Cascade (East Anglia) Ltd

# Cascade East Anglia

## 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

The inspection took place on 1 and 2 March 2017 and was announced.

Cascade is registered to provide care for up to 8 people. At the time of the inspection 6 people were living at the home. The home supports young adults who have a range of different learning disabilities and mental health needs. The accommodation comprised of a refurbished building over two floors. This was the services first inspection.

There was a registered manager in place. 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 a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. For the purposes of this report the registered manager will be referred to as the manager. On the day we visited the management structure had changed. A new deputy manager and daily manager had been appointed. The registered manager remained the registered manager.

People had robust risk assessments and reviews of their needs. These records were detailed accounts of people's needs and the risks they faced. These records gave clear guidance to staff about how to manage people's needs. The manager responded effectively to accidents and incidents and took appropriate action to try and reduce the re-occurrence of these. The service had emergency plans in place and carried out various tests to ensure the building and equipment used was safe.

The manager and staff knew how to keep people safe and how to protect people from potential harm and abuse. There were systems for staff to report their concerns to the manager. The manager knew of external agencies they must report such concerns to. Staff knowledge about these agencies was variable but the manager said they would address this issue.

People benefited from being supported by staff who were safely recruited. There was consistently enough staff to safely meet people's needs at the time of this inspection.

People received their medicines in a safe way. People's medicines were stored securely. The administration of people's medicines was audited and checked. The manager and staff were proactive in responding to a change in people's health needs. The service promoted and encouraged healthy lifestyles.

Staff received regular training and the service was making plans for future training for staff to complete. Staff felt their induction to their work was effective. Staff received regular supervisions. The manager was not always testing staff knowledge about certain areas of their work. However, following this visit we received confirmation that these systems had been put in place.

The Care Quality Commission (CQC) is required to monitor the Mental Capacity Act (MCA) 2005 Deprivation of Liberty Safeguards (DoLS) and report on what we find. The service was working within the principles of the MCA. Staff had a good understanding about the need to seek consent from the people they were supporting.

People told us that staff treated them in a caring and kind way. People and staff had formed positive relationships with one another. The service supported people with their diverse needs. The staff and the manager supported people in a way which promoted their independence.

People received care which was person centred, relevant and responsive to their individual needs. People engaged with a range of social activities and educational causes aimed at enabling independence for their futures.

The manager had created a positive, open, culture at the home with a clear vision for the service and the people who lived at the home. This vision was shared by staff and people alike and put into practice.

The manager took quick action to resolve the areas which we had identified that needed improvement.

## 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.

The service was aware of people's needs and the risks they faced.

Systems were in place to protect people from the risk of abuse. The manager was proactive in raising concerns and responding to a change in people's needs.

People benefited from being supported by staff that had undergone recruitment checks to ensure they were safe to work in care.

People received their medicines in a safe way.

### Is the service effective?

Good

The service was effective.

Staff received training and regular supervisions.

People had enough to eat and drink and said they enjoyed the food.

The manager and staff were proactive in supporting people with their physical and mental health needs.

### Is the service caring?

Good

The service was caring.

People benefited from having positive and caring relationships with the staff that supported them.

Staff promoted people's independence.

People's privacy and dignity was protected.

### Is the service responsive?

Good

The service was responsive.

People received care which was person centred.

People's needs were regularly reviewed and monitored.

Staff were able to spend real time with people.

People were involved with a range of activities which they wanted to do.

## Is the service well-led?

Good

The service was well led.

There was a positive culture at the service.

People had robust risk assessments and care plans to support staff to meet people's needs.

The service was asking for people's views on the service.

# Cascade East Anglia

**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.

The inspection took place on 1 and 2 March 2017 and was announced. We announced the inspection the day before we visited. This was because the service supported a small group of people who often went out and we wanted to ensure we could gain access to the home during the day. The inspection was carried out by one inspector.

Before the inspection we viewed all of the information we had about the service. The manager had completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed notifications the manager had sent us over the last year. Notifications are about important events the manager or provider must send us by law. We also contacted the local authority quality assurance team and local authority safeguarding team to ask for their views on the service.

During the inspection we spoke with four people who used the service and two relatives. We spoke with two health and social care professionals and with the manager and five members of the care staff.

We looked at the care records of two people who used the service and the medicines administration records of three people. We also viewed records relating to the management of the service. These included risk assessments, reviews, three staff recruitment files, training records, and audits.

