Cascade (Stiles House) Limited

Cascade Residential/Short Breaks

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Outstanding
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This comprehensive inspection took place on 2 and 5 November 2018 and was unannounced on the first day.

Cascade Residential/Short Breaks is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service can accommodate up to a maximum of eight people. The main house had three floors and accommodated four people at the time of this inspection. Some people had their own bedroom and shared communal areas and a kitchen, and others had their own flat.

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.

At the last comprehensive inspection in March 2016, the service was rated good overall. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

At this inspection we found the service remained good in four of the five key questions, improving to outstanding in the effective question. This means the overall rating for the service remains good.

The service had a registered manager in post at the time of our inspection. 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.

This service was extremely effective and staff were proactive in ensuring people were supported to live a heathy, meaningful and fulfilling life. The service embraced supporting people to develop and regain their independence. There was a broad range of learning and social opportunities for people. As a result of this, people had recognised positive improvements made to their lives.

The service worked proactively in partnership with other professionals to develop care based upon good practice. This demonstrated there was a truly holistic and individual approach to assessing, planning and delivering peoples care and support.

People benefitted from a service which had an open and inclusive culture. Staff were very happy working at the service and spoke to us with knowledge and passion about their roles, and were clear about their responsibilities. Staff were trained and supported to carry out their roles.

Care plans were very person centred and detailed, and provided clear guidance to staff on how to support people. People's diverse needs were identified and incorporated into their care plans where required. Information was provided to people in an accessible format.

Staff supported people in line with their individualised care plans to manage individual risks and care needs.

Medicines were managed safely.

Safe recruitment practices were in place to make sure, as far as possible, that people were protected from staff being employed who were not suitable. There was enough staff on duty to meet people's needs.

Checks were made to ensure that the environment was a safe place for people who lived there.

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

People were consulted and involved in decisions about their care and support; they were treated with dignity and respect.

People knew how to complain and staff knew the process to follow if they had concerns.

Quality assurance processes were in place to drive continuous improvement. Events, such as accidents, safeguarding and complaints, were monitored by the registered manager and group compliance manager for any developing trends.

Further information is in the detailed findings below.

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 remains good.

Is the service effective?

Outstanding ☆

The service has improved to outstanding.

Staff and management worked hard to achieve positive outcomes for people despite restrictions of their complex needs. We saw they were committed to maintaining and improving people's health and well-being and worked closely with other healthcare professionals to ensure people received the support they needed to meet those needs.

The importance of working within good practice guidance was understood, and relationships with key healthcare professionals were embraced so partnership working could take place.

Staff understood the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and the relevance to their work.

Staff were well trained and supervised to carry out their roles.

Is the service caring?

Good

The service remains good.

Is the service responsive?

Good

The service remains good.

Is the service well-led?

Good

The service remains good.

Cascade Residential/Short Breaks

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 inspection took place on 2 and 5 November 2018, was unannounced, and carried out by one inspector.

Prior to the inspection we gathered and reviewed information we held about the service, such as feedback from the local authority, and statutory notifications (events, changes or incidents the provider is legally obliged to tell us about within required timescales).

We reviewed information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

As part of the inspection we spoke with two people who lived at the service to find out about their experiences of the care and support they received. We also used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We looked at documents relevant to people's care. This included two people's care plans, medicines administration records, risk assessments and other documents related to the management of the service such as quality assurance and health and safety records. We spoke with one visiting relative, and ten staff members including six care staff, the registered manager, group compliance manager, community liaison officer and educational director. In addition, we received feedback from two healthcare professionals and a further relative after the inspection.

Good

Is the service safe?

Our findings

One person told us when asked if they felt safe with all staff and if they were happy living at the service? "Yes, I feel safe at Cascade. I can come and go as I please. I have a mobile phone and always tell staff before I go out on the bus to Hull for a wander around." A relative commented, "I think it's [the service] great and [name of person] is safe." A healthcare professional said, "Cascade provides a safe, effective and person-centred service."

