

Cavendish Homecare Ltd

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Inspection report

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07 January 2021

11 January 2021

12 January 2021

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Requires Improvement ●

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 care service providing personal care to 33 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

There were mixed views about the caring nature of the service. People said staff were kind and did their best. Concerns were shared about the lack of communication in relation to staffing. Specific concerns were shared about the lack of consistency of staff involved in people's care and the impact this had on people's dignity.

Risks had not always been assessed and incidents had not always been analysed for lessons learned. The provider had not always followed their own procedures in relation to the safe recruitment of staff. Probation meetings had not always been documented. Medicines were not always managed properly and safely. Steps had been taken to minimise the risk of infection, including Covid-19.

People's needs were assessed although the quality and detail of information varied. Staff had not been appropriately trained or assessed as competent to deliver safe care that met people's needs. People were supported with nutritional needs and staff worked with other professionals to meet people's health care needs.

Quality assurance systems had not been effectively implemented to assess the quality of the service and drive improvements.

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.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on 19 March 2020 and this is the first inspection.

Why we inspected

This was the first inspection of the service. The inspection was prompted in part due to concerns received about the services. A decision was made for us to inspect and examine all domains.

We have found evidence that the provider needs to make improvements. Please see the safe, effective,

caring, responsive 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.

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.

We have identified breaches in relation to safe care and treatment, governance, staffing and recruitment practices. Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will meet with the provider following the report being published to discuss how they will make changes to ensure they improve their rating to at least good. 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 not always caring.

Details are in our caring findings below.

Requires Improvement ●

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 completed by one inspector.

Service and service type

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

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

Notice of inspection

We gave a short period notice of the inspection. This was because we needed consent from people to allow us to contact them and we requested some information and documentation be shared with us.

Inspection activity started on 6 January 2021 and ended on 12 January 2021. We visited the office location on 12 January 2021.

What we did before the inspection

We reviewed information we had received about the service since it registered. We sought feedback from the local authority who work with the service.

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.

We used all of this information to plan our inspection.

During the inspection

We spoke with four people and three family members about their experience of the care provided. We spoke with ten members of staff including care staff, lead support, care coordinators and the deputy manager. We received email feedback from a further two staff. We spoke with the registered manager who is also the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

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

After the inspection

We continued to seek clarification from the provider to validate evidence found.

We issued the provider with a request for an improvement plan in respect of the concerns identified during the inspection.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated requires improvement. 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.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risk assessments were not always specific to the individual and not all risks had been assessed. For example, one person was at risk of falls but there was no risk assessment or management plan in place.
- Some people were supported with moving and transferring. Some staff said they had not had any practical moving and handling training. 42% of staff had no recorded moving and handling training on the provider's matrix.
- Moving and handling was observed as part of staff spot checks, however the competency of staff completing the spot checks had not been assessed.
- Accidents and incidents were recorded, however there was no record of any action taken, outcome or lessons learned. For example, one staff member had pulled their back during moving and handling. There was no record of action taken to understand how this happened and minimise the risk of it happening again.

We found no evidence that people had been harmed however, risks had not been robustly assessed or steps taken to mitigate such risks. This placed people at risk of harm. This was a breach of regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Using medicines safely

- Medicine administration records (MARs) were in place but were not completed in full. Details of who transcribed medicine information onto the MAR was not recorded. People's names were not recorded on each individual MAR, and information including the person's GP and allergies were not completed.
- One person was prescribed a controlled drug, however there was no dosage recorded. The registered manager said, "We don't even administer it [family member] does, I don't know why staff are signing for it."
- 50% of staff had no recorded medicine management training on the provider's training matrix.
- Medicine risk assessments were completed and included the generic risks associated with medicine administration.. For one person there was a known risk that they may not swallow their medicines. This had not been assessed.
- Protocols to guide staff on the administration of 'as required' medicines were in place. However, the required time frame between doses was not recorded.
- Medicines audits were completed. However, they had not identified the concerns noted during the inspection.

We found no evidence that people had been harmed however, robust measures were not in place to make

sure people received their medicines safely. This placed people at risk of harm. This was a breach of regulation 12 (safe care and treatment) and regulation 17 (governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Body maps and topical MARs were used to record the application of prescribed creams.
- People said they were happy with how staff administered their medicines.

Staffing and recruitment

- Safe recruitment practices were not always followed.
- The providers own recruitment policy and procedure was not always followed. For example, two references were not always received prior to staff commencing in post. The process for internal candidate interviews was not followed.
- There were mixed views from staff about their induction. Some said they thought it was good, whilst others said it lacked training, particularly face to face training.
- The deployment of staff was not person centred and did not always meet people's needs for a consistent staff team. For example, two people's rotas included support from over 19 staff in the period from November 2020 to the end of January 2021.

Due to poor recruitment practices and the inappropriate deployment of staff this was a breach of regulation 19 (fit and proper persons employed) and regulation 18 (staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Systems and processes to safeguard people from the risk of abuse

- People and family members were confident safeguarding concerns would be addressed.
- Staff understood safeguarding procedures and how to report concerns. 40% of staff had not attended safeguarding training.
- A safeguarding log was maintained, however there was no evidence of an overall analysis for lessons learned.

Preventing and controlling infection

- Measures were in place to minimise the risk of infection, including Covid-19.
- Staff understood the procedures for the correct donning (putting on) and doffing (taking off) of personal protective equipment.
- Checks were in place for people visiting the office, including track and trace, temperature checks and hand sanitisers.
- A Covid-19 business continuity plan was in place but had not been updated to reflect the most recent position, including testing and vaccinations.

