

Cavendish Road

Cavendish Road

Inspection report

274 A & B Cavendish Road
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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

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, and to provide a rating for the service under the Care Act 2014. There was a registered manager at the service at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

Cavendish Road is a home for up to nine people with learning disabilities. It is located in Balham, close to amenities and with good transport links. The inspection was unannounced.

People using the service were protected from abuse because the provider had taken steps to minimise the risk of abuse. Decisions related to people's care were taken in consultation with people using the service, their next of kin and other healthcare professionals which ensured their rights were protected.

Summary of findings

There were enough staff available at the service and staffing levels were determined according to people's individual needs. We saw that extra staff were provided where people's needs had changed and they required extra support.

Staff received training that was relevant in supporting people with learning disabilities. Staff were supported through strong links with community healthcare professionals to ensure people received effective care relating to their diet and their ongoing healthcare needs.

There was a friendly, relaxed atmosphere at the home. People told us they enjoyed living there and their

relatives told us that staff were caring and compassionate. People were able to take part in activities that they enjoyed and they received support from staff if required.

Where people using the service lacked capacity to understand certain decisions related to their care and treatment, best interest meetings were held which involved family members, independent mental capacity advocates, and social workers.

The registered manager at the home was familiar with all of the people living there and staff felt supported by the management team. Regular staff and residents meetings were held by the service.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

This service was safe. People using the service and their relatives told us they felt safe living at the home and they had no concerns. Staff were aware of what steps they would take to protect people.

People were not restricted in any way, where risks had been identified, staff supported people to make informed choices.

People with behaviour that challenged others were supported by staff and their behaviour was managed appropriately.

Good



Is the service effective?

This service was effective. Staff completed relevant training to enable them to care for people effectively. Staff were supervised regularly and felt well supported by their peers and the registered manager.

People were supported to maintain a balanced diet. Staff consulted with community healthcare professionals where people required a modified diet and extra support.

We contacted some healthcare professionals prior to our visit and they told us that staff kept them up to date with changes to people's support needs and contacted them for advice.

Good



Is the service caring?

This service was caring. We saw that people were treated with kindness and compassion when we observed staff interacting with people using the service. The atmosphere in the home was calm and relaxed.

People who used the service and their families that we spoke with told us they were happy with the care and support they received at Cavendish Road. They also told us that staff treated them well and respected their privacy. One person told us "I have my own room" and "when I want to be alone I go to my room."

Care plans were person centred and staff were aware of people's choices, likes and dislikes which meant that care was provided in a person centred way.

Good



Is the service responsive?

This service was responsive. People using the service led active social lives that were individual to their needs. People had their individual needs assessed and consistently met. We saw people leaving the service throughout the day to attend day centres or went out socialising in the community.

Where people using the service lacked capacity to understand certain decisions related to their care and treatment, best interest meetings were held which involved family members, independent mental capacity advocates, and social workers.

In addition to formal activities, people using the service were able to go to visit family and friends or receive visitors. Staff supported people in maintaining relationships with family members.

People were encouraged to express their views and concerns through a number of channels, including key worker meetings, service user meetings and speaking with the manager directly.

Good



Summary of findings

Is the service well-led?

This service was well-led. People using the service, relatives, staff and healthcare professionals praised the manager of the service for the way the home was run. Some of the comments regarding the manager were, “He gives us confidence to do our jobs”, “He is brilliant”, and “He is one of a kind.”

There was an open culture at the home and staff told us they would not hesitate to raise any concerns and felt that any concerns would be dealt with appropriately.

A number of audits were carried out at the home to monitor the service, these included health and safety audits. Incidents at the home were used as an opportunity for learning.

Good



Cavendish Road

Detailed findings

Background to this inspection

We inspected Cavendish Road on 8 July 2014. This was an unannounced inspection which meant the staff and provider did not know we would be visiting. The inspection was led by a single Adult Social Care inspector.

Before we visited the home we checked the information that we held about the service and the service provider. No concerns had been raised and the service met the regulations we inspected against at their last inspection which took place on 16 September 2013.

During our inspection we observed how the staff interacted with people who used the service. We looked at how people were supported during their lunch. We also reviewed four care records, staff training records, and records relating to the management of the service such as audits and policies.

