Willcob Care Ltd

Cavendish House

Inspection report

Cavendish House
Plumpton Road
Hoddesdon
Hertfordshire
EN11 0LB

Tel: 01992676863
Website: www.willcobcare.co.uk

Date of inspection visit:
31 October 2018

Date of publication:
13 November 2018

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

The inspection took place on 31 October 2018 and was announced. This is the first inspection of this service since it registered with the Care Quality Commission (CQC) in October 2017.

Cavendish House is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It is registered to provide a service to children, younger adults and older people living with learning disabilities, mental health issues and physical and sensory impairments. There were five young men using the service at the time of this inspection.

Not everyone using Cavendish House receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

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 provider had a manager in post who had submitted their application to register with CQC.

Staff had been trained in how to safeguard people from avoidable harm and were knowledgeable about the potential risks and signs of abuse. People were supported to take risks to help retain their independence and freedom. Enough safely recruited staff were available to meet people's needs. People's medicines were safely managed. Staff had received training in infection control practices and personal protective equipment such as gloves and aprons was provided for them. The management and staff team used incidents as a learning tool to help further ensure people's safety and wellbeing.

Staff received training and supervision to enable them to meet people's care and support needs. The service worked within the principles of the Mental Capacity Act 2005 (MCA). The staff and management team liaised with social care commissioners and appointed next-of-kin where people were not able to give consent. Staff did not cook meals for the young people they supported, however they did advise a healthy eating regime and people's weights were recorded if a risk had been identified in this area. The staff and management team worked in partnership with external professionals and families to help ensure the individuals needs were identified and met.

People had a small team of staff who supported them which helped to ensure continuity and enabled

people to form bonds with the staff. Each person was treated as an individual and their needs and wants were managed on an individual basis. Staff had developed positive and caring relationships with people they clearly knew well. Staff understood the importance of promoting people's independence and support plans supported this to allow people to live as independently as possible. People's care records were stored securely to help maintain their dignity and confidentiality. The approach of the service meant that the staff and management team worked with individuals in a way that promoted their dignity and independence and empowered people.

People and their relatives had been involved in developing support plans that addressed all areas of people's lives including social networks, employment and education, health needs and individual identity. Support staff were matched as far as possible with the people they supported in terms of gender, interests and skills. Staff accompanied people into the community to undertake activities of their choice. Concerns and complaints raised by people who used the service or their relatives were appropriately investigated and resolved.

The manager demonstrated an in-depth knowledge of the staff they employed and people who used the service. Staff meetings took place monthly to enable the team to reflect and discuss practice, review complaints, incidents, and safeguarding matters. The management team met monthly to review strategic and operational needs, incidents, accidents, complaints and for general strategic and operational oversight of the service and priorities for the organisation. There was a range of routine checks undertaken by the management team to confirm the support provided was safe. The provider had informed the CQC of significant events in a timely way which meant we could check that appropriate action had been taken.

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 been trained in how to safeguard people from avoidable harm and were knowledgeable about the potential risks and signs of abuse.

People were supported to take risks to help retain their independence and freedom.

There were enough staff available to meet people's needs.

Safe and effective recruitment practices were followed to help make sure that all staff were of good character and suitable for the roles they performed at the service.

People's medicines were safely managed.

Staff had received training in infection control practices and personal protective equipment such as gloves and aprons was provided for them.

The management and staff team used learning from incidents as a tool to help further ensure people's safety and wellbeing.

Is the service effective?

Good

The service was effective:

Staff received training and supervision to help them to meet people's care and support needs.

The service worked within the principles of the MCA. The staff and management team liaised with social care commissioners and appointed next-of-kin where people were not able to give their consent to care and support.

The staff and management team worked in partnership with external professionals and families to help ensure the individuals needs were identified and met.

Is the service caring?

Good

The service was caring:

People were supported by a small team of staff which helped to ensure continuity and enabled people to form bonds with the staff.

Staff had developed positive and caring relationships with people they clearly knew well.

Staff understood the importance of promoting people's independence and support plans supported this to allow people to live as independently as possible.

People's care records were stored securely to help maintain their dignity and confidentiality.

The approach of the service allowed the staff and management team to work with individuals in a way that promoted their dignity, promoted independence and empowered people who used the service.

Is the service responsive?

Good

The service was responsive:

People and their relatives had been involved in developing support plans that were sufficiently detailed to be able to guide staff to provide people's individual needs.

Support staff were matched as far as possible with the people they supported in terms of gender, interests and skills.

Social workers told us that the service was responsive to people's needs.

Staff accompanied people into the community to undertake activities of their choice.

