Cavendish (Homecare) Professionals Ltd

Cavendish (Homecare) Professionals Ltd

Inspection report

1 Royal Exchange
London
EC3V 3DG

Tel: 02030085210

Date of inspection visit:
25 May 2017
08 June 2017

Date of publication:
26 July 2017

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

This inspection of Cavendish (Homecare) Professionals Ltd was conducted on 25 May and 8 June 2017. Due to the small size of the service and our need to ensure that key personnel would be available, we notified the provider two days before the inspection that we would be coming. At the time of our inspection eight self-funding people were receiving personal care services.

The provider re-registered since the previous inspection so this was our first ratings inspection of the service.

There was a registered manager at the service. 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. The registered manager was present on both days of the inspection.

Relatives informed us that their family members felt safe and comfortable with staff and comfortable. Staff understood about different types of abuse that people were at risk from and knew how to report any concerns about people's safety and welfare. The provider's policies and procedures for safeguarding clearly stated that need to inform the local safeguarding team about any concerns.

Staff told us they always asked people for their consent before they provided care and support. They understood about the need to support people to make daily choices about how they wished to receive their care and how to uphold people's legal rights in line with the Mental Capacity Act 2005 (MCA).

People's needs were assessed before they used the service and individual care plans were developed to reflect people's health and social care needs, wishes, preferences, and any cultural and/or spiritual needs. Care plans were regularly reviewed and updated as required. Risk assessments were developed to identify and mitigate risks when delivering care and support. Separate risk assessments were in place to address any environmental risks. Safe systems were operated to manage people's prescribed medicines, where this support was needed.

Relatives stated that there were sufficient staff employed to ensure their family members received a consistent and reliable service. Thorough recruitment practices were used to make sure that newly appointed staff were suitably experienced to work for the service. Staff received training and supervision to carry out their roles, and reported that they were happy with the quality of training and managerial support that they received.

We received positive comments from relatives and external health care professionals in regards to how the agency supported people to meet their health care needs. Staff demonstrated an understanding of how to assist people with their eating and drinking, and they understood the provider's required protocols to support people who were at risk of poor nutrition and/or hydration.

Staff were described as being outstandingly compassionate, considerate and kind. Staff understood how to protect people's dignity and privacy, and we received exceptionally complimentary comments from relatives and external health care professionals about how people were cared for at the final stage of their lives.

Relatives and staff reported that the registered manager frequently visited people's homes to check that they were being supported in accordance with their needs and wishes, as identified in their individual care plans. Following our observation during this inspection that visit reports were not in place, the registered manager had commenced the agency's new system for recording what occurred on these visits.

Effective practices were employed to inform people and their relatives about how to make a complaint, and the complaints we looked at had been fully and sensitively investigated.

The service was well managed by the registered manager and the manager. Positive views about the service were expressed by relatives and health care professionals. Regular audits were carried out that focussed on a wide range of topics. The provider kept up to date with relevant professional issues and had implemented systems to keep staff informed.

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 was safe.

Staff had received safeguarding training. They knew how to detect signs of abuse and how to protect people.

Risks to people's safety were identified and plans were in place to mitigate these risks.

There was sufficient staff deployed to meet people's needs. Rigorous methods were used to ensure safe staff recruitment.

Safe practices were in place to support people with their prescribed medicines.

Is the service effective?

Good

The service was effective.

Staff understood the importance of seeking people's consent before they provided care and were aware of the requirements of the Mental Capacity Act 2005 (MCA).

There was a programme of training, supervision and support in place to enable staff to effectively carry out their duties.

People's eating and drinking needs were identified and staff supported people to enjoy healthy meals that met their requirements and preferences.

Suitable systems were in place to support people to meet their health care needs.

Is the service caring?

Good

The service was caring.

People received their care and support from kind and compassionate staff.

Staff supported people in a respectful manner that promoted their dignity and self-esteem.

People were consulted about their interests and wishes as part of the care planning process.

People received a very high standard of care during the final stages of their lives.

Is the service responsive?

Good

The service was responsive.

The provider ensured that people's needs were properly assessed before they received care .

Feedback from relatives showed that staff responded well to people's individual needs.

The provider established a system for recording their observations during home visits during this inspection.

People and relatives were advised about how to make a complaint, and complaints were investigated in a transparent manner.

Is the service well-led?

Good

The service was well-led.