We spoke with three people who used the service and relatives of three people who used the service. We also

spoke with the registered manager and three care workers. We contacted healthcare professionals involved in caring for people who used the service, including social workers, speech and language therapists and physiotherapists. The provider also completed a Provider Information Return (PIR) which is a report that providers sent to us under Regulation 10(3) of the Activities Regulations setting out how they are meeting the requirements of Regulation 10(1).

This report was written during the testing phase of our new approach to regulating adult social care services. After this testing phase, inspection of consent to care and treatment, restraint, and practice under the Mental Capacity Act 2005 (MCA) was moved from the key question 'Is the service safe?' to 'Is the service effective?'

The ratings for this location were awarded in October 2014. They can be directly compared with any other service we have rated since then, including in relation to consent, restraint, and the MCA under the 'Effective' section. Our written findings in relation to these topics, however, can be read in the 'Is the service safe' sections of this report.'

Is the service safe?

Our findings

People who used the service told us they felt safe living at the home. One person told us, “I like living here, they look after me here.” Relatives told us they had no concerns about the way their family members were treated. Some of the comments from relatives included, “[My relative] is happy”, “I’m very happy, pleased that he is there” and “I used to advocate for [my relative] but I don’t feel like I have to as staff are so good.”

The provider had safeguarding policies and procedures in place to guide practice; posters with contact details for reporting any issues of concern were on display and staff training records showed that safeguarding training had been delivered to staff. Staff that we spoke with were aware of what steps they would take if they suspected abuse and were able to identify different types of abuse that could occur. Staff told us, “People are kept safe”, “We have not had any safeguarding concerns here”, “If I suspected something, I would report it” and “If someone said something to me, I would record it and speak with the manager.”

CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). We found the provider to be meeting the requirements of DoLS. People were not restricted from leaving the home. People told us they went out shopping and to various activities and we observed this to be the case during our inspection. People identified at being of risk when going out in the community had up to date risk assessments and we saw that if required, they were supported by staff when they went out during our inspection.

Individual risk assessments were completed for people who used the service. Staff were provided with information as to how to manage these risks and ensure people were protected. The manager told us “Positive risk taking is

encouraged.” Each risk assessment had an identified hazard, people who were deemed to be at risk and control measure to manage the risk. Staff were familiar with the risks that people presented and knew what steps needed to be taken to manage them. One member of staff told us, “There are guidelines that we follow; these are in their care plans.” Staff told us they managed each person’s behaviour differently according to their individual guidelines. They told us that some people liked to listen to music, others preferred going to their rooms or getting some fresh air. These preferences were recorded in their care records and staff were familiar with appropriate distraction techniques for people who used the service.

The provider consulted with external healthcare professionals when completing risk assessments for people. Where people had been identified at risk of choking, we saw that guidelines had been produced by the dysphagia (swallowing difficulties) team within the local community learning disabilities team were followed by staff. This was evidenced through speaking to staff, looking at records and getting feedback from the dysphagia team. Staff attended training on ‘Essential Skills for Support Planning and Risk Assessment’ which helped to inform their practice.

People who used the service told us there was always staff available to help them. One care worker told us, “I feel that there are enough of us. If we need more, we can just ask the team leaders.” The manager told us that staff rotas were planned in advance according to people’s support requirements. They told us that although they used staffing ratios to work out the number of staff on each shift, some people who used the service were provided with additional support during the day to meet their needs. In some cases this was worked out flexibly across the week in consultation with the person requiring this support. We saw that extra staff were on duty during our inspection providing additional support to some people.

Is the service effective?

Our findings

People received care from staff who had the knowledge and skills to carry out their roles and responsibilities effectively.

Relatives of people told us that, “Staff are fantastic”, “They have done wonders” and “Staff have worked very hard”. Staff told us they were happy with the training that they had received whilst they had been working at Cavendish Road. One member of staff said, “I have had lots of training since I started here, it’s been very helpful. You can always learn something new.” Staff were also satisfied with the support they received from other staff and the manager of the service. One staff member said, “I have regular supervision with him (the manager)”, another said “he has empathy, I can express how I feel to him.”

