

Cade Care Limited

# Cade Care Supported Living

## Inspection report

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### 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

### About the service

Cade Care provides support for one person in a supported living scheme. The building has been adapted to meet the person's needs.

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

Staff and relatives were extremely positive about support and care provided by this service. For example, comments included, "A great staff team who are so kind and sensitive." Also, "They are a fantastic team, they could not care for my [relative] any better. They are kind, caring and so patient." Staff were recruited safely, and sufficient numbers were deployed to provide the right support for the person. Staff demonstrated a good understanding about safeguarding people from the risk of abuse. They knew what action to take if they suspected abuse was happening. Staff managed the persons medicines according to national guidelines and confirmed they had received training. Staff assessed and helped manage avoidable risks. In addition, any incidents that occurred would be analysed and lessons learnt from them. The building was clean and hygienic. This reduced the risk of infection outbreaks. The infection prevention and control policy was up to date. Staff followed infection control guidance ensure the safety of the person and visitors.

Care and support were planned to ensure the persons needs and wishes were taken into account. Risks were assessed and carefully monitored to ensure individuals safety.

The persons received support with their healthcare and nutritional needs. they 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. Staff training was ongoing and comments from staff were positive about access to specialist training courses. One staff member said, "We have a really good training programme that is supported by the manager and regularly updated."

Activities were varied, staff had worked hard with the person and relatives to provide meaningful social activities to provide stimulation and exercise for the person. No complaints had been received since the service was registered.

The management team had extensive auditing systems to maintain ongoing oversight of the service and make improvements where necessary. Quality assurance processes ensured people were able to give their views of the service and improvements made when they were identified.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports Care Quality Commission to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

This service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture.

#### Right support:

- Model of care and setting maximises people's choice, control and independence.

Care and support had been developed around individual assessed needs. Staff worked in a way which promoted the persons independence. For example, a staff member said, "We are supporting [person] to choose healthier option foods and it is working well."

#### Right care:

- Care is person-centred and promotes people's dignity, privacy and human rights

Care support plans were person centred and ensured the individual and family were involved in the development and review of their plan as far as possible. Training and support for staff ensured human rights was at the heart of the delivery of care and support.

#### Right culture:

- Ethos, values, attitudes and behaviours of leaders and care staff ensure people using services lead confident, inclusive and empowered lives

The ethos of the supported living service was to develop and target support which suited the individual and helped them live the best life possible in an area they wished to live.

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

This service was registered with us June 2019 and this was the first inspection.

#### Why we inspected

This was a planned inspection based on the first inspection since their registration.

We looked at infection prevention and control measures under the Safe key question. We look at this in all inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively

#### Follow Up

We will continue to monitor information we receive about the service until we 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?

Good ●

The service was safe.

Details are in our safe findings below

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below

# Cade Care Supported Living

## **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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

### Inspection team

The inspection was carried out by one inspector.

### Service and service type

This service provides care and support to one person living in a 'supported living' setting, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

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

### Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

### What we did before the inspection

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

The provider was asked to complete a provider information return, however this was only requested by us in May 2021 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 this information to plan our inspection.

#### During the inspection

We visited the supported living accommodation to view the premises where the person lived. We spoke briefly with the person who lived there and one close relative about the service. In addition, we spoke with the registered manager and four staff members. We checked staffing levels, staff rotas, training records and recruitment procedures. In addition, we looked at records related to the management of the service. We did this to ensure the provider had oversight of the service.

#### After the inspection

We continued to seek clarification from the registered manager to validate evidence found. We looked at their quality assurance systems and the routines of the service.

# 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 good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff we spoke with told us people were safe. They told us they had received training around keeping people safe and protecting them from abuse. One staff member said, "I know the abuse/ whistleblowing policy and who to contact if I was concerned."