People who had used the service, relatives and health care professionals spoke positively about the quality of leadership at the service.

People and their relatives were asked for their views about the quality of the service and their opinions were taken seriously.

The management team kept up to date with relevant changes in the domiciliary care field and supported to staff to update their knowledge.

The provider carried out audits to monitor and improve on the quality of the service.

Cavendish (Homecare) Professionals Ltd

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 announced inspection of Cavendish (Homecare) Professionals Ltd was undertaken on 25 May and 8 June 2017 and was carried out by one adult social care inspector. We advised the registered manager and the manager of our intention to carry out the inspection 48 hours before our arrival at the service. This short notice was given because the registered manager and other senior staff are sometimes out of the office visiting people who use the service and supporting staff, and we needed to make sure that someone would be in.

Prior to the inspection visit we checked a range of information we held about the service, which included the previous inspection report. We looked at any notifications sent to us by the registered manager about significant incidents and events that had occurred at the service, which the provider is required to send to us by law.

During our inspection we spoke with the administrator, the registered manager and the manager. We checked a wide selection of documents, which included three care plans, four staff recruitment files, policies and procedures, audits, complaints and compliments, medicine administration charts and records in relation to staff training, supervision and support. Following our visit to the service, we spoke by telephone with the relatives of three people who use the service and the relative of a person who had recently used the service. We contacted external health and social care professionals with knowledge and experience about the quality of the service and received two responses.

Good

Is the service safe?

Our findings

Relatives of people using the service informed us that their family members received safe care. Comments included, "Yes, I can go out and do what I need to do knowing that [my family member] is very safe at home. This service is an absolute Godsend, I know [he/she] is being well cared for when I'm not there" and "The staff gave confidence and independence back to [my family member] as [he/she] was at risk of falls and could not manage on their own. Thanks to the wonderful and nurturing care, [he/she] now needs less intensive support."

The provider had systems in place to protect people from the risk of harm and abuse, which included written guidance for staff about how to report any concerns about people's safety and wellbeing to the management team. The manager was the safeguarding lead and was responsible for ensuring that safeguarding was central to the training and practice within the organisation. The provider's safeguarding policy and procedure had been developed in line with published local multi-agency procedures and contained information about how to notify relevant local authority safeguarding teams about any concerns. Staff were provided with safeguarding training and were familiar with how to identify different types of abuse. The nursing and care staff we spoke with told us they had extensive professional experience within a range of health and social care settings, and they demonstrated a clear understanding in regards to their responsibilities for protecting people. This included an awareness of the provider's whistleblowing policy, which included details about how to raise concerns internally and how to contact external organisations if required. (Whistleblowing is when a worker reports suspected wrongdoing at work).

People's safety was promoted through the use of specific assessments to identify and address individual and environmental risks to their safety, wellbeing and health. The individual risk assessments were in place to guide staff to protect people from a range of risks that included falls and pressure ulcers. The environmental risk assessments were conducted in order to determine whether there were any hazards within people's homes, for example loose rugs or uneven surfaces that could result in a trip, or unnecessary household items that could get in the way if people were following a gentle exercise programme as part of their rehabilitation. The provider made their own checks on equipment such as hoists and wheelchairs, to ensure the equipment was maintained in accordance with the manufacturer's guidance.

Relatives told us they particularly liked how the provider ensured consistency with staffing arrangements for their family members, so that people could develop positive and trusting relationships with the registered nurses and/or care workers assigned to them. One relative told us, "Yes there is always stability, [my family member] would find it difficult to adjust to different carers in [his/her] home and would find it all too confusing. This way we get to know the carers and [my family member] is happy to be with them, so am I." A member of staff told us they had been providing care for one person for a considerable time and worked the same shift pattern each week, which enabled them to plan ahead with the person and their relatives to organise meaningful activities such as visiting art galleries, having lunch at a favourite restaurant and entertaining friends at home. Relatives did not have any concerns with the punctuality and reliability of staff. They told us that on the rare occasions a nurse or care worker could not turn up due to ill health or other extenuating circumstances, a member of the office staff telephoned to explain and provide details in regards

to their replacement nurse or care worker.

