

Cavendish Residential Care Homes Limited

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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 ●

Summary of findings

Overall summary

At the last inspection in June 2015, the service was rated as Good. At this inspection in January 2018 we found the service remained Good. The inspection was unannounced.

Cavendish Care Home provides accommodation and personal care as a single package under one contractual agreement for up to 21 people. CQC regulates both the premises and the care provided, and both were looked at during this inspection. There were 19 people living at the service in one building which consisted of two floors.

The service had a registered manager in post. 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.

People told us they felt safe when receiving care and were involved in developing and reviewing their care plans. Systems were in place to protect people from abuse and harm and staff knew their responsibilities for safeguarding people. Risk assessments had been completed so that staff knew how to keep people and themselves safe.

There were sufficient staff with the right knowledge and skills to meet people's needs and staff had been recruited safely. Staff had the competence and skills to administer medicines as prescribed and there was a system in place to protect people from the risks of infection. Incidents and accidents were recorded, reviewed and investigated and the necessary action taken.

People's needs were holistically assessed and support delivered in line with current guidelines. Training and supervision were provided to staff in order for them to carry out their role effectively. People received a balanced diet which met their nutritional needs and there was a choice of home cooked food. People's health needs were met as staff liaised well with health and social care professionals.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People's end of life wishes were taken into account and reviewed regularly.

The staff were very caring, supportive and kind. They respected people's privacy and dignity. The service was responsive to people's needs and wishes as they listened and involved them in their care. People's sensory needs were taken into account and the service was meeting the Accessible Information Standard by ensuring people's communication needs were met. Positive relationships were maintained and people were engaged in social and leisure activities of their choice, which provided stimulation and an interest in their own wellbeing.

There was an effective complaints procedure in place and people and their relatives knew how to make a complaint should they need to. Systems were in place to regularly assess and monitor the quality of the service provided. Feedback from people, their relatives and staff was encouraged with regular contact and reviews of people's care being very positive. This feedback was used to make ongoing improvements to the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service remained safe.

Is the service effective?

Good ●

The service remained effective.

Is the service caring?

Good ●

The service remained caring.

Is the service responsive?

Good ●

The service remained responsive.

Is the service well-led?

Good ●

The service remained well-led.

Cavendish Care Homes Limited

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.

The inspection took place on 29 January 2018 and was unannounced. The inspection team consisted of one inspector and one expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. Their area of expertise was in caring for older family members.

We reviewed all the information we had available about the service including notifications sent to us by the provider. Notifications tell us how the provider has taken effective action when people have been injured or involved in incidences that have caused them harm. Before the inspection, the provider completed a Provider Information Return (PIR). This 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. This information helped us to plan what areas to focus our attention on for the inspection.

Some people at the service were unable to verbally tell us about their experience so we spent time observing the interaction they had with staff. We also looked at records relating to their day to day support so we could understand the quality of the care they received.

During the inspection, we spoke with 10 people who used the service and eight relatives and friends. We also spoke with the provider, registered manager, cook, activities coordinator, and five care staff. We looked at four people's care plans, three staff recruitment files and records about the staffing and management of the service.

Is the service safe?

Our findings

At this inspection, we found the same level of protection from abuse, harm and risks to people's safety as at the previous inspection and the rating remains good.

People and their relatives told us they felt safe living at the service and we observed that people received safe care. Comments from people included, "Yes, I feel very safe," and, "I love it here, and all the girls [staff] are lovely and make me feel all secure and well looked after." Family members said, "The home is very safe for my [relative]," and, "My [relative] had just been discharged from hospital, and when they got back here, the first thing they said was, "Thank god I am back home."

We found staff had the knowledge and confidence to identify safeguarding concerns and act on them to protect people. They knew the signs of abuse and had access to information and guidance about safeguarding to help them respond appropriately if it occurred. Staff told us they had received safeguarding training and this was confirmed from the training records we saw.

Risk assessments were in place to support people to be as independent as possible, balancing protecting people with supporting them to maintain their freedom. People and their representatives had been involved in the process to assess and plan how those risks would be managed. Examples included, risks associated with falls, personal care, malnutrition, poor skin integrity, choking and medicines.

Risks associated with using equipment such as a hoist or a wheelchair were also recorded so that people and staff were kept safe. From the risk assessments and the daily notes, we saw that staff had a good understanding of people's needs, and the actions they needed to take to protect them.