Staff received training in safeguarding people and were able to demonstrate good knowledge of how to keep people safe. One member of staff told us, "I speak to [name of person] when we do our meetings and ask them what bullying is? I emphasise if they ever feel stressed, bullied or under pressure to tell us [staff] straight away." Easy read safeguarding information was displayed in the home to remind people about keeping safe and telling someone if they felt unsafe.

The provider managed risks well and was proactive in reducing risks and protecting people from the risk of harm. During discussions staff were able to demonstrate they had the skills and abilities to recognise when people were at risk from behaviour that could challenge them and others, or that they needed support from other healthcare agencies. Positive behaviour support plans were in place for some people which included in depth guidance for staff on how to keep people and others safe.

Risk assessments we reviewed contained specific and detailed guidance for staff on managing and reducing risks for each person, whilst being mindful of ensuring that measures in place did not impact on the person's independence. For example, one person's risk assessment showed they may refuse support from all staff at the home and other healthcare professionals. The risk assessment stated that there would always be a reason for the person doing this. To reduce reoccurrence of this staff were guided to go through the persons positive intervention plan with them to look at what had gone wrong.

Staff had been trained in health and safety and risk management to equip them with the knowledge they needed to keep people safe from the risk of harm. Incidents and accidents were recorded, reviewed and analysed regularly which enable the registered manager and staff to identify any trends and patterns and to look at any proactive measures to reduce accidents and incidents.

Personal evacuation plans identified the support people needed if they were to require evacuating in the event of an emergency. There was an ongoing programme of regular checks of the environment, fire safety equipment, repairs and maintenance to continuously improve the environment of the home. For example, following an external fire risk assessment, improvements were due to be made to the fire alarm system.

People lived in a clean environment. Staff received training in preventing and controlling infections. There was enough personal protective equipment available for staff. People were supported and encouraged to clean their own flats, bedrooms and communal areas. Each area of the home we saw was tidy and well presented. We observed one person making their bed and washing their dishes after breakfast.

We saw there were sufficient staff available to meet people's needs on the days of our visits. This was confirmed by our conversations with staff, review of staff rotas, and the observations made during the inspection. Staff told us, "Levels [of staff] are okay. The office is always covered, and [name of person] always has someone with them. We also have an on-call system" and "We have two staff. That is enough as three people are very independent."

Staff were recruited safely. For new staff recruited since our last inspection we found job application forms had been completed and checks were in place from the Disclosure and Barring Service (DBS) to establish if applicants were suitable to work in this type of setting. References and DBS checks had been verified before staff started working at the service.

Medicines were ordered, stored, managed, administered and disposed of safely. Staff were sufficiently trained in medicines management and the medication administration records (MARs) we reviewed were completed accurately. Medicines were securely stored and signed in and out of the service correctly. There were clear guidelines in place to support the administration of medicines to be taken as and when needed, and staff were clear on when these medicines were needed. A review of MARs and stock showed that people received their medicines as prescribed.

Outstanding ☆

Is the service effective?

Our findings

Support was provided to people in the home by staff who knew them well, and was extremely effective. People and healthcare professionals praised the skills and knowledge of staff who worked at the service. Comments included, "I know of people who have been 'let down' by other providers but since they have moved to Cascade staff have been consistent and nurturing in their approaches. Staff show compassion and understanding of individuals and have continued to stand by people when they have experienced high levels of distress", "I've got [name of disability] and staff understand me. They are all really good. The staff are friendly helpful and all that. They always say I am more than capable [of doing things for myself]" and "Cascade as a service provide excellent support for people with a learning disability/complex health issues."