Concerns and complaints raised by people who used the service or their relatives were appropriately investigated and resolved.

Is the service well-led?

Good

The service was well-led:

People, relatives and staff told us they felt well supported by the manager and provider.

Relatives told us they would be confident to recommend the

service to anyone looking for care in their own homes.

The manager demonstrated an in-depth knowledge of the staff they employed and people who used the service.

There were regular management meetings held between the manager and provider to discuss such issues as recruitment, the performance of the service and any matters arising.

There were a range of checks undertaken routinely to help ensure that the service was safe.

The organisational records, staff training database and health and safety files were organised and available.

Feedback from people and relatives was actively encouraged.

Cavendish House

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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 31 October 2018 and was announced. We gave the service 2 days' notice of the inspection site visit because the service is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be available to support the inspection process. The inspection was undertaken by one adult social care inspector.

Before our inspection we reviewed information that we held about the service including statutory notifications that had been submitted. Statutory notifications include information about important events which the provider is required to send us. The manager submitted a provider information return (PIR) the day following the inspection site visit. This is information that the provider is required to send to us, which gives us some key information about the service and tells us what the service does well and any improvements they plan to make.

Inspection activity started on 31 October 2018 and ended on 06 November 2018. We visited the office location on 31 October 2018 to meet the manager and provider and to review care records and policies and procedures. The young people who used the service at the time of this inspection were not able to tell us about the service they received. However, on 05 and 06 November 2018 we spoke with relatives of three young people to gather their views about the support provided.

We received feedback from representatives of the local authority health and community services.
We reviewed care records relating to two people who used the service and other documents central to people's health and well-being. These included staff training records, medication records and quality audits.

Good

Is the service safe?

Our findings

Relatives told us people were safe receiving care and support from Cavendish House. One relative said, "I do feel [Person] is safe with the staff from Cavendish House because they are trained, they know [Person] and know [Person's] needs."

Staff had been trained in how to safeguard people from avoidable harm and were knowledgeable about the potential risks and signs of abuse. Safeguarding matters were discussed at team meetings and it was clear that the organisation's ethos was that safeguarding vulnerable people was everyone's responsibility. The manager and directors were clear about what constituted abusive practice and how to report any such concerns to the local authority safeguarding team for investigation.

People were supported to take risks to help retain their independence and freedom. Risks to people's safety and wellbeing were assessed and people were supported to manage these. Individual risk assessments were developed in areas such as self-harm, transportation, dietary intake, community visits, violence and aggression. The risk assessments were regularly reviewed and kept up to date. The manager told us, "We don't put people in boxes. We have learnt to try things with the young people supported by risk assessment in a bid to remove barriers." For example, one person had wanted to swim but had historically been prevented from doing so due to perceived health risks. The person was now able to swim twice a week and enjoyed it. A social care professional said, "Individual young people are supported to be as independent as possible but that takes place always in the context of individual risk assessment."

Some people were at risk from self-injurious behaviours such as biting themselves or banging their heads. Support plans included information for staff about the triggers for these behaviours and what actions were to be taken to help de-escalate volatile situations and keep the person and others, safe from harm.

People, their relatives and staff all told us that there were enough staff available to meet people's needs. The number of staff needed for each shift was calculated using the hours contracted by the local authority. There was a system in place to ensure that people could receive support in an emergency through a 24 hour on-call duty manager. The management team provided emergency cover if needed and external agency cover was used occasionally. These were regular agency staff who had got to know people's support needs. The management team reported that recruitment was ongoing using resources such as a local care provider's association, the Job Centre and the provider's own website.

Safe and effective recruitment practices were followed to make sure that all staff were of good character and suitable for the roles they performed at the service. We checked the recruitment records of two staff members and found that all the required documentation was in place including two written references and criminal record checks. The provider reported that the service had started to involve young people and their relatives in the recruitment process by inviting them to be involved in interviews.

People's medicines were safely managed. At the time of this inspection most of the medicines management

was led by people's families. Staff supported one person with their medicines in the event their relatives were not available to do so. Staff had received training to support them to administer medicines safely and there were routinely checked by members of the management team. The manager discussed their plans to introduce routine competency assessments for staff involved in medicine administration.

Staff had received training in infection control practices and personal protective equipment such as gloves and aprons was provided for them. The manager advised that infection control practices formed part of their routine audits and any issues were discussed at team meetings.

The management and staff team used incidents as a learning tool to help ensure people's safety and wellbeing. The manager said they utilised team meetings to share good practice and reflect on working practice. The director said, "I love to consult staff, they often come up with great ideas that really work." A social care professional told us, "This is a growing organisation and they have been improving in terms of their policies and procedures and have been able to take criticism and learn."

