

Cavendish Homecare Ltd

# Cavendish Homecare Ltd

## Inspection report

7a Lintonville Terrace  
Ashington  
NE63 9UN

Tel: 01670708660

Date of inspection visit:

02 August 2021

03 August 2021

05 August 2021

09 August 2021

Date of publication:

02 September 2021

## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Requires Improvement** 

Is the service caring?

**Good** 

Is the service responsive?

**Requires Improvement** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

### About the service

Cavendish Homecare Ltd is a domiciliary homecare service based in Ashington, Northumberland, supporting people in their own homes. The service provides help and personal care to both older and younger adults, including people who are living with a physical disability or mental health condition. At the time of the inspection the service supported 38 people.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

### People's experience of using this service and what we found

People were not always supported by staff who had been subject to a safe recruitment process. Where staff had received specialist training there was no evidence their competency to deliver this specialist care had been assessed. Robust quality monitoring processes were not always in place and had not identified the failings found at this inspection.

People were supported by a designated group of care staff, who knew their needs, although some people told us there could be some changes, they were not always aware of. Risks related to care delivery were assessed and staff understood the actions they needed to take to minimise risks. People were supported with their medicines safely and staff followed appropriate infection control practices when in people's homes.

People's individual needs were understood, and their choices reflected in care plans and care delivery. Staff training had improved, with the exception of specialist care procedures. Observations of staff competency for moving and handling and medicines were undertaken, although records were often limited in detail.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People received good quality and caring support from staff. Comments included: "They are all lovely; very respectful" and "They put my hair in. They do anything I ask them." Staff told us they enjoyed supporting people. One staff member told us, "What I really enjoy about my job is putting a smile on people's faces."

People's care plans had improved and contained more personalised information. The response to formal complaints was appropriate, although concerns expressed to the main office were said to not always meet with an appropriate response.

People were asked their opinion about the care they received and were involved in reviews of care. Staff said

they were well supported by the registered manager.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was requires improvement (published 2 February 2021) and there were multiple breaches of regulations. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection not enough improvement had been made in some areas and the provider was still in breach of regulations.

The last rating for this service was requires improvement (published 2 February 2021). The service remains rated requires improvement. This service has been rated requires improvement for the last two consecutive inspections.

#### Why we inspected

We carried out an announced comprehensive inspection of this service on 6 January 2021. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve; Safe care and treatment, Staffing, Fit and proper persons employed and Good governance.

We undertook this inspection to check they had followed their action plan and to confirm they now met legal requirements. This report covers our findings in relation to the Key Questions: Safe, Effective, Caring, Responsive and Well-led which contain those requirements.

Whilst we have noted improvements in some areas we have found evidence the provider needs to make further improvements in others. Please see the Safe, Effective and Well led sections of this full report. You can see what action we have asked the provider to take at the end of this full report. The provider has taken immediate action to minimise the risk to people who use the service and address the concerns found at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Cavendish Homecare Ltd on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to the safe recruitment of staff, ensuring staff have appropriate training and robust oversight of the quality of care provided by the service.

Please see the action we have told the provider to take at the end of this report.

#### Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning

information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.  
Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.  
Details are in our effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was caring.  
Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was not always responsive.  
Details are in our responsive findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.  
Details are in our well-Led findings below.

**Requires Improvement** ●

# Cavendish Homecare Ltd

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was undertaken by one inspector and an 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.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure the provider or registered manager would be in the office to support the inspection. Inspection activity started on 2 August 2021 and ended on 11 August 2021. We visited the office location on 2 August 2021 and 9 August 2021.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we

inspected the service and made the judgements in this report.

#### During the inspection

We spoke with six people who used the service and four relatives about their experience of the care provided. We spoke with six members of staff including the provider/ registered manager, deputy manager and four care workers. Prior to the inspection we spoke with a local authority commissioning manager. Following the inspection, we spoke with an external training provider.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at five staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.



# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Staffing and recruitment

At our last inspection the provider had failed to have in place robust system for the recruitment of staff. This was a breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 19.