Relatives and staff said they were able to contact the registered manager at any time of the day or night if they needed advice and support. Relatives described this as being an important aspect of the service, as they felt reassured by the constant availability of the managerial team. One relative told us, "I called [registered manager] when [my family member] was in hospital and desperately wanted to come home for his/her final days. [Registered manager] was able to act quickly and put together the care needed to make our wishes possible, which has meant so much to me." A health care professional told us that on one occasion the registered manager was able to set up a care package within an hour of receiving the request. The registered manager was supported by a manager and an administrator. Both the registered manager and manager had nursing backgrounds and were able to provide guidance for staff to meet people's day to day nursing care and personal care needs, including advice on when to seek the input of other professionals such as GPs and district nurses.

The provider demonstrated that staff recruitment was undertaken in a robust manner in order to ensure that people were supported by staff with appropriate knowledge and experience to safely carry out their roles and responsibilities. The staff files we looked at contained evidence to show that a range of checks were conducted before staff were permitted to commence employment. These checks included two written references, proof of identity and proof of eligibility to work in the UK. Disclosure and Barring checks were in place. (The DBS provides criminal records checks and barring functions to assist employers to make safer recruitment decisions). Staff were required to register for the DBS update service, which gives employers permission to check if anything has changed on an employee's DBS certificate.

Where applicable, the provider kept up to date records for practising nurses to show that they had current registration with the Nursing and Midwifery Council (NMC). The manager informed us that they had recently revalidated with the NMC and was able to advise staff about the necessary procedures. (Revalidation is the new process that all nurses and midwives need to undertake every three years to remain fit to practice).

Records were securely stored in the provider's office. The manager told us that following a recent cyber-attack that affected the IT systems for other organisations, they took specialist advice and implemented guidelines to mitigate the effects of the attack. This enabled the agency to continue operating without any disruption for people who use the service.

Systems were in place to support people to safely take their medicines. The provider's medicines policy acknowledged that some people wished to continue to independently take their medicines for as long as they were able to, and this was encouraged and supported where possible. One relative told us they provided this support to their family member, as this was the routine their family member preferred. Records showed that staff had received medicines training and their competency was assessed. The registered manager told us they checked that people were receiving their medicine support in line with their care plans and medicine administration record (MAR) charts when she carried out visits to people's homes. Completed MAR charts were returned to the office so that the registered manager and general manager could audit these documents to ensure people were safely supported. We noted that there were gaps on one person's MAR chart for one day in March 2017 and no recorded explanation as to why the medicines not signed for. The manager followed up this finding with the appropriate member of staff and informed us that this error was due to an oversight.

Good

Is the service effective?

Our findings

Relatives told us that staff understood how to meet people's needs and provided effective care and support. Comments included, "I am delighted with how they care for [my family member]" and "The care is excellent, we have no complaints and we see that [family member] is happy, all the staff have been marvellous and skilled in their approach."

Records showed that staff had received appropriate training to enable them to competently meet people's needs. Staff told us that the provider emphasised the importance of attending training and the need to ensure their training profile was up to date, as otherwise they would not be offered any work. The members of staff we spoke with confirmed that they had attended induction training when they joined the organisation, followed by opportunities to 'shadow' experienced staff to gain a better understanding of their roles and responsibilities. Training records showed that staff were provided with mandatory training that included safeguarding, moving and positioning people, basic life support, food hygiene, managing medicines, and health and safety. The provider's training plan showed that staff were due to attend dementia training this year, although the date had not been confirmed at the time of the inspection.

The manager informed us that the Care Certificate was incorporated into the provider's induction process and any newly appointed inexperienced care workers were required to attend a training day with an external training organisation, which covered the knowledge element of the Care Certificate. (The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life). We were told that none of the staff employed by the provider had undertaken the Care Certificate, as they all had substantial experience working within the health and social care sector. The manager informed us that staff had additionally demonstrated their knowledge through satisfactorily completing a self-assessment tool designed to determine if they would benefit from this training.

Records showed that staff received one to one supervision from their line manager, which they found useful for improving their practice. We noted that some staff had attended individual supervision at least once every three months and other staff had a lower frequency of supervision. The manager explained that this was due to the flexible way that some staff worked for the organisation, for example some staff chose to take extended breaks and at other times the provider did not have sufficient work to offer. Appraisals were carried out to enable nurses and care workers to evaluate their own performances, identify training needs and receive managerial feedback.