All essential safety checks on the environment and equipment had been undertaken. The provider had a system in place for all checks to be recorded, monitored and reviewed. A recent maintenance contract had been negotiated to ensure that the tasks carried out were done to a high standard so that people and staff were living and working in a safe environment. People had evacuation plans in place in case of emergency.

Sufficient staff were available to provide the level of care needed. The registered manager told us that they had a consistent staff team who knew people well. We saw from the records that staff had been safely recruited and all the necessary checks and safety precautions had been put in place to protect people from harm.

The provider had a clear medicine policy and procedure in place, which was up to date. People who were assisted with their medicines told us they got them on time and as prescribed. We observed the way in which they were given to people. The staff member explained what the medicine was and what it was for and gave the person time and patience in helping them to take it.

People's care plans contained clear information about the level of assistance needed to take their medicines. For those who took their own medicines, a risk assessment to keep them safe had been

undertaken. Staff kept a record of medicines, including creams people had prescribed for them. These records had been completed correctly. Staff told us they had received training in administering medicines including specific drugs such as Warfarin which were dependent on input from the district nurses. Checks on the competency of staff to give medicines were completed. The service was proactive in liaising with people, their families and with professionals about the correct dose, ordering, disposal and administration of medicines.

We saw that staff used hygienic practices during the course of their work. Staff had received training in infection control in order to effectively carry out their role and responsibilities. There were systems in place to record, review and investigate safety concerns and these were reported through the appropriate internal and external channels such as social services or the GP and to the provider. These included, for example falls, pressure ulcers, and people's mental health.

Is the service effective?

Our findings

People and their relatives told us staff understood their needs and provided good care from regular staff who they knew well. They told us, "Oh them girls [staff] think of everything, know me like an old friend they do," and, "Everyone works together here, you can ask anyone doesn't matter what their job is."

People's needs were holistically assessed and met. Systems were in place to ensure that care was effective and the registered manager kept up to date with current legislation and good practice ensuring that staff were updated about changes and improvements. Examples of this included the very proactive work the service was doing with the Prosper team. Prosper is a collaboration between care homes, Essex County Council, the health sector and Anglia Ruskin Health Partnership. Knowledge and early intervention had helped to reduce the instances of people's falls, pressure ulcers and urinary tract infections to enable them to keep well and remain independent.

Staff received regular training to give them the skills and knowledge to meet people's needs. New staff completed an induction process, which included the Care Certificate (an agreed set of standards that sets out the knowledge, skills and behaviours expected of care workers) and shadowing experienced staff. Training was provided in a range of subjects relevant to the care worker role including on-going observations and assessments of their practice. The registered manager told us that they had a staff member who was trained to support the staff in moving and handling people and we saw this training put into practice as people were assisted to use the hoist in a safe and dignified way. One staff member said, "Training is constant here, apart from August there is something every month. Last month it was dementia awareness, next month it's Safeguarding."

Staff supervision and annual appraisals took place where their work and personal development was discussed. We saw that staff were respected within this process and their views listened to.

People were encouraged and assisted to sit communally together for their lunch and the meal time experience was a quiet and pleasant one, with people eating heartily and chatting together and enjoying their meal. They were very positive about the menu choices and the quality of the food. They were supported to have sufficient amounts to eat and drink and to maintain a balanced diet. We saw evidence in the daily notes of the food and drink people had and, if their food and drink was monitored, the amount was also recorded to ensure they were having enough.

We observed that staff who assisted people to eat did so in a respectful and unhurried way. One person said, "I think the food is very good here. There's always a choice and it always looks very appetising." One family member told us, "[Relative's name] has a very small appetite so they give a small plateful of food. Then if they think they need more they will ensure they get something else just to "top up." Another said, "The food here is excellent and my [relative] now eats well and it looks as good as anything I can do."

Staff and health professionals worked closely together to deliver effective care and treatment. Arrangements were in place to share and receive information so that care could be coordinated.

People and their representatives were involved in discussing their health condition with relevant health professionals, such as the district nursing service or GP. Referrals were also made on people's behalf when they needed equipment or a change to their medicines to enable them to maintain their independence. People had information to take with them when they went into hospital so that nursing staff would understand their needs. One family member said, "[Relative's name] had a dizzy spell and staff called a paramedic in and then called me to let me know what was happening, they are very good like that."

People's needs were currently met by the adaptation of the premises. The building was a detached Victorian house which had been adapted to meet people's needs and people's rooms were adequate in size and personalised with the majority being en-suite. Some rooms were for two people to share. The gardens were accessible and the registered manager told us that people accessed and used them enthusiastically in the warmer weather.