We spoke with the manager about the training arrangements for staff. There were two types of training, e-learning and attending a workshop. Training records showed that staff had completed training in areas that helped them when supporting people living at Cavendish Road, these included, working with behaviours that challenge, working with people with learning disabilities, the principles of care and support and communication with service users amongst others. 90% of the staff members had a NVQ 2/Diploma Level 2 in Health and Social Care, 60% had a Diploma Level 3 and above in Health & Social Care, these were evidenced in the records that we saw. All staff completed and passed an equivalent of the Skills for Care Common Induction Standards within the first 12 weeks of commencing their employment.

People were supported to get involved in decisions about their nutrition and hydration needs in a variety of ways. These included helping staff when buying food for the home, providing input when planning the menu for the week and helping in preparing dishes. One staff told us, “We prepare the meals, people can help if they want.” People who used the service told us they enjoyed the food at the home, one person said, “I eat fish and chips” and “We eat together.” We saw staff preparing lunch and supporting people who required assistance.

Cultural, spiritual and religious dietary requirements were identified and addressed within people’s care records. During the inspection we saw that people were provided

with meals that were culturally appropriate to their ethnicity. Relatives of people that we spoke with told us their family member’s cultural dietary needs were met by the service.

The daily menu was on display in the kitchen, this was in a pictorial format for people to understand their choices better. Individual food plans were also on display along with dietary guidelines from the Local Community Learning Disabilities Team. People had individual health action plans, which contained risk assessments relating to dietary and hydration requirements. People’s weight was monitored and food and fluid charts were completed for people where there was an identified risk in relation to their food and fluid intake. Staff were familiar with the nutrition requirements of these people. One staff told us about a person that was on food supplements and told us they had been reviewed by the dietician.

Some people had a prescribed food and fluid plan made by the dysphagia team which gave advice related to the environment, position, equipment, food, drinks and assistance. We received positive feedback from the Community Learning Disabilities Team about the service provision at Cavendish Road. They told us that staff supported people appropriately and provided good feedback when implementing the guidance that had been given in relation to people’s needs. We saw that staff were knowledgeable about the needs of people and followed the guidance given. Staff told us, “Everyone has individual requirements.”

People who used the service were assigned a named key worker who coordinated their day to day healthcare needs. We saw evidence that people were involved in completing their health action plans which were person centred. Health action plans included dates for medication reviews and annual health checks; people were weighed regularly and blood sugar tests were carried out where appropriate. When people’s needs changed, staff made referrals to relevant health services. A key worker contact report was completed every month with details of what was discussed.

The manager gave an example where one person who used the service had shown an improvement in their behaviour following extensive support from staff and had become more independent. He told us, “when they first came here, they displayed a lot of aggression and challenging behaviour. They have improved so much that they now prepare their own meals.” A relative of this person

Is the service effective?

confirmed what the manager had told us, “[their relative] has made fantastic progress”, “their behaviour has improved”, and “they are a lot better now than when they first went there.”

We found that people who used the service had access to local healthcare services and received ongoing healthcare support from staff at Cavendish Road. The provider made appropriate referrals when required for advice and support. Staff that we spoke with gave us examples of how they had supported people with managing changes to their health and the close links they had with the community teams. Contact details of health services and local authority services were kept in care records which meant that referrals could be made quickly. Some of the

multidisciplinary teams that were involved in supporting people included mental health consultants, occupational therapists (OTs), physiotherapists, community nurses, dieticians and nutritionists.

We contacted some healthcare professionals prior to our visit and they told us that staff kept them up to date with changes to people’s support needs and contacted them for advice. One healthcare professional told us about a person who had a change in the medical condition which meant they required increased care support and therapy intervention. They told us, “The team at Cavendish have been excellent at managing their [people’s] needs”, “The manager has ensured therapy plans have been carried out as prescribed. They are sensitive to their needs and communicate effectively” and “I have received feedback from the carers as to how the client has been getting on and their manual handling concerns.”

Is the service caring?

Our findings

We saw that staff treated people with kindness and compassion. The atmosphere in the home was calm and relaxed.

People who used the service and their families that we spoke with told us they were happy with the care and support they received at Cavendish Road. Some of the comments included, “They [staff] are helpful”, “I like all staff” and “Staff take me out.” Relatives told us, “[my relative] has never said about wanting to come home, [they are] happy there”, “We are very happy”, “[my relative] is living how they should”, and “they are settled there.” One healthcare professional told us, “Overall they appear to be a caring staff group that do great work with the people they support.”