Discussions with relatives indicated that staff always asked their family members for their consent before they provided personal care. One relative described staff as having a gentle and respectful approach at all times and responded calmly and kindly if their family member was resistant to the support being offered. Staff told us that they encouraged people as much as possible to make their own decisions in regards to their daily care and preferred routines. 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 it for themselves. The Act requires that as far as possible people make their own decisions and are supported to do so when needed. When people 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. When people live in their own homes, the application procedures to restrict a person's liberty are made to the Court of Protection.

We found that staff presented a satisfactory level of understanding about the MCA, in order to ensure that people's human and legal rights were appropriately protected. Minutes for management meetings evidenced that the registered manager and the manager updated their knowledge in regards to areas including Power of Attorney, Living Wills and Advance Directives, so that they had an accurate comprehension of these issues in order to respond to queries or concerns from people, relatives and staff. The registered manager was aware of the need to request copies of documents such as a Lasting Power of Attorney for Health and Welfare and/or Property and Financial Affairs, to make sure that they liaised with people's appointed representatives.

Systems were in place to support people to meet their nutrition and hydration needs, and relatives stated they were pleased with how staff helped their family members to enjoy a satisfying diet. People's needs were assessed and their care plans documented any specific dietary requirements in regards to their individual preferences, health care needs, cultural requirements and/or if they experienced swallowing difficulties. The registered manager told us that she sought consent from people, or their relatives if applicable, to liaise with relevant health care professionals so that people's care plans contained individual guidance about how to effectively and safely support them with eating and drinking. The care plans we looked at did not identify that people needed close monitoring of their food intake and/or their weight; however, the provider's nutrition and hydration policy evidenced that people could be supported with a range of needs and special diets. A member of staff told us about how they assisted a person to receive a healthy and balanced diet in line with the person's own wishes to receive freshly prepared meals every day. The staff we spoke with understood about supporting people to eat foods prepared at specific consistencies, for example we were told that one person needed soft and mashable food.

People's care plans showed that information about their health care needs had been gathered to ensure that staff followed appropriate guidance and provided people with the care and support they needed. One relative expressed how professional staff were in terms of their knowledge and ability to meet their family member's needs following a period of ill health and hospitalisation. They stated that the skilled intervention of staff had supported their family member to make a positive recovery and they now needed a smaller care package. The relative was a practising health care professional and had recommended Cavendish (Homecare) Professionals to their own patients. We received comments from an NHS health care professional who regularly observed how care staff supported one of their patients. Staff were described as being "always cooperative and helpful, they look after [person who uses service] very well, [person] always looks very presentable and cared for, they keep us informed of any changes and reliably follow any instructions we give."

A second health care professional informed us that they had referred people to the agency for over five years as they valued the service's competence and expertise. They cited an example of how staff had supported a person with complicated needs and hospital acquired pressure ulcers; the pressure ulcers healed in a short time due to the high standard of nursing care. The provider was described as being able to competently meet a wide range of complex needs including people receiving end of life care, people with catheters and/or stoma care, and people living with dementia.

Good

Is the service caring?

Our findings

Relatives remarked to us that they were very pleased with the way that staff interacted with their family members. These comments included, ""They are all lovely people" and [My family member] enjoys their company, they are very caring and understand [him/her]." We looked at the comments the provider had received as part of its quality assurance feedback. Comments included, "The girls are marvellous. Each one of them are terribly helpful", "[Staff member] has been great and very good with [him/her]. Sending appreciation to all at Cavendish", "[Staff member] is the sweetest, most professional, efficient nurse. I would recommend them to anyone" and "Thank you, it has been so reassuring to have your kindness and efficiency." The provider's most recent quality assurance questionnaire showed that 100% of people who completed the form thought their nurse and/or care worker was respectful and caring.

We noted that the provider had received several highly positive comments about the compassionate and thoughtful care provided to people at the end of their lives. These comments included, "Many thanks for your kind thoughts. We would like to say how marvellous were [four staff members]. They were exemplary in the way they looked after [family member] and indeed me. Very kind, efficient, professional and pleasant to have in the house. They lightened the burden for us", "Thank you for your support during this difficult time and thank you for the wonderfully compassionate and dedicated people who provided support to my [family member, "[Staff member] who looked after [family member] until [he/she died], was first class" and "In short your carers and nurses made [family member] at ease and comfortable towards the end. There are no words. I will always be grateful."