Joint working was a high priority when planning care and support for people living at the service. Some of the people living at the home had complex needs. Management and staff continually worked with people and healthcare professionals to seek ways to improve their care, enjoy positive outcomes, and live life to the full despite the limitations of their needs and past life experiences. For example, one person had in the past three years, required support in a hospital setting due to a deterioration in their mental wellbeing from past trauma. The service had worked closely with healthcare professionals to maintain the persons mental health and emotional wellbeing. Detailed positive intervention and behaviour support plans were implemented, and in addition, constant reassurance and support from staff and management had thus far prevented the person from being re-admitted to hospital. The person had lived at the service for the longest period of any of their placements to date. A relative told us, "[Name] has improved more than I thought and is happy there and has made friends and likes the carer's around. I know they still have good days and bad days but now it seems they get over them very well thanks to the carer's. To me Cascade is [name's] home where they are happy and improving greatly from all the support given."

The service worked proactively in partnership with other professionals to develop care based upon good practice. There was a truly holistic and individual approach to assessing, planning and delivering peoples care and support. All assessments were completed following the 'Outcome star' model which looked at the persons strengths and recorded a numbered level of support in each area of need. The outcome star is a measurement tool, which is used in collaboration with service users in an objective and fully integrated way. This model had been tailored to people's specific needs and we saw the service had assessed one person alongside their allocated specialist nurse, using the outcome star when they were well, but also the recovery star when the person was not feeling well. People's care plans we looked at were impressive in their depth of information and detail, which meant staff had the relevant information about the emotional and physical care and support needs for each person.

Where behaviour that challenged posed a risk of deterioration of the person's mental health there was clear information as to how staff should protect and support the person. The service used the positive behaviour support (PBS) model to understand people's mood and behaviour. A member of staff gave us an example of how positive behaviour support at the service had impacted on one person, they told us, "I have seen a difference in [name's] moods as we have built relationships with them. [Name] doesn't like you to take over. We [staff] let them know we're there and reassure, and ask what they would like to achieve in the day.

[Name] now goes out in the community to do their own shopping, keeps their flat well when in a good place, and now gets their own breakfast. [Name] has got into cooking so I have printed them some recipes."

A health professional had commented about the care of the person, saying, "Well done for your persistent hard work with my client. You have given [name] their most stable home situation for years, and their mental health is great." Another member of staff said, "We offer person centred care values of independence, inclusion, flexibility. The reason I came in [during inspection] is I wanted to be a pivotal person to tell you about the service as I believe in the place and what we are doing. I do believe we are doing outstanding work."

We saw another person had a marked decrease in incidents of distress since the service had worked with them to learn how to become more patient and willing to complete daily tasks within their home. The person had a structured plan of tasks and activities at specific times each day which helped keep them stimulated and had resulted in them now spending some time in group settings, accessing more activities and being able to wait for buses and appointments without become anxious. This had impacted on the person's required need for medication to support them when distressed which had been reduced by their healthcare professional. One member of staff told us, "[Name] has come along, and their talking has improved. A reduction in medicines has helped. [Name of doctor] reduced a tablet this year and [name of person] has been lovely, their speech has improved, and they interact more with staff. Smiles a lot more. It gives you a sense that they are happy."

The service embraced supporting people to develop independent living skills through responsibilities around their home, and ASDAN sessions. ASDAN is an education charity and awarding organisation that provide flexible programmes and qualifications that help people develop skills for learning, work and life. During the inspection visit we met one person who had been supported by staff to successfully develop themselves and gain employment which used their skills and talents, and met their aspiration to work. This had been outlined as a goal as part of the person's care plan. They told us, "I work at [name of employer] and work in the kitchens. I applied for it myself. [Name of staff] helps me out with maintaining a job, they go and see the manager about my hours. [Name] has helped me with a few job interviews in the last couple of weeks to see how it went." The member of staff commented, "I have done quite a lot to support [name] to try and get a job. For example, we have worked on doing research on companies." This had enabled the person to have positive employment experiences.

A member of staff told us about the person, "This year had been a positive year for [name of person] as they have been discharged from [name of support service], psychology and occupational services, and they have a job. They have expressed wishes to manage their finances and they do this. We encourage responsibility with their bill commitments and ask if they wish to put money in their phone kitty." We saw staff and the person had produced a budget plan to help them manage their finances better. The person told us, "They [staff] are helping me to save money and I have a kitty to save my money. [Name of staff] has gone the extra mile to help me with my bills."