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. The authorisation procedure for this in care homes is called the Deprivation of Liberty Safeguards (DoLS). We found that the service was working within the principles of the MCA and the conditions to deprive a person of their liberty were being met. The provider had policies and procedures in place, knew how to make applications to the local authority and staff had received training on the MCA and DoLS. Staff were able to tell us who had capacity to make decisions for themselves and, if they couldn't, how people were being denied their liberty in their best interests. People and their families had been involved in their care arrangements and had signed consent to their care and support.

Is the service caring?

Our findings

People told us the staff were very friendly, caring and good company. One person said, "Staff here are compassionate and they are caring and dedicated. Another said, "The staff are lovely and very friendly." One family member said, "My [relative] liked it here straightway after looking at other homes as they felt very welcome and the place was warm and welcoming." Another said, "They look after my [relative] very well, I have no worries about leaving them here."

Throughout the day, there was a calm and relaxed atmosphere around the service and no one was rushed or hurried. Staff engaged in conversation with people and their relatives and their interaction was warm and affectionate. Staff were observant in knowing people's needs, for example, when someone started to get up without using their frame, they stopped what they were doing and attended to them as they were at risk of falling.

Staff spoke with people by kneeling or sitting next to them, maintaining eye contact and they took the time to listen to what people were saying. They used touch appropriately and spoke with them clearly using their first names so they knew they were being spoken to and were gentle and encouraging.

We observed a person transferring from a wheelchair to an arm-chair. Two staff stood beside them, verbally reassuring, with a hand on their back and after some time of patience and warm encouraging words, the person stood up from the wheelchair and transferred to the chair on their own.

Staff understood people's changing emotions and confusion. For example, we saw staff using distraction techniques and reassurance when a person became upset and agitated whilst waiting for their relative to come. This was done with compassion and sensitivity.

The provider was meeting the requirements of the Accessible Information Standard as they ensured people had the right to information in a way they understood. People's sensory needs had also been assessed and recorded. Staff sought accessible ways to communicate with people such as using pictures, photographs and larger print so that they were included in the daily life of the service.

People were involved in their care and staff enabled people to make their own decisions and choices about where and when to eat, participating in an activity or not and times of getting up or going to bed. One family member said, "The staff do involve me in my [relatives] care. They always keep me informed of whatever's going on and, when I visit, they fill me in on anything that has happened even if it's just telling me how much they enjoyed an afternoon's activity."

People were well dressed and in colour co-ordinated outfits, their hair was well groomed and the men were clean shaven. People's attire had been chosen with care and thoughtfulness for those people unable to make decisions.

People's independence was encouraged and maintained in order that they had as much control over their

lives as possible. One person said, "I do more now I am here than I did at home, they [staff] don't just keep my legs moving but also my brain." One family member said, "I have on occasions stopped for lunch. There's a sort of an open invitation. I think the attitude is it's their home and they should be able to have guests for lunch. They [the service] are very supportive in that way." Another said, "I visit my [relative] almost daily, I am always welcomed and [relative] has their independence and freedom of movement and [relative] and I can come and go almost as we please."

We saw people were treated with dignity and respect. Staff knocked at doors and announced their presence before edging quietly into a room. They were respectful of people's dignity and space and staff were discreet when asking people about their personal care needs so as to not cause embarrassment.

Is the service responsive?

Our findings

People told us that staff responded to them quickly and appropriately. They said, "When I ask the staff for anything, I never feel like I am putting anyone out as they always say, 'no problem [name]' and they do it." A family member said, "They [staff] keep me informed and the communication is excellent. That might be due to the relatively small size of the home, but it's also due to the staff and manager."

People and their families contributed to the planning of their care. Care plans included detailed assessments, which took into account people's physical, mental, emotional and social needs. They were clear, easy to read and up to date. Also recorded to ensure the service identified and met their needs was their ethnicity, faith, sexual orientation, age and gender. We saw people's wishes, views, likes, dislikes and preferences recorded such as for a male or female staff member and their preferred name. We saw evidence of reviews undertaken monthly and these had been signed to say people were satisfied with their care arrangements.

Relationships with people's families were maintained and actively encouraged. People and their families had been involved in collecting, sharing and helping staff record memories and past life experiences so that everyone got to know the person and who they were. These were written in a respectful and clear way. One family member said, "The home is very supportive and keeps me up to date with what's going on."