A health care professional told us they referred people to the service who wished to receive end of life care in their own homes. They described the skilled and compassionate approach demonstrated by the service, "A dying patient returning home with fear in their eyes is transformed in a week to serenity, pain free, respected in their individual wishes, finally feeling safe." They informed us that this empathy and understanding continued after the person using the service had passed away, "When a person dies, the family often hear from [registered manager] for months with supportive kindness." The health care professional had also referred people to the agency who were in hospital for the final stage of their lives so that they could receive additional care within the hospital setting, "On occasion I have insisted that a dying patient in hospital is attended by one of [registered manager's] nurses, to provide compassionate support…and particularly the care of the family at the point of death." This showed that staff had adaptable skills to work within different environments while maintaining a strong ethos and commitment in regards to supporting people and their relatives at emotionally challenging and difficult times.

Relatives confirmed that their family members were treated with dignity and respect at all times. Staff told us they were familiar with the provider's 'dignity and privacy in care' policy and described the actions they took to ensure people's privacy was always maintained. For example, staff said they made sure doors were shut, curtains and blinds pulled and sufficient towels used so that people felt comfortable, secure and protected when they received personal care.

Relatives and staff told us that they provider had systems in place to ensure that people were able to

develop positive relationships with staff. The assessment process provided the registered manager with an opportunity to find out people's life history, wishes and interests so that they could be matched with staff that they were compatible with. We noted in the care plans that where applicable information was sought about people's cultural and spiritual needs, which was used along with other information to develop individual care plans. Our discussions with staff showed that they knew people well, for example a nurse told us that a person they looked after had a particular interest in dining out and they enjoyed well-presented food at home, as they had worked within the hospitality sector. The agency also enabled people to foster good relationships with their nurses and care workers as people received their care from a small and consistent staff team. A health and social professional commented that the agency was able to provide, "the same team of day and night staff so the patient is familiar with the individuals, and does not feel de-personalised."

The registered manager told us that the agency was working towards further developing its links with multi-disciplinary teams of health care workers, for example district nurses, GPs, hospices and palliative care charities, in order to provide people with a service that can meet a wider range of their health care needs.

Good

Is the service responsive?

Our findings

Relatives confirmed that the provider conducted a thorough assessment of their family member's needs prior to commencing a service. One relative told us, "We met with [registered manager] and discussed what type of care [family member] needed. This has been reviewed since we started using Cavendish, as [family member's] needs have changed." During the inspection we looked at feedback received from people who use the service and their relatives about how the provider assessed their needs and implemented a care package. One relative wrote, " We recently turned to Cavendish to help in the immediate post-operative period. From booking onwards, the team were most helpful, keen to ensure we would have exactly what was needed. The nurse who attended was flexible and willing, adapting her stay to ensure we didn't have excess cover." A health care professional wrote, "I have used the services of [registered manager] for many years for my patients. She has always been available for advice, even when on holiday. Her ability to assess a situation and get a team up and running is efficient and always reliable." Another health care professional told us, "[The registered manager] assesses the situation quickly and her judgement has never been wrong in terms of the initial care package. As circumstances change there may be changing input, but this is assessed sensitively every day. In families with conflict and tension she supplies staff who are calm and comforting, and never judgemental."

People's care plans were kept under review and updated when necessary. Comments from relatives demonstrated that the service was flexible and responsive to people's changing needs. The agency provided short-term and long-term care, for example some people used the service following an operation or discharge from hospital for other medical reasons. One person wrote, "[The registered manager] treated me very well and so I would like that I deal with her again" and a relative wrote, "Thank you also for all the work you put into this situation. We will keep in touch and will get back to you when the need arises." The agency demonstrated that it endeavoured to meet people's needs in a range of challenging circumstances, for example one relative wrote in their feedback to the provider, "[He/she] is the first of six different nurses who [family member] has accepted, so well done to [him/her]. Whatever [he/she] is doing is working, being very polite, nice kind and pleasant to [family member]."

The registered manager regularly visited people to check that they were receiving their care and support in line with the specifications in their care plan. Relatives told us they particularly liked this practice as they felt reassured that the provider was closely monitoring the quality of care for their family member. Staff told us that these visits were sometimes unannounced and the registered manager checked how they provided care, completed daily records and filled in medicine administration record (MAR) charts if applicable. We were given a list of the visits undertaken by the registered manager since January 2017, which showed that people received a home visit at least once a month. The registered manager explained that the frequency of visits could be higher if people had complex needs. However, we noted that the registered manager did not produce a written report of each visit to evidence which documents they looked at, feedback from people and their relatives and any discussions with staff about the quality of care and support being provided. This meant that the provider could not demonstrate how they carried out observations and implemented improvements where required. We discussed this finding with the registered manager and the manager on the first day of the inspection. On the second and final day of our inspection visit, the registered manager

showed us a monitoring visit template that had been developed and subsequently used for one monitoring visit.