There was a strong emphasis on healthy eating. A physical health and well-being manager was employed by the organisation who ensured the service was kept up to date with best practice guidance on healthy eating and drinking well. People were encouraged to remain healthy and topics such as healthy eating and exercise were regularly discussed in reviews and meetings. We saw pictorial information in the home with food groups that were good and not so good for blood glucose.

An extra food budget had been made available each month which was used to ensure fresh fruit and salads were available to people. Each week people were encouraged to take part in a 'Shared meal' with their

peers who lived at another of the provider's services next-door. We saw people had been involved in deciding what the meal would be and encouraged to help prepare the meal from scratch one evening each week.

The group community liaison manager had worked on a joint venture with a landlady of a local public house where people went every week to enjoy a meal. Together we saw they had devised a menu specifically for this occasion to reduce portion sizes and make the food on offer healthier. The menu contained grilled food where appropriate and wholemeal bread.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The service was working within the principles of the MCA, staff had received training and were able to tell us how the principles of the Act applied to their work. People were encouraged to make decisions for themselves as far as they were able. People were asked before any support was provided and we observed people being encouraged to make choices for themselves. When people lacked capacity to make decisions documentation was suitably completed to identify this. The registered manager had submitted applications to deprive people of their liberty appropriately.

Staff told us, and records we looked at confirmed, they were fully supported by management who ensured their induction, continuing development of skills, competence and knowledge was integral to ensuring people received high-quality care and support.

Staff training was developed and delivered around people's needs. One staff member had commented, "Throughout my time I have always been supported and encouraged to develop my skills with extra learning, with lots of opportunities to take part in training course to further expand my knowledge and understanding on some of the conditions our clients have." Training included, autism awareness, equality and diversity, mental health awareness, epilepsy and challenging behaviour. Staff competency was assessed in areas such as medicines, safeguarding to ensure training had become embedded into practice.

The registered manager understood the importance of gathering information, skills and expertise to develop training for staff in line with good practice guidance. Staff with specific interests had champion roles at the home so that they could take the lead in gathering information and sharing it with other team members. At the time of the inspection the service had champions in dignity, health and nutrition, key working, activity sessions day and night (ASDAN) and mental capacity act.

The design of the service benefitted each person that lived at the service in some way. Younger people lived at the service and we saw they all had different lifestyles and interests. Some people were happy to share their living space, whilst others preferred their own living accommodation and to spend time on their own. Because of this the home had been organised so that separate living areas were available. Two people had their own floors of the home with dedicated kitchen, bedroom, bathroom and lounge areas, and others shared. The areas people lived in contained personal belongings to reflect their interests.

Good

Is the service caring?

Our findings

There was a person-centred culture at the service. People, relatives and healthcare professionals were complimentary of the staff team and felt people were well cared for. Comments included, "I've been talking to staff more now about my mental health and they encourage me more to talk to them", "Staff help me with my food. I do my own shopping with staff support" and "I feel that the care and support [name] receives from the people around them is having a good influence and I cannot think of a better place for [name] to live as it has many happy memories that mean a lot to [name] and me, and the whole family."

There were positive relationships between the service and healthcare professionals. We reviewed comments the service had received which included, "Everyone at [name of NHS trust] and related services are talking about what a super service Cascade is" and "Best visit ever had with [name] because this is the best and the most settled I have ever seen [name]."

Our observations over both days of this inspection showed staff interacting with people in a caring and compassionate way. They treated people with dignity and respect. One member of staff told us when talking about what was important to one person, "[Name] truly appreciates the value of their privacy and their flat is their sanctuary. I open the door of the flat and shout a straight forward request after knocking. Everyone's privacy is respected." One person said, "The staff knock on my bedroom door. I have space for my privacy."