- Staff were sometimes deployed to work with people in their own homes before full Disclosure and Barring Service (DBS) checks had been returned.
- Where staff members had highlighted they had a minor historical conviction, no risk assessments had been undertaken to review whether these posed any risk to people who used the service.
- We found despite these omissions in safe practice no direct harm had come to anyone using the service.

Failure to have safe and comprehensive checking processes placed people at potential risk of harm. This was a breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our previous inspection we found a breach of regulation 18 (staffing) because effective deployment of staff was not taking place. At this inspection we found the provider had made enough improvements to no longer be in breach of this regulation in relation to deployment of staff.

- People told us they had familiar staff, although there were times when this could change. One person told us, "Its normally about half a dozen that come, that's not guaranteed, there has been a lot of sickness. I had a letter from Cavendish saying sorry about the difficulties. I thought that was very nice." Another person told us, "No, I don't know who is coming. We have a couple of males; one's gone. Sometimes you get office staff. They leave. They don't stay very long."
- The registered manager told us they had recently established a new patch system of staffing to reduce the numbers of staff visiting each person. One person told us, "They have started with this trial, so far I'm happy; this is only the second week. They stay the right amount of time, this week they came at the right time."
- People said staff sometimes could be late. Staff told us insufficient travelling time was allowed between appointments. We reviewed schedules for the service. Most staff arrived within five minutes of the scheduled start time, although some appointments were noted to be 20 or 30 minutes late. We spoke with the registered manager about ensuring travel time was included in all future staffing rotas.



- People told us there had never been any missed calls.
- Staff told us the staffing was depleted due to illness and the current situation. Staff worked additional shifts to cover and senior staff within the organisation could be called on to cover.

### Assessing risk, safety monitoring and management

At our previous inspection we found a breach of regulation 12 (Safe care and treatment) because risk assessments were not individual, and staff were not deployed appropriately. At this inspection we found the provider had made enough improvements to no longer be in breach of this regulation.

- Risk assessments were in place in relation to care delivery.
- Care plans contained information to support staff to minimise risk when supporting people. Some risk assessments were more detailed than others. We spoke with the registered manager about maintaining the quality of assessments.
- Staff received face to face training on moving and handling and the use of hoisting equipment. Observations of care practice were carried out by experienced staff member to ensure safe practice was maintained.
- Contingency plans were in place for both the effects of the Covid-19 pandemic and in the event of unforeseen circumstances, such as bad weather. The registered manager agreed these needed to be further updated.

### Using medicines safely

At our previous inspection we found a breach of regulation 12 (Safe care and treatments) and regulation 17 (Good governance) because safe practices around medicines were not in place. At this inspection we found the provider had made enough improvements to no longer be in breach of this regulation.

- Medicines were supported in a safe and effective manner.
- The service used an electronic recording system for staff to complete when supporting people with medicines. Where the system detected medicines may not have been given, an alert was made to the registered manager, who investigated the reason.
- Staff told us they had received training on medicine management and records showed observations of staff had taken place to ensure they dealt with them safely.
- Where people had variable doses of medicines or 'as required' medicines staff did not always record the amount given or the specific time the medicines was given. The registered manager took steps to ensure medicine records were additionally completed when this was the case.

### Systems and processes to safeguard people from the risk of abuse

- Appropriate safeguarding processes were in place.
- Any potential safeguarding issues had been reported by staff and appropriate action taken. Where necessary referrals had been made to the local safeguarding adults team.

### Preventing and controlling infection

- Processes to maintain good infection control were in place.
- Staff wore PPE when supporting people with care and were able to describe how they used protective equipment to keep people safe.
- People and relatives confirmed staff followed safe infection control practices. One person told us, "They put their aprons on and gloves. Whatever they do they change their gloves. They wear masks."
- The service had a good stock of PPE for staff to use and staff members visited the office during the

inspection to collect fresh supplies.

Learning lessons when things go wrong

- The registered spoke about the action they had taken since the previous inspection.
- There was evidence that when accidents occurred action had been taken, and changes made, to limit the possibility of similar events occurring.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as requires improvement. At this inspection this key question remained the same. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

At our last inspection the provider had failed to have in place robust training and monitoring systems. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 18.