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

- The registered manager had good processes in place to manage people's safety and reduce risks to them. A relative said, "We know [person] is safe and is looked after by competent staff and management."
- Staff understood people's individual risks and what actions were needed to reduce or manage risks. For example, if a person became agitated due to staffing issues and the right staff were not on duty, they had a plan to reduce the anxiety of the person and keep them relaxed. The staff team who supported this person remained consistent to help manage this risk.
- The service worked closely with specialist professionals and family members to help develop risk assessments and strategies to reduce behaviours which may be harmful for an individual or to others.
- The registered manager reviewed incidents as part of lessons learned, to ensure risks were reassessed to prevent reoccurrence where possible and update any actions that were identified. Regular audits were completed, and lessons learned were shared with staff to improve the service.

Staffing and recruitment

- The registered manager ensured appropriate staffing arrangements were in place to meet the assessed needs of the person in a person-centred and timely way. A staff member said, "We have sufficient staff to support [person] and improve the quality of life and learn new life skills."
- Effective recruitment procedures ensured people would be supported by staff with appropriate experience and character. All required checks had been carried out prior to staff working at the service. Staff spoken with and recruitment records looked at confirmed this.

Using medicines safely

- The registered manager had good systems and procedures to manage medication safely for people. They trained staff and regularly checked medication administration was safe and acted on any discrepancies through their auditing systems which were robust.
- Care plans clearly set out when and how to support the individual with their medicines. Records were used to record when they had taken their medicines.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider had processes to admit people safely to the service.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.



# 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 as good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- The person had their needs assessed by the registered manager before Cade Care supported them. Information gathered during the process helped to form a care plan with involvement from family and health and social care professionals. This supported staff to provide support that was identified to meet their needs.
- The management team continued referencing current legislation, standards and evidence based guidance to achieve effective outcomes. This supported staff to ensure the person received effective and appropriate care which met their needs.
- Care records were regularly reviewed and updated monthly or when their needs had changed. Care records looked at confirmed this.

Staff support: induction, training, skills and experience

- Staff were competent, knowledgeable and carried out their roles effectively. One staff member said, "Training is very good here and relevant to the needs of [person]. Any training we feel the need to attend is always supported by the manager."
- Staff told us they regularly updated training and were encouraged to undertake professional care qualifications that would support their roles. Records of training we looked at confirmed this
- Staff told us they felt supported by the registered manager and received one to one supervision sessions. Records looked at confirmed this.

Supporting people to eat and drink enough to maintain a balanced diet; Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- Care plans detailed where the person may need support to monitor health needs and where they require support to attend any healthcare appointments and what risks they entailed.
- Due to the complex needs of the person related to their learning disability, there had been close and continued liaison with local social and healthcare specialists. In addition, input was provided by family members. A relative said, "The staff have worked so hard with [relative] diet to make it healthier and more nutritious." To improve healthier options at mealtimes, staff introduced a food of the week' to improve their dietary choices.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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.

- Staff had received training in understanding MCA, best interest decisions and DoLS. Records confirmed this. They supported the person to make choices for example at mealtimes.

# 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 good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- The person was treated with respect and kindness by competent staff and registered manager. This was confirmed by a relative we spoke with and observation during the inspection visit. A relative said, "They are a fantastic team, they could not care for [relative] any better. They are kind, caring and so patient."
- Staff had a good understanding of protecting and respecting people's human rights. They talked with us about the importance of supporting people's different and diverse needs.

Respecting and promoting people's privacy, dignity and independence

- Staffing levels to a ratio of three staff to one person meant staff had considerable time to maximise the person's independence. Care and support went beyond simply meeting their needs because staff worked as a team to give them as much attention to develop their wellbeing. In addition, to develop life skills to enhance their independence as much as possible. For example, staff informed us the person had progressed significantly since moving to supported living. They were doing more activities within and outside of their home. A relative said, "The staff have supported [person] to do things we thought were not possible, like garden activities and trips out. That is due to the care and support of all the staff."