Good

# Is the service safe?

## Our findings

The service had processes in place to help people keep safe.

The manager and the staff we spoke with all knew how to identify if a person was experiencing harm or abuse. Staff told us they would inform the manager if they had any concerns. One member of staff was aware of the safeguarding team within the local authority, who they could also report concerns to. However, this was the only member of staff who knew about this team and what their function was. We spoke with the manager about this who said they would revisit this element of safeguarding training.

The manager completed robust risk assessments for the people who lived at Cascade. These records explored people's needs in detail. People's care plans identified what type of support people needed. The care plans gave staff clear guidance about how to support people, in order to keep them safe.

There were various safety checks which were carried out weekly by a particular member of staff. These monitored people's rooms, equipment and communal areas to ensure safety When we visited the home we saw these checks were being carried out. We saw one member of staff asking one person, "Can you spare me a few minutes so I can check your appliances in your flat?" During our visit, the home was being assessed by an independent health and safety company. This included a training session for staff on health and safety issues.

However, one person had a damp patch in their bedroom. The manager told us they had had conversations with the directors about addressing this issue towards the end of last year. It was only at the inspection that the manager told us of a plan of action which still had not been put in place. We asked the manager to address this as soon as possible. We later received confirmation that action had been taken.

There were weekly fire tests to ensure the fire equipment was working correctly. The service had started to carry out a monthly evacuation of the building which included the people who lived there. However, the manager had not completed individual emergency evacuations assessments and plans for the people who lived at the home. The manager told us that some people found it difficult to listen to the alarm when it was tested. Plans for how to support some people in a real emergency situation had not been put in place. We spoke with the manager about this who told us they would correct this issue.

Staff told us that if they had any concerns about a colleague's conduct they would speak with the manager or a senior member of staff. The staff we spoke with also said they would report any concerns to us, the Care Quality Commission (CQC).

The service had a robust way of reporting and responding to accidents and incidents. We looked at records of various incidents which had occurred over the last year. We could see that appropriate action had been taken in each case. This included a full investigation with an action plan to try and prevent a similar incident for an individual happening again. Where necessary this information was shared with social care professionals to seek their involvement in order to keep people safe and support them.

The manager had a clear understanding of people's needs and therefore knew the required number of staff that were needed on each shift in order to keep people safe. We were shown the last six weeks staff rotas which showed this staffing level was consistently applied throughout this time. Staff told us that they felt there was enough staff on each shift to keep people safe. On the days we visited the service we observed staff offering one to one support to people. We saw that staff responded to people's needs quickly and gave real time to people. The people we spoke with confirmed this level of support was available to them daily.

We looked at three staff recruitment files. We could see that the Disclosure and Barring Service (DBS) checks had been carried out. A DBS check enables employers to carry out safer recruitment decisions and prevents unsuitable people from working with vulnerable people. Staff had full employment histories on file. One member of staff had gaps in their initial employment history on their application form. We could see the service had asked this person to explain these gaps, and this information was added to their personnel file. However, the service was not keeping a record of the staff identity checks they were completing. We spoke with the manager about this, who said they would address this issue.

People received their medicines as the prescriber intended. We looked at people's Medication Administration Records (MAR) and we could see that staff had signed to say people had had their medicines. We also completed an audit of people's remaining medicines which confirmed the correct amount had been given within the last three weeks. People's medicine care plans explained what medicines people had been prescribed and what they were for. There was information to guide staff relating to people's 'as required' medicines. Medicines were stored in a safe way and there was guidance clearly displayed on the medicines cupboard to prompt staff about the steps they should take, to ensure people received their medicines safely.

The manager and staff were not recording the temperature of the medicines room. The manager said they monitor the temperature, and there was a thermometer attached to the medicines cupboard. However, there was no evidence that this was taking place. It is important to monitor the temperature of the room where medicines are stored as high temperatures can reduce the effectiveness of certain medicines. The manager said they would start recording this data, to ensure the temperature is closely monitored. We later received confirmation that this was taking place.

We were told by the manager and we could see from some of the accident and incident forms, that in the past some people had not received their medicines correctly. On some occasions some people had not been given their medicines. We spoke with the manager about this who told us they put a system in place where the member of staff administering people's medicines would be identified at the hand over meeting. Another member of staff would also check the MAR charts at each shift to ensure people had received their medicines as the prescriber had intended. We saw records demonstrating this was taking place. We also saw paper work relating to a recent 'medication quiz' about each person's medicines. This was to promote and test staff knowledge about people's medicines.