During our inspection we saw that positive caring relationships had developed between people who used the service and staff. People knew who their key worker was and told us they liked their company. Staff that we spoke with were aware of the life histories of people living at the home and were knowledgeable about their likes, dislikes and the type of activities they enjoyed. Staff told us, and records confirmed that keyworker meetings were held monthly, which helped to develop positive relationships. Staff said they got to know people through reading their care plans and speaking with family members. The provider had taken steps to ensure that the care plans were not just task orientated but considered people’s life history before they came to live at the home.

People’s wishes in respect of their religious and cultural needs were respected by staff who supported them. Some people living at the service were vegetarian, we saw that their needs were considered during lunch. Relatives told us “I am not concerned about cultural needs, I trust the staff.” Staff told us “[this person] is a vegetarian and we respect that when planning menus”. Other people were supported to attend the church service on Sunday.

People were supported to express their views and be actively involved in making decisions about their care, treatment and support. Care plans were person centred and reflected people’s wishes. People had the opportunity to make their views known about their care, treatment and support through key worker or group meetings. Relatives of people who used the service were involved in their care through regular contact with the key workers and were free to visit the home any time between 10am and 9pm. Relatives that we spoke with told us they visited the service regularly and found that staff welcomed them. Where appropriate, people had access to advocacy services if needed, although none of the people were using advocates at the time of our inspection.

People who used the service told us that staff treated them well and respected their privacy. One person told us, “I have my own room” and “when I want to be alone I go to my room.” People lived in single rooms to which they had keys so they could keep them locked. The home was spacious and there were areas for people to spend time with their families if they wanted to, apart from the main lounges. Staff we spoke with understood what privacy and dignity meant in relation to supporting people with personal care. They gave us examples of how they maintained people’s dignity and respected their wishes. One care worker said, “We have to respect the people living here, it’s their home”, and “We knock before entering people’s rooms.” Another care worker said, “People are individuals, we don’t treat people as a group” and “We respect people’s choice.” Some people who were not able to communicate verbally were still offered choice in everyday matters such as deciding what to wear, eat or do for the day. Their key worker told us, “they are non-verbal, but they show emotions, laugh or get upset so you know what they like and don’t like.”

Is the service responsive?

Our findings

People who used the service led active social lives that were individual to their needs. We found that people had their individual needs assessed and consistently met. We saw people leaving the service throughout the day to attend day centres or to go to the cinema or have some lunch. People were able to take part in individual activities based on their preferences. Photos of previous outings that had been arranged were on display, these included visits abroad.

Some comments from people included, “I go out shopping, I go and buy clothes”, “I do crafts and painting”, and “I like going out shopping for clothes”, “I do painting. Someone picks me up. I go once a week.” We spoke with one person who was going out for the afternoon. Staff told us, “We work around people’s needs” and “We speak with family, they can tell us what activities they are interested in.” In addition to formal activities, people who used the service were able to go to visit family and friends or receive visitors. Staff supported people in maintaining relationships with family members, one person who used the service was supported to visit their family member.

The service responded when people’s needs changed. One person, whose needs had changed following a hospital admission, was provided with extra one to one support. The service made use of communication tools such as pictures and Makaton signs on walls and in personal folders to help some people who were not able to verbally communicate their choices.

Each person had an assigned keyworker who was responsible for reviewing their needs and care records every six months or sooner, if their needs changed. Staff told us that they kept people’s relatives or people important in their lives, updated through regular telephone calls or when they visited the service and they were formally invited to care reviews or to annual reviews with healthcare professionals. One staff told us, “Relatives are invited to annual reviews; staff from the day centre and their psychologist also attend.”

We looked at care records for three people who used the service. These contained a number of records to enable staff to support people. Care records included risk assessments, support plans, person centred plans, personal care support plans and a health action plan. We

found that these were person centred and an effort had been made to support people to contribute to them. Some of these records were developed with input from the key worker, social worker, and other healthcare professionals such as their psychiatric consultant and staff that supported them from the community mental health learning disability team. Where possible, records included pictures to make them more accessible to people who used the service. Care records included areas for people to record their hopes and dreams, things that were important to them, ways for other people to communicate with them and what was not working for them.