Good

Is the service effective?

Our findings

People's relatives told us that the care and support provided was effective in meeting people's needs. One relative said, "The service have improved [person's] life because they were stuck in the house before but now they are able to socialise with their peers and [person's] behaviour has improved as a result." Another relative said, "They are doing a good job."

Referrals to the service came from social workers, professionals or families. An overview of needs was provided by social services and the provider conducted their own assessment of needs. From this, support plans and risk assessments were developed and agreed with the young people and their families.

Staff received training to support them to be able to meet people's care and support needs. The manager told us of various training elements that had been undertaken by members of the staff team and those that were planned for the immediate future. This included such elements as autism awareness, basic life support, conflict management, epilepsy awareness, fire safety and safeguarding adults and children at risk.

Support staff completed an induction programme at the start of their employment which included information on the aims and objectives of the company, policies and procedures, health and safety and how to support individuals effectively.

The management team and staff confirmed that there was a programme of staff supervision in place, all staff we spoke with said they received support as and when needed and were fully confident to approach the management team for additional support at any time.

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.

We checked whether the service was working within the principles of the MCA. The staff and management team liaised with social care commissioners and appointed next-of-kin where people were not able to give consent. One person had an advocate appointed by the local authority commissioners. People's relatives told us that staff explained what was happening and obtained consent before they provided day to day support. The provider's recruitment process assessed whether prospective staff members understood the principles of Human Rights. Staff received training in equality and diversity, and the provider's policy and procedures gave staff awareness in this area. Staff were knowledgeable about capacity, best interest decisions and how to obtain consent from people with limited or restricted communication skills.

Staff accompanied people for occasional lunches out however they did not do any cooking with the young people they supported. Staff did, however, advise a healthy eating regime and people's weights were recorded if risk been identified in this area.

The staff and management team worked in partnership with other professionals and families to help ensure the individuals needs were identified and met. Examples included school nurses, advocates and speech and language therapists. Staff accompanied people to attend appointments as necessary.

Good

Is the service caring?

Our findings

The young people's relatives told us they were happy with the staff that provided the support. One relative said, "[Person] is so happy when waiting for them (staff) to come, [Person] enjoys their company. So far so good."

People had a small team of staff who supported them which helped to ensure continuity and enabled people to form bonds with the staff. A relative told us this was important because staff had come to know and understand the person's behaviours and how to manage them effectively.

Each person was treated as an individual and their needs and wants were managed on an individual basis. For example, a young person and their relative requested male support staff close in age to the person they support. The service responded by creating a team of support staff for this individual taking into account their needs and preferences.

Some of the people the service supported were non-verbal or had English as a second language. Specific communication needs were detailed in people's support plans. The management advised that they accessed interpreters and used pictorial aids, body language, sign language and hand gestures to communicate with individuals.

Staff had developed positive and caring relationships with people they clearly knew well. For example, a person who used the service had become isolated because their behaviours had meant it had been difficult for them to engage in a community setting for many years. This had placed a lot of stress on family relationships. However, with individualised support staff had managed to engage the person in a variety of community activities. The person was now able to go to the local parks daily t, to visit a bowling centre, to go swimming and to go on public transport.

People were at the heart of the service and the service was person centred. People and their relatives were involved in the interviewing for new support staff. The manager told us this was useful to ensure that people received their support from staff they could positively identify with.

People's care records were stored securely to help maintain their dignity and confidentiality. The provider had clear policies on confidentiality and data protection, staff had attended training in these areas.

The approach of the service was about promoting what an individual could do, rather than focussing on what they could not do. This approach allowed the staff and management team to work with individuals in a way that promoted their dignity, promoted independence and empowered people who used the service.

Good

Is the service responsive?

Our findings

People and their relatives had been involved in developing support plans. A relative said, "They keep me involved all the time." The support plans were sufficiently detailed to be able to guide staff to provide people's individual needs. For example, one person's support plan stated, "I require support in the community but I do not like being escorted as it makes me feel I have a disability. Staff need to work with my [relative] and other relevant people to come up with a solution to this issue." The management team described to us how they had managed to meet this person's needs in such a way that promoted their dignity and independence.

Support plans addressed all areas of people's lives including social networks, employment and education, health needs and individual identity. Positive behavioural support plans addressed specific risks and conflict management plans had been developed to identify areas where specific behaviours required support. Risks, preferences, interests, aspirations and the goals people wished to achieve were explored and detailed in support plans. For example, one support plan stated, "[Person's] medical conditions and behaviours place them in a vulnerable position if not supervised. To avoid triggers to [person's] behaviour avoid unnecessary changes to their routine, avoid arguing with the person, advise the person about stranger danger and the negative influences from peers." Plans were reviewed every six months and weekly key working meetings were used to monitor, review and discuss any new goals that may have been identified or confirm outcomes reached.