There were other systems in place to find out people's views, and the views of the relatives, about the quality of the service. The registered manager told us she spoke regularly with people and their relatives by telephone and sought their views via the annual quality assurance questionnaire. The most recent questionnaire for 2016 showed that 100% of respondents thought that the provider was responsive to any changes in their needs. 59% of respondents stated that they had never made a complaint and 33% of the remaining 41% that had made a complaint were happy with how it was dealt with.

The relatives we spoke with told us they did not have any concerns about the service and had never had any grounds to make a complaint to the provider. Relatives expressed that they had confidence in the registered manager's integrity and believed that she would investigate any complaints in a fair and open way. We noted that the complaints policy and procedure provided people and relatives with information about how to escalate their complaint if they were not satisfied with the provider's response. The contact details for the Care Quality Commission (CQC) were included so that people could inform us about their experiences of using the service. We checked the provider's complaints file and found that all complaints were addressed in a transparent and supportive manner.

Good

Is the service well-led?

Our findings

The service was managed by a registered manager, who was the proprietor of the service and a registered nurse. The registered manager told us that she had over thirty years' experience running nursing agencies. The registered manager was assisted by the manager, who was also a registered nurse and had over twenty years' experience running nursing agencies. Minutes showed that the management team held regular meetings to discuss how the service was meeting its aims and objectives, and how to develop the service. Relatives told us the service was well managed and they liked the accessible approach of the registered manager. We looked at some comments that the provider had received from people in regards to how the service was operated, "The office staff are always helpful, ditto my carer", "[Registered manager], your ladies have been amazing and have made the world of difference to us and [my family member]. You have an incredible talent for finding special people", "Charges at the weekend and Bank Holidays were exorbitant" and "Cavendish Professionals is very organised, but kind."

One health care professional told us, "[The registered manager] is completely clear in the financial aspects of her services, but will not be pushed to undermine safety to standards to protect cost, but is realistic and sensitive about the least possible that is needed in families already in trouble because of the cost of the illness. I think [the registered manager] leads a team who define the best that domiciliary nursing can be."

The provider demonstrated that different methods were used to audit and monitor the quality of the service. We were shown the results of the annual staff survey, which was completed in January 2017. Staff reported that they felt valued by the provider and felt supported by the office staff and the managers. Comments included, "Very happy with Cavendish agency", "I'm very happy working with [agency] and enjoy feeling I am part of the Cavendish family. I would ideally like more work" and "I am very happy with my working conditions." The registered manager and manager told us they were looking at ways to enable staff to develop their knowledge and expertise, for example staff were supported to attend a dementia care conference. The provider had carried out a training evaluation audit in 2016 which received positive results and comments from nursing and care staff, "This training day was excellent, very informative and well run. I can use the information as part of revalidation" and "I think the training was good…also the trainer who delivered the lecture was excellent in terms of teaching."

An audit for assessing compliance with the fundamental standard of 'Safe' was conducted in 2016 and the manager had reviewed all the policies and procedures since joining the organisation in 2015. Systems were in place to analyse accidents and incidents, in order to identify any trends. The provider's aim was to compare its statistics with local and national levels to benchmark its performance in comparison to similar services. We also noted that the provider used a recognised tool for auditing the quality of its staff recruitment.

Information was shared with staff in order to improve their knowledge and practice. We were shown a copy of the provider's newsletter, which contained useful updates about the provider's policies and procedures, as well as guidance about dementia care and a quiz for staff to check their understanding of this disease. The manager informed us that the service was a member of the United Kingdom Home Care Association

(UKHCA), which enabled the management and staff team to keep up with relevant issues related to the delivery of care within the domiciliary sector. For example, the management team emailed nursing staff to inform them about information within the National Nursing Framework that was pertinent to social care.

The registered manager understood how to report any notifiable events to the Care Quality Commission (CQC), in accordance with legislation. The manager had developed an information pack for staff to advise them about the role of the CQC and how to prepare for an inspection, which demonstrated that the provider had considered its relationships with external bodies