Good

# Is the service effective?

## Our findings

People who lived at Cascade received effective care from the staff and the manager.

The staff we spoke with all had a detailed knowledge of people's needs and the support they needed. Staff told us they had gained this knowledge from looking at people's care plans and spending time with people, getting to know them.

Staff received an induction to their role which included a series of training on line, looking at people's risk assessments and care plans, and observing more experienced staff. The staff we spoke with spoke positively about their induction and they felt it had prepared them for their work. The manager told us about one member of staff who had not worked in care before. The manager told us how this member of staff spent a month with them and senior staff at the home before people moved into the service. The manager also told us that various members of staff had been asked to apply for care roles before the service had opened. This was because the manager had worked with these individuals before and had valued their work.

Staff received training on safeguarding, mental capacity, health and safety, infection control, medicine administration and training on bullying and anti-discriminatory behaviour. New members of staff completed the Care Certificate which is a series of training outlining what good care looks like. When staff started to administer people their medicines after having training on the subject, these members of staff were observed to ensure they had understood the training, and they were putting this training into practice. On the day we visited the home we saw a senior member of staff arranging classroom training on how to safely physically restrain people, when their behaviour was at risk to themselves and others.

However, the service was a nursing home and at present had one nurse, whose aim in this role was to support people with their mental health needs. The service did not have a record of their clinical training. There was no clear monitoring to see if this member of staff's clinical knowledge needed updating. We spoke with the manager about this, who told us this training was up to date. They told us they would ensure this training was recorded on the service's training system and it would be monitored.

Staff received supervision on a regular basis. The members of staff we spoke with said they found these conversations useful. We looked at these records and we asked staff questions relating to certain subjects relevant to their work. However, we found that staff sometimes lacked knowledge in some of these subjects. The manager was not always testing staff knowledge in key areas, after they had had training in these topics. We spoke with the manager about this who confirmed this was the case but told us they would make plans to address this issue.

The staff and the manager communicated effectively with one another. We looked at a series of 'hand over' records which were completed at the end of each shift to be passed to the next shift. A member of staff had looked at each person who lived at the home and what their needs were that day. A brief history of recent events relevant to that person was also identified on this form. This included if they had expressed behaviour which others had found challenging. We also saw and heard staff communicate in a professional

way with each other throughout our visit. The shift was well organised and staff knew what tasks they needed to complete and the various events taking place that day.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

The manager had a good understanding of the MCA and DoLS. Staff told us how they always sought people's consent before they supported them. Staff were very clear with us that they supported people in a way which was directed and led by the person themselves. We looked at people's care records and we could see people had signed consent forms relating to various elements of the support they received. The manager had also completed capacity assessments to determine whether people could consent to their care. We concluded that people had been involved in the planning and delivery of the care and support they received. One member of staff said, "Everything is their [people who lived at the home] choice."

People spoke positively about the food and drinks provided by the service. One person said, "The food is lovely." Another person told us, "The food is nice."

We were told people worked through their meal menu for the week with a member of staff to ensure people had what they wanted to eat. In the kitchen we saw there was a menu planner for each person. During our visit we saw staff supporting people to plan meals for the next week. We also heard staff supporting other people with their lunches. In these situations staff asked the individuals what they had planned to eat and if they were happy with this choice.

Some people had asked for support with making healthier food choices. We saw and heard how the staff were supporting these people with their food choices and their plans to eat a healthier diet. We also saw that people ate at times which they had chosen.

The manager and the staff told us how they promoted a healthy lifestyle. One member of staff told us about a person who was at risk of not drinking enough. So all the staff carried and drank from water bottles with their own names on them. This was to promote the need to drink regularly throughout the day. We saw there was a cycle machine in the lounge, next to it there was information about a cycle competition, where people had voluntarily recently recorded how far they had cycled and for how long. When some people returned from college we heard some members of staff encourage these people to go and play football in the garden with them, which they did. We also saw that staff went out for walks with individuals.

The staff and the manager supported people with their health needs. We looked at people's care records and we could see that various health appointments had been made when people were unwell. People's weight was also being monitored (with the person's permission) and staff were checking if people were at risk of being under weight.