- Not all training was fully implemented, and staff were not assessed to ensure they were competent following specialist training.
- Staff had received additional training supporting people with a specialist feeding system. A trainer told us this training lasted approximately 30 minutes. A senior carer, who was said to have assessed staff competency, had no additional training. There were no records demonstrating staff had been observed carrying out the procedure effectively. One relative told us, "There's a few who know the basics, but not a lot more. If they (person) say they have a bit of discomfort (maybe put their hand over their stomach), they haven't a clue."
- All staff had received initial training as part of their induction. Further on-line training was provided. The registered manager said they regularly monitored staff progress. However, the system had recorded one staff member as having commenced training whilst they had yet to complete any of the training module.

The failure to ensure staff receive appropriately support and supervision is a breach of regulation 18 (staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed as part of a pre-admission procedure.
- The quality of information recorded varied, although there was evidence people had been asked about their preferences.
- Care records indicated staff supported people in line with their choices. One person told us about staff who supported them, "They are all female carers; they did ask me at the beginning."

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported with their dietary needs, if required.

- There was evidence in care records to indicate staff ensured people had access to adequate food and fluids.
- One person's care file required updating as it still showed previously given professional advice on the type of diet they should be having. The manager contacted the Speech and Language Service to ensure they had the most up to date information.
- People said they were supported with meals and staff always asked what they would like.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- There was evidence in people's care records to show the service worked closely with other professionals to deliver timely care.
- People and relatives told us staff contacted GPs and other staff, as appropriate. One person told us, "I've been poorly in the past and they've got the ambulance for us. They are very conscientious like that."

Ensuring consent to care and treatment in line with law and guidance

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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- The registered manager told us there was no one using the service who had any restrictions imposed by the Court of Protection.
- The registered manager was not aware of any relative who held Lasting Power of Attorney. They stated they would revise the initial assessment process to ensure the question was asked and a record kept for reference.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were treated with respect and their individual needs supported.
- Care plans contained information about personal choices and preferences.
- People told us staff were kind, caring and polite. Relatives told us, "Some can't do enough for them. One sits and talks to them"; "Each have an understanding of (relative). How to approach them, especially in the morning. How they relate to them" and "You can see the empathy. Each have identifiable ways of interacting with (relative). It's comforting for me."

Supporting people to express their views and be involved in making decisions about their care

- People were supported to express their views about the care they received. One person told us, "I requested an early time in this new regime. So far it is working."
- People said they had been consulted about their care. They told us, "I think I must have been. I got word exactly what they were going to do. I had a yearly revision three weeks ago" and "Yes, (they ask you) things like, 'are you happy with this? Would you like that?'"

Respecting and promoting people's privacy, dignity and independence

- People's dignity and privacy were respected.
- Staff described how they supported people to maintain their dignity during care and support. One staff member told us, "I like helping people to stay in their own homes and promote their independence, rather than them going into a home and losing that independence."
- People and relatives told us staff ensured people's privacy and dignity at all time. Comments included, "They close the blinds and they use a towel across their lap for decency" and "Very much. They cover us up with a towel before they take my underpants off. They keep me covered. They never say anything."

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

At our previous inspection we found a breach of regulation 17 (Good governance) because care records were not always completed or did not contain personalised information. At this inspection we found the provider had made enough improvements to no longer be in breach of this regulation.

- Support plans had improved and contained increased amounts of personal details and preference information.
- Care plans gave staff enough information to deliver care, although quality remained variable and some still lacked explicit detail of the action staff were to take.
- Staff had a good understanding of people's care needs and were able to describe the support required.
- Where necessary plans had been revised and updated to reflect changes in care.
- People told us the service was flexible in supporting them. They told us, "Today I had to ring up for nobody to come on the night-time call as my daughter is coming and making my tea. They were fine. They are wonderful; they are very caring" and "The girls from the office are good. I mention something and they respond."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Care records contained information relating to people's communication needs.
- People were able to contact the service if they needed additional information or assistance. One person told us, "Normally they are very good. I get through to (Name), they are the boss. They are very good and very thorough."
- Some people said access to an app was needed to check staff rotas and who was coming to appointments. We spoke with the registered manager to ensure people who did not have good access to technology were able to receive paper copies of rotas.
- Some people said the introduction of new staff could be improved. One person told us, "They are very bad at introducing. They have got into the habit of walking in and I don't know they are in the house."