We saw staff were sensitive to people's needs. For example, one person had expressed a preference for a female foot care specialist to support them. The service supported the person to find one. Another person had created flowcharts with the help of staff at the service and a psychologist. The flowcharts depicted ways in which the person could manage their own mental health.

The staff we spoke with knew people very well and demonstrated an in-depth understanding of people's individual needs. They were able to describe in detail how they supported them in a person-centred way. It was clear from the way staff spoke that they valued the people they worked with and respected their wishes. One person told us, "I make all my own decisions. I have a routine - I get up around 6.30am, get a shower and get dressed. In the evening get showered about 7pm and chill out in my room and watch TV. I make my food and drinks myself. I go shopping and do my own cooking."

It was only possible to gather views from two people during the inspection, so we carried out a short observational framework for inspection (SOFI) session with another person. SOFI is a tool used by inspectors to capture the experiences of people who use services but may not be able to express their experience fully for themselves. The results of the SOFI showed a good level of interaction between the staff member and the person with a meaningful structure of activities and tasks the person completed.

We observed staff supporting people who had very limited verbal communication and staff were able to respond effectively, meeting the persons needs which reduced any frustration they might have felt because they could not express themselves fully. For example, one person carried out their day with clear timed structure to carry out each task from taking a shower, making their bed, clearing away their dishes from

breakfast, and going out for the day.

People's care files clearly described people's strengths when communicating information such as, 'I can communicate verbally. I am very articulate and have a wide vocabulary range. I may stutter at times.' This information was also provided within people's positive behaviour support plans, to help staff understand how people communicated during times of low mood and how they needed to be supported to prevent behaviours from escalating and becoming unsafe. People had 'Patient Passports', which included important information about their needs and how they communicated. This information would be taken with the person if they required a visit or admission to hospital to help ensure their needs were fully understood.

Staff had a good understanding of protecting and respecting people's human rights. The Equality Act 2010 legally protects people from discrimination in the work place and in wider society. Staff talked with us confidently about the importance of supporting and responding to people's diverse needs. People's personal beliefs, wishes and chosen ways to live their life were recorded in their care records. This demonstrated that staff had information to ensure people received the right support around their individual beliefs and preferences.

Good

Is the service responsive?

Our findings

People's relatives we spoke with felt their family members needs were met in a person-centred way by staff who understood them well. One told us, "[Name of person] is onto a good number. [Name of staff] brought [name] home to visit us. That's brilliant. [Name] has a keyworker and staff seem to understand autism." A healthcare professional said, "Staff are very proactive in their approach to people's physical health care needs by promoting health living. People attend healthcare appointments in a timely fashion. Advice is sought from the community teams appropriately."

Each person had individualised care plans and risk assessments to guide staff. We saw the care plans were detailed and included all aspects of people's life and preferences. They identified what was important for people, their abilities, strengths and the support they needed from staff. This information aided staff in communicating and developing relationships with people whilst meeting their needs. One member of staff told us, "We all work to our best knowledge for each client, by following peoples care plans."

We saw that daily notes were completed to reflect the events of each person's day. Before staff commenced their shift, they received a written handover so that they had the most up to date information to support people.

We saw information was provided in easy read formats such as safeguarding, concerns and complaints, and booklets on how to help people manage their monies. This helped to ensure people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016. It makes it a legal requirement for all providers of NHS and publicly funded care to ensure people with a disability or sensory loss can access and understand information they are given.

The registered manager and the staff team were passionate about ensuring people's social inclusion in employment, meaningful recreational and social opportunities. Activities were personalised and based on individual's interests. Some people had clear routines and activities which they did daily or weekly, and others had a more relaxed approach and enjoyed activities depending on how they felt each day. Staff developed detailed activity and educational programmes, which gradually increased people's involvement and exposure to new things and increased their independence. People were enabled if they chose to do so to gradually learn skills such as how to manage their monies, healthy eating, how to interact in groups, manage social relationships, and how to make their own drinks and meals.