The manager also made contact with health and social care professionals when people needed further involvement. The manager made this contact when some people expressed behaviour which other people found challenging or if people's social care and mental health needs changed. We spoke with one social care professional who spoke positively about the service. They told us that they were involved and updated as to the changes in the needs of people they supported.

Good

# Is the service caring?

## Our findings

The staff and the manager treated people who lived at the home in a kind and caring way.

One person told us, "I love it here, it's much better than any other home I have been in." Another person said, "I really like it here, staff are nice."

During our visit to the home we observed staff being gentle and kind to people. Staff spent time talking with people and listening to them. Some people returned from college and were greeted by a member of staff with enthusiasm and in a positive up beat way. We saw staff talking softly to people in a supportive way when they assisted them. We also observed friendly interactions from people who lived at the home towards the staff. People approached staff when they needed assistance or had a question to ask. We saw people initiating conversations with staff and holding hands or asking them to take part in games and social activities they wanted to do. We concluded that people had formed positive relationships with staff and vice versa.

The manager told us about how they supported people's diverse needs. We were told about how the service was supporting one person to make connections with others who shared a common diverse need, as a way of supporting this person with this element of their life.

The service involved people with the planning of their care.

People told us that staff sat with them when they first moved to the home and planned their care needs. When we looked at people's care records we could see that people had been actively involved in the planning of their care. People had signed to say they agreed to their individual care plans. In some cases people had hand written statements on their care plans, telling staff how they wanted to be cared for and what was important to them. One person had written a statement on one of their care plans, it said, "All staff need to read this, it's important to help me." During our visit we saw staff talking with people about what they wanted to do that day and making plans to make sure this happened.

There were also 'resident meetings' for the people who lived at Cascade. At these meetings certain topics would be discussed and people would be asked for their views. The people we spoke with told us that this happened and we looked at a record of a recent meeting.

The staff we spoke with told us how they promoted people's dignity and privacy. Staff explained to us the techniques they used to ensure people were treated with respect when they were being assisted with their personal care needs. During our visit some people needed assistance with their personal care. This was managed in a sensitive and respectful way.

The manager told us that a focus of the home was to enable people to live as independently as possible in the future. Staff told us how they spent time prompting and encouraging certain people with their personal

care, rather than directly assisting them. We saw people prompting staff that it was time to take their medicines. We spoke with staff and the manager about this. We were told staff knew when people needed their medicines, but people were involved with this process as much as possible. This was to encourage independence with this task in the future. One person was being supported to be independent with their medicines as they were going away at the weekend.

We also saw that people were supported to gain independence with managing their money, planning their meals, and with shopping. For example one person was asked what they were having for lunch, they said, "Soup, oh I have my pasta I already made." We saw another person cooking with a member of staff; this member of staff was talking with this person, and giving them advice about kitchen hygiene.

People's confidential information was stored in a secure way. People's records were kept in a locked office and out of view from the public. When staff divided tasks among themselves these were discreet conversations.

Good

# Is the service responsive?

## Our findings

People were supported in a way which was person centred and responsive to their needs.

One person told us that, "The support staff are really good here... I love the support here it's really good… They are really helping me." Another person said, "Staff listen to our needs."

When we looked at people's assessments and care plans we could see that people had been involved in the planning of their care. The records we looked at contained information which was individual to the person. Each person had a 'grab sheet' telling the staff about who they are and what was important to them. This also included triggers which would cause distress or anxiety. Included with this information were tactics for staff to use in order to help this person to manage or reduce their anxiety.

The service rated the risks which people faced with the use of a particular system. One person told us how this scheme worked and the ratings they had for various risks which they faced.

Some people had been referred to specialist health teams in order to support people with elements of their daily routines. We saw the advice that some of these professionals had given the person and the service as it was recorded in people's care plans. We also saw that this advice was put into practice to support individuals in their daily lives.

One person wanted to lose weight. We observed this person talking with a member of staff about wanting to complete some exercises. We saw this person and member of staff making plans to complete an exercise class together. This member of staff said, "I have my exercise equipment in the car."

People were involved in planning their care and support. We spoke with one person who told us what the medicines that they had been prescribed were for and how these medicines helped improve their mental health. We saw in people's records that their medication needs were also written in a pictorial form, this was to help some people who found reading difficult. We heard a member of staff and person discussing and making plans for a social outing. The member of staff said, "You choose a date and I'll book it."