People told us they never had to wait long for assistance and there were enough staff around to help them. One person said, "I call them when I am ready to get up. I make all my own choices about getting up and going to bed. I also choose what to wear, they do help me by laying things out on the bed, but they ask what I would like to wear."

People were supported to follow a range of social and leisure interests, both inside and outside the service. One to one sessions and group activities were held every day. The service went out of its way to try to provide unusual activities too – the most recent being a visit to the service by Pygmy goats from the nearby farm. Seasonal events were celebrated with a photo gallery to prove everyone had a good time with staff and people regularly joined in. The weekly column and monthly newsletters written by and for people using the service were informative, fun and engaging. The daily diary of activities showed that staff were working in a person centred, creative and innovative way to bring satisfaction and happiness to people who used the service.

There was a complaints process in place. The registered manager explained the process used if complaints were received. People and their relatives said they were able to raise any concerns they had with the registered manager or staff. One person said, "I don't have any cause for complaint, but I do know who to raise any issues with." Another said, "I wouldn't worry about talking to the manager or staff about anything." A friend of a person told us, "Yes I would know who to complain to if I had a need to, but that situation has never arisen."

The service had received seven complaints in the 12 months leading up to our inspection. These had been

dealt with satisfactorily. Compliments received from people and their families showed that there was high level of satisfaction with the service.

People had documents in place showing their preferred place of care before and at the end of their life. Information about their end of life wishes and funeral arrangements had been discussed and recorded in their care plan. We saw 'Do not attempt cardiopulmonary resuscitation' (DNACPR) orders in place which recorded the decision a person, or others with authority, had made on their behalf, to show that they were not to be resuscitated in the event of a sudden cardiac arrest. These were reviewed monthly so that any changes could be made as required.

Is the service well-led?

Our findings

People and staff were very complimentary about the leadership and management of the service. They were impressed by the service, its general atmosphere, the attitude of the staff and the visibility of the registered manager. People told us, "I am very happy here," and, "They get a 100 out of a 100 for everything they do for us here," and, "The staff are so lovely, really caring and the place is managed like a ship with everyone mucking in." One family member said, "This care home, in my opinion, is superb."

The service had a registered manager in post. They had worked at the service for a number of years and were supported by senior staff and the provider. The registered manager was experienced and knowledgeable about the needs of people who used the service and their responsibilities under the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. They promoted an open culture and were motivated, visible and well respected by staff and the provider.

Staff understood the vision and values and spoke positively about working at the service. They said, "I have worked here for three years and this is my first position in the caring field. I love it here, the manager is very supportive and people become like an extended family," and, "The training is great and we learn a lot as there is outside input from other professionals too. The home is a very good place to work."

The staff had a positive attitude, knew what was expected of them in their role, were enthusiastic, fun and sensitive to people's needs. They knew how to question practice and raise concerns and were supported to do this as there were good support, supervision and appraisal systems in place. A robust recording system for all records pertaining to the service were in place and people's information was kept confidential.

Staff, people who used the service and their relatives were involved in discussions about developing the service. People, for example, had been recently involved in choosing new wall paper and materials for upholstering all the chairs in the small lounge and a person who uses the service was involved in interviews with prospective staff, wrote their own questions to ask and their opinion was sought as to whether they should be employed or not.

We saw that everyone's views had been recorded in annual surveys, 'residents and relatives' meetings and staff meetings and the actions taken. One family member said, "I try to get to as many meetings as possible." One person said, "The staff are happy and do everything that is asked of them, they are all truly wonderful." Another said, "My [relative] is very happy at Cavendish and I find the staff lovely, friendly and caring people."

The service had cultivated strong links with the community. People accessed a local college to attend classes, went to the gym; apprentices and students from the Duke of Edinburgh Award Scheme were given opportunities and the local Age Concern group went to lunch to talk with people and get them involved. The provider told us that they had won a number of awards over the past few years and were proud of their award in 2015 for being Employer of the Year at the Great British Care Awards.

Quality assurance systems were in place and audits were undertaken and recorded. These comprised of

medicines management, infection control, health and safety (equipment and the environment) and care plans. Meetings with the provider were held along with other managers at the providers' other services to share good practice and discuss on-going improvements.

The service worked in partnership with other services, health commissioners and the local authority. The registered manager had good links with key organisations and looked at ways they would keep informed of best practice. Systems were in place to ensure that accidents, incidents, complaints and safeguarding were appropriately dealt with. The leadership, governance and culture of the service promoted the delivery of high quality, person-centred care.