In the care plans that we looked at, we saw copies of minutes of ‘Mental Capacity Assessments - Determination of Capacity and Best Interests Meetings’ that had been completed for people who used the service. We saw that where people who used the service lacked capacity to understand certain decisions related to their care and treatment, best interest meetings were held which involved family members, independent mental capacity advocates, and social workers.

In some cases we found that record keeping was not always up to date or completed fully. In one example, where someone’s mobility had decreased, even though the service had identified this quickly and provided this person with extra support, their risk assessment not been updated to reflect this. Their falls and trip risk assessment had last been updated in June 2013 even though they had suffered a fall after that date. Other records such as food and fluid charts and water temperatures when supporting people to bath had some gaps. Although the record keeping was not up to date, this did not have a major impact on the care that people received.

People told us that if they were not happy they would speak with their keyworker. One person told us they did not like fish and they had told staff. We saw that their care records had been updated to reflect this. Relatives of people said “I would complain to the manager” and “I have never had anything to complain about.” Staff told us that they used one to one meetings to discuss any concerns that people had. One staff member told us “If someone complained to me, I would record it and speak with the manager.” Healthcare professionals gave us examples

Is the service responsive?

where they had raised minor concerns with the practices about staff supporting people in the way that had been prescribed these were “Always dealt with promptly and resolved.”

The complaints procedure was on display in the home in a form that was accessible to people who used the service. The service encouraged feedback from people and relatives through a number of different ways including key

worker meetings, service user meetings and review meetings. The service also had an active social calendar such as arranging barbeques and community fundraising events for family and friends which meant that they had an opportunity to meet with staff informally and gave them the chance to make suggestions and express views and opinions.

Is the service well-led?

Our findings

The provider had a poster on display called 'Our Shared Culture' which showed the values of the organisation. Some of these values were supporting, respectful and encouraging. The manager told us that these values were discussed at one to one meetings and staff were asked how they were demonstrating these values in their work. We saw examples of staff displaying these values during our inspection. Staff told us their work involved "Supporting people to be independent", "Respecting their choices" and "Treating them with dignity." A noticeboard displayed photos of staff on duty. This helped people who used the service to know which staff were on duty and who would support them on a particular shift.

The service had a whistleblowing policy and contact numbers to report issues were displayed in communal areas. Staff told us they were confident about raising concerns about any poor practices witnessed. They told us they were very happy working at the service and motivated. They told us, "It's good here", "Everyone is helpful", "and I would challenge bad practice."

There was a registered manager in post at the time of our inspection. They had been in post since 2011 and in our discussions with them it was clear that they were familiar with the people who used the service and staff. The manager had a Level 5 Leadership and Management Diploma in Health and Social Care. Staff that we spoke with praised the manager for being pro-active and approachable. Staff told us, "He is always asking what can we do to improve the service", "He is one of the best managers", "He gives us confidence to do our jobs", and "He encourages us all the time." Relatives told us, "He is a nice person, always available to speak to", "He has a good understanding" and "Staff respect him."

The provider had effective systems to monitor incidents at the home and implement learning from them. There had been five recorded incidents since the last inspection. We saw that the incidents were recorded accurately and people's care records had been updated following these incidents to ensure that the most up to date information was available to staff. There had been no complaints about the service since the last inspection. The commissioning team at the local authority had received no complaints about the service.

Residents' meetings were held every two weeks and were available in an accessible format for people who used the service. Staff meetings were held every month and we saw that, where required, actions resulting from these were assigned to a named staff to follow up. Staff told us they found staff meetings were useful for providing feedback. The manager used team meetings to provide staff with feedback from higher up the organisation which helped them to be clear about the aims and objectives within the service both locally and at provider level.

The manager told us they were responsible for undertaking regular audits of the home. Records showed that the provider regularly carried out health and safety audits for the home which covered fire safety, electrical checks, temperature checks and clinical waste. Where faults had been identified, actions to rectify were assigned to staff along with timescales so they could be monitored effectively.

The manager told us that, in addition to the audits undertaken by staff who work directly in the home, they used feedback from healthcare professionals and social workers to improve the service. We saw that external feedback was very positive.