We spoke with a social care professional who told us about one person who was at risk of being under-weight when they first moved to the home. They told us that this person's relationship with food had improved because of the support of staff and the time staff spent with this person. They said, "[Name] is coming on leaps and bounds because they are getting one to one support."

People had regular monthly reviews of their care needs. We looked at some people's records and we could see their needs had been reviewed. We also heard a member of staff talking with a person and planning a review, they said, "We could go for a coffee somewhere and have a chat." The person answered, "Yes that would be nice."

People were supported to complete activities, interests, and have social experiences which were individual to each person. One person was going away with a particular organisation and attended weekly events. This person spoke with real enthusiasm about this and told us what they had achieved as a result of being part of this organisation. Another person told us about the outings they had gone on with staff. Around the home were numerous photos and 'selfies' of people out having meals, watching football matches, and completing joint activities. On the day we visited the service, people were going out in the evening to play bowling.

People told us about the goals and aspirations they had of working and living independently. Some people attended college courses and other people were being supported by staff with 'home learning' in order to prepare them for a college course in the future. One person also supported a group of pupils at a school. One person had wanted to complete a particular course, the manager had found out about availability, and was attending a similar course with the person until the course started in the summer.

The manager told us how people were supported to explore their concerns or issues that were important to them. There was a complaints process and the manager said they would investigate a complaint, but at present they hadn't had any. People told us if they had a complaint they would talk to the manager about this.

Good

# Is the service well-led?

## Our findings

The service was being well led by the manager.

There was a positive culture and atmosphere to the home. Staff told us how they felt supported by the manager and their colleagues. Staff said they felt valued by the manager. One member of staff told us, "I have a lot of faith in them [the manager and a senior member of staff] they have my ultimate respect and vice versa." Staff also told us that they felt confident about raising concerns and discussing issues with the manager.

The manager told us that when the service first opened they had told the directors they did not want the service to be at its maximum capacity. They said this was because they wanted to ensure they could meet people's needs fully. The service was considering a new person moving to the home when we inspected. As a new service the manager talked about not wanting to rush admissions, the manager said, "It has to be a service which provides outstanding care."

When we visited the service the manager was very involved with the day to day running of the home. The manager knew the people the service supported. The manager was able to talk in detail about people's needs and the challenges they faced. We saw people often speaking with the manager, and in each case the manager would stop what they were doing and give people their full attention and time.

The service was transparent. The manager sought the advice and involvement of outside health and social care professionals in meeting people's changing needs. We spoke with some of these professionals who told us they felt welcomed when they visited the service. One social care professional told us that they didn't feel they needed to make an appointment to visit the people they supported.

The manager had a clear understanding of their responsibilities in managing the home. The manager was able to tell us what events they must inform us of by law. Our records we hold about the service confirmed this. The manager also had a good understanding of the regulations we assess the service against.

The service was making links with the local community in terms of accessing local training and educational centres, on behalf of the people who used the service. The manager had responded positively to an invitation for people who used the service to engage with a recent diverse organisation.

The manager told us about the vision of the service, which was to support people to move forward and live an independent life. The staff we spoke with shared this vision. One member of staff told us, "I want to empower, these guys, I don't tell them what to do." During our visit we saw many examples of staff putting this vision into practice.

The manager had started to monitor the quality of the service by looking at training records to ensure staff had up to date training. Care plans and people's records were being checked. However, when we looked at

one person's record this had not been fully updated following a series of important events and a subsequent change to how their care needs were being managed by staff. We spoke with the manager about this who said this issue would be resolved.

An internal audit had been completed by an organisation associated with the service. This audit had identified some areas of improvement in November 2016. When we visited the home these issues had been addressed and action had been taken to resolve these issues.

There were audits which were taking place which related to the safe administration of people's medicines. We looked at these audits and we could see issues had been identified, and it had been recorded when the manager needed to address an issue with a member of staff. However, we looked at one audit which had identified an issue but this had not been addressed with the relevant member of staff. The manager had not been checking how effective the audits were which were carried out by another member of staff. As a result of this inspection the manager told us they would create a plan to check the audits which were completed by other members of staff. We later received confirmation that this plan had been put in place.

The manager was very responsive to the areas of improvement we highlighted during our inspection. We found that prompt action was taken to resolve the issues we raised.