One person had a keen interest in photography and their work adorned the walls in the office of the service. A healthcare professional told us, "I was particularly impressed in the way someone with an interest in photography was actively encouraged with their interest. The individual's photographs are displayed on the walls. Staff also supported this person to attend an adult education photography course at Hull College. This person finds it very hard to try new activities especially in a group of people not known to them. This helped the person's self-esteem and to achieve a qualification."

At the time of the inspection there was no one requiring care for their end of life needs. One member of staff had recently completed some work on end of life wishes with one person and their family. This had included completing visits to the person family to discuss funeral plans and providing guidance to help the person and their family understand choices about severe illness or end of life. We saw another person had, with staff's support, created a memorial garden in the grounds of the service, and visited this regularly as a reminder of their loved ones who had died.

The provider had a complaints procedure in place. We saw that there were different ways that people could raise concerns and there was also pictorial format for people to use. We saw that any complaints would be fully investigated by the registered manager. One person told us, "If I was unhappy I would talk to staff."

Good

Is the service well-led?

Our findings

The service had a registered manager. 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 involved in the full operation of the service, from supporting people with their daily routines and community activities, to reviewing and monitoring people's placements. We saw they had a very visible presence within the service.

The provider had an effective quality monitoring system in place. Staff carried out weekly checks of the premises including health and safety, and cleanliness. Other audits were undertaken, for example, water temperatures, medication and paperwork completion. Each month the registered manager completed a comprehensive check to ensure that working processes had been completed. This was recorded under the five CQC key questions. Within each question were areas reviewed such as safeguarding, accidents, complaints, health and safety, maintenance and risk assessments. All checks seen were up to date and details of actions taken to address any concerns were completed promptly. This meant that systems were effective in identifying any issues, and to drive continuous improvement at the service.

People, their families and other stakeholders were engaged and involved in the service through the use of questionnaires, meetings and recorded consultations. The registered manager gathered people's views on the service on a daily basis through their interactions with people. We saw one person had requested that their relative did not have input around their support needs. We saw this request had been shared with the staff team and recorded in the persons plan of care. This showed that the management listened to people's views and responded accordingly to improve their experience at the service.

The management team sought feedback from staff and acted upon it. One member of staff gave us an example of this, they told us, "Staff meetings are regular, and we follow up any action points from the last meeting. Two staff members were on the one to one and with one person all the time. When those staff were off people were becoming upset. We asked [management] if we could switch [work with all people] them around to reduce this and they agreed."

People living at the service benefitted from a staff team that were happy in their work. Staff enjoyed working at the service and told us they thought it was managed well. They felt supported by the management and their colleagues and felt they were given training that helped them provide care and support to a good standard. Comments included, "All of the staff are lovely and go the extra mile for people. They don't give up. If people want something staff do it. Without exception it's very pleasant and everyone supports you", "Service is managed well, you always have an open door. [I am] supported really well. If I have an issue I can speak to anyone in or out of hours. It's amazing" and "People's opinions are listened to. It's amazing – I love this level of professionalism."

The registered manager and staff worked with other agencies to provide joined up care to people. Healthcare professionals felt the service demonstrated good management and leadership and delivered high quality care. They told us, "The management team are very passionate about the service. Their knowledge of people living at Cascade is very detailed. They lead by example, often found on 'the floor' and get involved directly with people's activities including going on people's holidays to provide support" and "I feel that the management team is well led, and have experienced professionalism and motivation amongst the staff team. Cascade within the locality is a very much used/sought after service, I would be keen for the service to expand in other areas across the East Riding Area."

The registered manager was aware of their duties under the new general data protection regulations. We found peoples information was kept secure and confidentiality was maintained.

The registered manager is required by law to notify CQC of specific events that have occurred within the service. For example, serious injuries, allegations of abuse and deaths. We received two notifications retrospectively after the inspection in relation to a safeguarding allegation from 2016 and one deprivation of liberty safeguard. All other notifications had been submitted. The ratings awarded at the last inspection were on display at the home.