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

- Where a person may struggle to express their views in words, staff had detailed understanding and know-how of the indicators that alerted them to signs of agitation and unhappiness or other emotions. A staff member said, "Our relationship has developed that we are all aware of [person] when different emotions are expressed and best how to support them."

# 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 good. This meant people's needs were met through good organisation and delivery.

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

- Staff and family of the person had developed a care plan which ensured the person was at the centre of the plan. This included ensuring staff understood what was most important and relevant to them and how best to deliver personalised support. For example, detailing their preferred routines. A relative said, "The staff have worked so hard with [relative] to reach a goal where they have a routine that suits [relative] and improve social skills."
- Staff clearly knew the person well and shared best practice in how to deliver personalised care. This was achieved by constant meetings and both informal and formal discussions with each other daily and relevant people that supported the person.

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.

- Records detailed where the individual had communication needs and what staff should do to ensure the person understood them as best possible. This included whether they required personal care or social support. A staff member told us, "Short sentences is the way [person] understands and responds to requests. We have come a long way with [person] and made great progress to enhance their wellbeing in terms of communication understanding."

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

- The service ensured the person had regular contact with family. This had been more difficult during national lockdown, however family were constantly involved. A relative said, "It has been difficult, but the staff have been brilliant in keeping us all in touch."
- Staff worked hard to provide meaningful activities and stimulation for the person. This had been achieved by involvement with the person and family. For example, they included, arts and crafts, baking and sensory time. A staff member said, "We have come a long way with [person] and more and more they are doing inside and community activities."
- Staff looked at a range of activities to suit the persons individual need. This included car journeys and walks to local shops. A relative said, "[Relative] has come on fantastic since being there and going out in the local area which previously they wouldn't."

Improving care quality in response to complaints or concerns

- The service had a complaints policy and process. A Relative confirmed they had received this and would be confident to make any issues or concerns known to the management team.
- There had been no complaints made and the registered manager assured us they would be taken seriously in accordance with their policy.

End of life care and support

- Where appropriate end of life plans would be put in place and staff would have appropriate training.

# 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 good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The service ensured there was a positive culture which was inclusive and person centred, ensuring positive outcomes for the person. A relative told us they could ring and speak with anyone at the service including the management team at any time. They said, "Absolutely vital we keep in touch and the staff and manager so much encourage that. It is a great place for [relative] to be."
- Staff said their views and suggestions were listened to and they felt valued by the management team and organisation. One said, "We have a great manager that will help at any time and that benefits [person]."
- Relatives were regularly involved in consultation about the provision of the service and how care was delivered. For example, photographs and updates of [person] participating in social events were sent to the relative regularly to keep them updated and informed. A relative said, "Its great they include me of how [relative] is doing."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care; 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 management team had extensive auditing systems to maintain ongoing oversight and continued development of the service. They provided a regular testing scheme for COVID-19 for all staff to follow. They reflected on identified issues transparently and acted to improve the wellbeing of the person they supported. For instance, they supported staff when shortages occurred, and the registered manager maintained their safety by being available 24 hours a day for any concerns staff may have.
- Staff said they worked well as a team and people commented the service was managed well. One staff member said, "[Registered manager] is so supportive and always available if needed."
- The registered manager understood their responsibilities to keep CQC informed of events which may affect people and the care delivery. They were open and honest about what achievements had been accomplished. In addition, what had not worked so well and where improvements might be needed.

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

- Systems and processes continued to be developed to ensure the person and relatives were fully engaged. For example, this could be through emails, telephone calls and care reviews.
- Staff said they were kept up to date and involved in the running and improvement of the service. This was

done through regular daily meetings and one to one supervision. One staff member said, "We all feel fully involved in the running of the service we provide."

#### Working in partnership with others

- The registered manager and staff worked closely with health and social care agencies to share good practice and enhance care delivery. This was confirmed by discussions with the staff, relatives and registered manager.