Support staff were matched as far as possible with the people they supported in terms of gender, interests and skills. Each person had a team of four or five staff to work with them so that a bond could be formed. People who used the service had a key worker assigned to them who had overall responsibility for ensuring people received the day to day support they needed and to build a close relationship with individuals.

Social care professionals told us the service was responsive to people's needs. One professional told us, "Willcob Care (Provider) have been supportive and have been able to respond quickly in times of crisis."

Staff accompanied people into the community to undertake activities of their choice. The provider said, "It can be a challenge to persuade people to try something new." For example, one person would not go out of their home. To motivate them to want to go out, staff showed them photographs of activities and events in the outside world. The person decided that they really wanted to go to a games arcade, and with time and patience the person gradually engaged with activities outside their home. The person now went swimming regularly and was eager to go out and about. Incidents of aggression had reduced and behaviours were now much more positive; the person's health had improved also.

Records showed that people enjoyed such activities as bowling, going to the funfair, the cinema, going to the park, going swimming, cycling, youth club and attending scouts. The provider had a vehicle for support workers to use to support community activities such as bowling, swimming and trips.

Concerns and complaints raised by people who used the service or their relatives were appropriately

investigated and resolved. People's relatives told us that they would be confident to raise any concerns with the manager. One relative said, "I have not had reason to make a complaint, I know how to but I like the service and do not have reason to complain." We reviewed records of a complaint received and noted that it had been managed in accordance with the provider's policy and procedure and to the complainant's satisfaction. The manager advised us complaints were a standard agenda item in team meetings where the team discussed and reflected on complaints to inform future practice and lessons learned. A social care professional told us, "Complaints from families have been investigated thoroughly and appropriately. Concerns we had were discussed with leadership, taken on board and addressed satisfactorily."

Good

Is the service well-led?

Our findings

The manager had been in post since August 2018 and had submitted their application to register with CQC. People's relatives and staff told us they felt well supported by the manager and provider. A relative told us, "The service is very well managed and organised, they (staff) are very good, always on time."

The manager demonstrated an in-depth knowledge of the staff they employed and people who used the service. They were familiar with people's needs, personal circumstances, goals and family relationships. Staff meetings took place monthly to enable the team to reflect and discuss work practice, review complaints, incidents, and safeguarding matters. The provider had a whistleblowing procedure which staff were aware of and had access to in electronic and manual format.

The management team met monthly to review strategic and operational needs, incidents, accidents, complaints and for general strategic and operational oversight of the service and priorities for the organisation. Outcomes arising from these meetings fed into the service improvement plan. The management team had a good strategic and operational overview together with an understanding of their responsibility and that of a registered manager. Providers of health and social care are required to inform the Care Quality Commission, (CQC), of certain events that happen in, or affect, the service. The provider had informed the CQC of significant events in a timely way which meant we could check that appropriate action had been taken.

The service had strong links with multi-disciplinary teams including occupational therapists, physiotherapists, nurses, social workers, GP's, consultants, speech and language therapists and child and adolescent mental health teams.

There were a range of checks undertaken routinely to help ensure that the service was safe. These included such areas as medicines, support plans, daily records, health and safety checks and spot checks at people's houses to ensure they were satisfied with the support they received and they felt safe. This showed us that the manager and provider were committed to providing a safe service.

The manager had devised a service improvement plan to capture areas of the service delivery that needed further development. Issues identified through routine audits, complaints investigations, management and team meetings and from external feedback were incorporated into the plan with the person responsible and dates for completion.

The organisational records, staff training database and health and safety files were organised and available. Policies and procedures were in place and easily accessible. Guidance documents for staff were detailed and were kept all in one place making it easier for them to be accessed as needed. The manager maintained an incident register to log accidents or incidents with an overview page to enable the management team to identify recurring themes or trends. The incidents recorded included where people had demonstrated behaviours that challenged others.

Feedback from people and relatives was actively encouraged. An external care provider's association had recently distributed satisfaction surveys to people who used the service, their friends and relatives and relevant professionals. The manager advised that once the completed surveys were received the responses would be collated and an action plan developed to address any areas identified as requiring improvement.

A social care professional told us, "It must be said that this organisation over the past couple of years have worked with our most challenging young people within the community, there have been some mistakes but overall I am personally satisfied the services on offer are of good quality." Another social care professional stated, "Staff and leadership have conducted themselves professionally."