. I know I could if I wanted to." Staff told us they always try to involve relatives in people's care planning because this helped them provide personalised care based on the person's history. One relative told us, "Yes, I am always involved in care plan reviews."

A copy of people's care plan was kept securely in the main office so that people could be assured their personal information was being kept confidential. The two care plans we looked at were written in a personalised way. For example, there was information on the person's history, their likes and dislikes, as well as detail on how best to support them. We saw staff had incorporated the person's own views into the care plan, and some sections were written by the person themselves. As a result, we saw that it was possible to build up a picture of the person prior to meeting them. Care plans were goal orientated, meaning that it was clear what the person would like to achieve, what plans were in place to support them and what progress was being made towards their goals. Staff understood goal focused care and support. One member of care staff told us "For most people it is a work in progress. Getting people involved in activities for example, it is a challenge we are facing with them."

Care plans showed that people were given the opportunity to assess their own progress. A 'recovery star' system was used, which identified ten points on which people assessed their own progress with support from staff, in areas such as self-care, social networks, work, relationships and self-esteem. One person told us, "When I want to go out I want someone with me. If it was up to me I would never leave the house but I know this is not good for me. I get encouraged with daily walks by staff."

The complaints policy and procedure was on display in the hallway and was visible for everyone to see. People told us about the procedure. Records of recent meetings held with people living in the home demonstrated that people felt confident to complain. One person told us they had felt well supported when they made a complaint. They had been assured they would not be treated any differently as a result. Staff were trained to understand the complaints process, and supported people to complain where support was needed. Complaints records demonstrated that staff investigated complaints in a timely manner and resolved them to people's satisfaction. Quality assurance checks demonstrated that the provider had checked the effectiveness of how complaints were handled, and was satisfied that staff knew how to record complaints but were less confident on how to follow them up. As a result we saw that refresher training had been planned.

People told us they were involved in activities when they wanted to be, and they had the opportunity to pursue any interests they might have. We saw people were out of the home for periods of time, shopping, socialising and meeting up with family. Some people told us they went out independently, but that if they needed support it was available to them. One person told us, "Sometimes I go out on my own and sometimes I go out with staff."

People told us they had been involved in refurbishing the garden area. Trees has been cut down and trimmed to increase the light, and the garden had been made easier to access to provide a safe place for people to spend time in.

Care plans documented peoples' likes, dislikes, hobbies and interests, and we saw that people were working towards being more involved in activities. For example, one person was working at building up enough confidence to start craft projects. This was recorded in the care plan and staff told us this was something they were trying to encourage.

Staff told us people were going to Blackpool for the day the following week, and later in the year they were going on holiday to 'Butlins'. People were involved in planning these trips as much as they wanted to be, and all had chosen to go. One member of staff told us some people were very focussed on their long-standing routines and staff were working with people to try new things where they wanted to. One staff member told us, "It is small steps for people at the moment, it will take time but we are here to support them."

Good

Is the service well-led?

Our findings

People told us they were well supported and that they felt able to raise concerns freely. Staff told us they felt respected and listened to, and that the registered manager was responsive where matters had been raised. For example, one staff member told us concerns had been raised about facilities available in the room where staff would be sleeping once the move to having sleep in night staff was completed. They told us this had been raised with the registered manager and concerns had been addressed quickly and effectively, which meant staff were much happier. For example, a new bed had been purchased. They also told us they felt well supported by the clinical lead, who was able to give staff guidance and support on clinical issues.

The registered manager told us about plans to improve the service offered at Cavendish Lodge. They told us they were looking at increasing management cover so that staff felt better supported. They acknowledged that one of the main challenges had been staffing, but that recruitment to permanent posts was under way and that this should improve the situation.

The registered manager covers four of the homes in the area, and divides their time between them. The registered manager was contactable outside of these times, and staff confirmed they were able to speak with the registered manager when they needed to. The registered manager told us they were well supported by an area manager who supervised them and ensured they have the skills, knowledge and tools they need in order to fulfil their role.

The registered manager told us about plans for partnership working. Cavendish Lodge, along with other homes from the provider group, was due to be involved in a well-being event run in conjunction with the local Clinical Commissioning Group (CCG). They had also planned to meet with the local council to consider their involvement in developing a framework for health and nursing homes. The registered manager anticipated that networking would enable them to positively influence the quality of service provision locally, and would help Cavendish Lodge to continually improve.

The registered manager monitored and audited the quality and safety of the service provided.

Records showed that unannounced manager's visits had been undertaken to check that the homes was run safely and effectively. Where issues were identified, actions were recommended and a record was kept of when and how these were to be completed and by whom. For example, we saw that one manager check had found that it was not clear how often medication had been reviewed. The recommendation was that it should be clearly recorded on people's medication records. The recommended action had been taken and medicines review dates were recorded on the MARs we looked at.

People were given the opportunity to share their views on the service being provided. We saw records of regular meetings with people living in the home having taken place, which demonstrated people had raised issues which were causing them to be concerned or upset. People told us about these opportunities, and that they felt they were listened to.

One relative told us they were asked for their views, and that there were regular relatives' meetings. They told us they always attended these meetings and said, "Yes, I think they are (productive)."

The registered manager understood their legal responsibility for submitting statutory notifications to us, such as incidents that affected the service or people who used the service. During our inspection we did not find any incidents that had not already been notified to us by the provider.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

This section is primarily information for the provider

Enforcement actions

The table below shows where legal requirements were not being met and we have taken enforcement action.