Improving care quality in response to complaints or concerns

- The provider had in place a complaints policy.

- Formal complaints were recorded, and, as appropriate, an investigation undertaken. People received a response or apology either in person or through a letter.
- People said they had not made any formal complaints recently. Previous complaints had been dealt with satisfactorily.
- Some people told us the response from office staff when they rang about concerns or issues could be better. One person told us, "I think they are very careless. You don't know the person you are speaking to. They say, "We'll look into that." You never get a reply."

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to maintain contact with family members.
- Care records contained information about family contacts and evidence regular contact was supported.

End of life care and support

- No one was receiving specific end of life care at the time of the inspection.
- The registered manager told us all staff were in the process of completing a 12-week specific end of life training programme.

# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At our last inspection the provider had failed to have in place robust system to monitor and improve safety and quality. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

- Quality assurance systems and governance arrangements were not robust and did not drive improvements. Processes had failed to identify and rectify deficits found at this inspection.
- Appropriate systems to ensure safe staff recruitment were not in place and risks related to staff recruited were not effectively managed.
- Effective processes to ensure staff were competent to carry out specialist procedures were not robust. There were no records showing observation of staff had taken place.
- Observed practice records were often limited in content and it was not always clear identified actions had been followed up and changes made.
- Daily care records were of variable quality and sometimes contained minimal information.
- People had mixed views on how well the service was run. One person told us, "I think it is very professional." Another person told us, "I think it could be better managed in respect of getting carers in time."

There was a failure to establish and effectively operate systems to ensure compliance and improve the quality of the service. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager spoke about the need to consolidate the service, the effects the Covid-19 pandemic had on recruiting and retaining staff and the personal demands of running such a service, they were disappointed at the issues identified and felt a considerable amount of improvement had been made since the previous inspection.
- Local commissioners told us the registered manager was trying to improve the service and bring about



changes.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager said she promoted the culture of the organisation by listening to people and staff and responding to them, making sure their needs were met.
- The service strove to deliver person centred care.
- People said they received a good care from staff. Comments included, "They give a good level of care"; "They're pretty good with everything they do. They're the best in the area. The girls are nice" and "I think the friendliness of the girls, it goes a long way. The willingness of the girls; nothing is a problem."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider understood their legal requirements under the duty of candour legislation.
- There had been no incidents that required the provider to discharge this duty.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Systems were in place to solicit the views and opinions of people and staff.
- Surveys had been recently undertaken with people who used the service and staff. The response to these questionnaires for both groups was broadly positive about the service and the support received from the management.
- People said they were contacted to ensure they were happy with the service, although feedback from the process could be improved. Comments included, "I don't know. The team leader calls in and checks up what they are doing. I never get anything back" and "Yes, (Registered Manager) and (Deputy Manager) came to the house and talked it through with us."
- Staff said they were well supported by the registered manager. One staff member told us, "I get good support from (Registered Manager). There is always someone for advice. This morning I was doing on-call for the first time and rang them for advice, and they were spot on and really supportive."

Working in partnership with others

- There was evidence in care records the service worked in partnership with a range of other agencies.
- One Relative told us, "The catheter bag has a limited life. They were concerned about how long they had been with the bag. The district nurses were called out by them."

This section is primarily information for the provider

## Action we have told the provider to take

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

| Regulated activity | Regulation  |
|--------------------|---|
| Personal care      | <p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider did not have in place systems and processes to assess, monitor and improve the quality and safety of the service and mitigate the risks relating to the health and welfare of people who used the service. Records were not always up to date or complete. Regulation 17 (1)(2)(a)(b)(c).</p> |
| Regulated activity | Regulation  |
| Personal care      | <p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>The provider did not have in place robust systems to monitor and assess if people employed were of good character and had the competence to carry out their duties. Regulation 19(1)(a)(b)(2)(a).</p>  |
| Regulated activity | Regulation  |
| Personal care      | <p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>The provider did not have in place systems to ensure that staff were suitably competent or processes to ensure they received appropriate training and supervision to enable them to carry out their duties. Regulation 18(1)(2)(a).</p>   |