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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. 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

- Staff had not received appropriate training or support.
- There were significant gaps in staff training and competency. This included moving and handling, medicine management, safeguarding, risk assessment and care planning.
- Probation meetings for new staff were not always documented in line with the providers own procedure.
- The registered manager said staff had no supervisions (support meetings) completed between March 2020 and July 2020 due to the pandemic and being in lockdown. Alternate means to support staff had not been implemented.

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

- Some staff said they felt supported and were able to contact someone at any time if support was needed.

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, and information was more detailed for people who had recently been referred for support.

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

- People were supported with their dietary needs if required.
- People said they were supported with meals and staff always asked what they would like.
- One person had a food and fluid chart to record their drinks and meals. It was not clear what the purpose of this was nor was there any guidance on the amount the person should be supported to eat and drink.

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

- Staff worked with other agencies to make sure people received appropriate healthcare.
- People were referred to GPs, occupational health and speech and language therapy if needed.

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 said that at present they did not support anyone who had been assessed as lacking capacity.
- A policy was in place which included the procedure for assessing capacity and making best interest decisions.
- The providers training matrix showed that less than 50% of staff had completed training in the MCA.

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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

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

- People were involved with decisions about their care. There were mixed views about people's views being taken into account.
- Some people, and family members said they weren't always listened to in respect of asking for a consistent group of staff to provide care.
- Some people and family members also said they weren't told which staff members would be visiting.

Respecting and promoting people's privacy, dignity and independence; Ensuring people are well treated and supported; respecting equality and diversity

- There were mixed views about respect for people's dignity and privacy.
- The people and family members we spoke with said care staff were kind and on the whole did their best.
- Some people and family members shared situations with us where privacy and dignity had not been respected and people had not been treated well. Examples included new staff arriving at people's homes to shadow experienced staff when people had not been informed. This included for one person four staff supporting with personal care.
- Feedback was also shared with us about a lack of consistent staff, concerns about the numbers of staff involved in people's care and whether they had the appropriate skills to meet people's needs.
- Feedback was also shared with us about concerns around communication in relation to people's needs, for example family not being informed of the involvement of healthcare professionals.
- Surveys completed in September 2020 recorded that people had asked for continuity in staff, and for schedules to be sent out. The outcome was that the provider was doing this, however feedback during the inspection and records in daily notes showed these improvements had not been maintained.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated requires improvement. 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

- Support plans were in place, however the quality of information varied.
- One person's support plan did not include the use of mobility equipment to support them with walking. Another person's had not been updated to reflect changes in how personal care should be supported, and another person's had not been updated to reflect changes to the administration of medicines.
- Specific detail in relation to how people liked, and needed, to be supported was not always included in support plans. For example, 'support with getting washed and dressed' and 'encourage to walk' were detailed with no specifics on the support people needed or how to encourage them.

The failure to maintain accurate and complete records was a breach of regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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.

- An easy read complaints procedure was in place.
- The registered manager said they could source documents in different formats if required.

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

- Enablement support was provided, where appropriate, to support people to avoid social isolation.

Improving care quality in response to complaints or concerns

- Formal complaints were logged and investigated. Outcomes of complaints included lessons learned, for example assessing travel time to ensure staff had sufficient time to travel between people's homes.
- Daily notes included concerns from some people and family members in relation to the lack of communication about changes to staff and the lack of consistent staff caring for people. These were not logged as concerns or complaints.

End of life care and support

- End of life care plans were developed if people chose to discuss their wishes with the staff.
- Staff said they supported people who were nearing the end of life care. Some said they had not attended

any training.

- 67% of staff had not completed palliative care training, including the registered manager.

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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. 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; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Quality assurance systems and governance arrangements were not robust and did not drive improvements.
- Audits were completed but they did not assess the quality, accuracy or completeness of information.
- Concerns identified during this inspection in relation to medicines, staffing, care documentation, medicines management and training had not been identified or acted upon.
- Spot checks of care staff performance were completed, and some did identify areas for improvement. There was no record of any action taken to address development.
- As part of the inspection we asked for any action plans to be shared with us by 7 January 2021. This was not received until 12 January 2021 and did include some areas for improvement that had been shared during the inspection.
- Six monthly surveys were completed with people and staff. People had raised concerns around the lack of consistent staff and not knowing who would be supporting them. Action was taken to address the concerns however the improvements were not maintained.

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 was accepting of our feedback, and told us, "I did not expect the inspection to go well." The reasons for this were, "Being a new business at the start of a pandemic and having some staffing difficulties."

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.
- Staff were not clear about the organisations culture or ethos. The registered manager said "I do have a vision for the company which has been shared in team meetings with staff."

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 registered manager understood their responsibility to be transparent, open and honest.
- Notifications of incidents were submitted to the Commission in a timely manner.

Working in partnership with others

- The registered manager attended provider meetings with representatives from other care providers in Northumberland.
- The local authority had been working with the provider during the pandemic to offer support.

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 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider had failed to ensure care was provided in a safe way. There was a failure to assess and mitigate risks to the health and safety of service users. There was a failure to ensure the proper and safe management of medicines.</p> <p>Regulation 12(1)(2)(a)(b)(c)(g)</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had failed to establish and operate systems and process effectively to ensure compliance. There was a failure to assess, monitor, mitigate and improve the quality and safety of the service. There was a failure to maintain accurate and complete records in respect of service users care.</p> <p>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>There was a failure to effectively operate safe recruitment practices.</p> <p>Regulation 19(2)</p>
Regulated activity	Regulation

The provider had failed to ensure suitable deployment of trained and competent staff to meet people's needs. There was a failure to ensure staff received appropriate probation and supervision.

Regulation 18(1)(2)