

Cascade (Stiles House) Limited

Cascade Supported Living

Inspection report

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Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Outstanding 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

This inspection took place on 30 January 2019. The inspection was announced on the 29 January 2019 because it is a small service and we needed to be sure that somebody would be in. At the last inspection the service was rated as Good overall with Outstanding in caring (report published June 2016).

This service provides care and support to people living in two 'supported living' settings, so that they can live in their own home 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.

Cascade Supported Living provides personal care for people with a learning disability and autistic spectrum disorder. 13 people were receiving a service at the time of this inspection. 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. Registering the Right Support CQC policy.

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

We were supported during this inspection by 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.

Positive outcomes for people routinely exceeded expectations. Staff worked hard to provide a consistently better quality of life for people by supporting them to develop in areas such as communication, social interaction, education and independence. People spoke highly of the support provided and told us how they had achieved improvements in their own abilities, independence and confidence.

The provider placed a clear emphasis on good governance, and promoted a transparent culture of leadership. The service was routinely challenged by feedback from people, staff and other stakeholders. Quality assurance was robust with an emphasis on learning from mistakes and being open and honest when things go wrong. The provider demonstrated an innovative high level of experience and capability to deliver excellent care; they were extremely knowledgeable and inspired confidence and passion in the staff team. They promoted a culture that was extremely person-centred and inclusive and which provided high-quality care with good outcomes for people.

People were encouraged and supported to take positive risks without unnecessary restrictions, to live

meaningful lives. Staff showed an excellent understanding of their roles and responsibilities for keeping people safe from harm. They routinely questioned any areas where risks or 'near misses' were evident and implemented innovative solutions to keep people safe. For example, the implementation of 'Social stories' were used to embed routine and safety into people's lives.

People were assured of receiving care and support to develop their daily living skills, independence, goals and aspirations. A holistic approach which included people, their relatives, staff and other health professionals had been adopted in the assessing, planning and delivery of people's care and support. Care plans were extremely detailed and identified intended agreed outcomes with people. People were supported to monitor and evaluate their progress using a 'spectrum star' which consisted of between five and ten distinct areas that are important to the person's overall quality of life and to the aims of the service.

The provider was creative in seeking people's feedback and people were actively involved in making decisions about the care that they received. Their opinions were respected and listened to. The service was run very much around the needs of those living there.

Everybody enthused about how consistently kind and caring staff were. The provider worked in close partnership with other health professionals who consistently recorded positive feedback of how the service exceeded 'normal' expectations for a supported living service of this kind. The provider had developed strong familiar relationships with people and family members and were described as 'going above and beyond' in order for them to live an excellent quality of life.

People were protected from, and had an awareness of what constituted abuse and how to maintain their safety. Staff had received inclusive and comprehensive up to date safeguarding training and systems and processes were in place to support them to routinely raise any concerns for further investigation.

People were supported to take their medicines safely as prescribed. People were supported to take control of their medicines and to understand and reduce the reliance on medicines used to manage behaviour resulting in positive health benefits. Health professionals confirmed people's reliance on medicines to manage behaviour had reduced because alternative interventions had been agreed and implemented to support people at difficult times.

Staff supported people to meet their needs safely and in a person-centred way. Staff worked with people to plan their care and support them to attain achievable goals and outcomes. People confirmed they received care and support from regular care workers who they knew. We found people were involved in safe recruitment and selection procedures to ensure new staff were suitable and had the appropriate skills, knowledge and compatibility to meet their individual needs.

Consent to care and support was sought in line with legislation and guidance. Staff were confident when working with regards to the Mental Health Act 2005. Restrictive practices were kept to a minimum and reviewed in best interest meetings for their effectiveness. People were supported to make choices, according to any beliefs or personal preferences. Information was communicated in a range of formats that was accessible to everyone regardless of their ability.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good 

The service was safe.

Staff implemented innovative practice to mitigate identified risks and people were supported to understand types of abuse they may be vulnerable to which meant they could live normal lives without unnecessary restrictions.

Staff developed positive working relations with people to keep them safe.

People were supported to take control of their medicines and to understand and reduce the reliance on medicines used to manage behaviour.

Is the service effective?

Good 

The service was effective.

People achieved good outcomes in their lives through support from staff.

Staff received good support to carry out their role and had a good understanding of the people they supported.

People received a dedicated service from a range of health professionals to ensure all their needs were planned and met without undue delay.

Is the service caring?

Outstanding 

The service was exceptionally caring.

Without exception people were respected as individuals.

People were at the centre of the service. Their views were clearly recorded and upheld.

People were empowered to take control of their lives. They received an exceptional service which was delivered with compassion kindness and dignity.

Is the service responsive?

The service was extremely responsive.

Working with people and other health professionals, staff were able to implement innovative ways to tailor care and support to the needs of individual people in a flexible way which promoted positive risk taking and supported people to receive a truly person-centred service.

Visiting professionals unanimously told us the service was focused on providing person-centred care with exceptional outcomes for people.

Dedicated staff ensured people achieved outcomes and aspirations and removed unnecessary boundaries using innovative practice.

Outstanding 

Is the service well-led?

The service was exceptionally well-led.

Quality of service including the provision of high quality care was assured and continually challenged using innovative governance.

The provider and management team led by example to promote a positive person-centred culture that was imaginative with people at the heart of the service.

Outstanding 

Cascade Supported Living

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 30 January 2019. The inspection was announced on the 29 January 2019 because it is a small service and we needed to be sure that somebody would be in.

One inspector and an expert by experience carried out this inspection. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. Their area of expertise was learning disability.

Before the inspection we reviewed information we held about the service. We reviewed information the provider sent us in the Provider Information Return (PIR). 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. We requested feedback from the local authority quality monitoring team, a mental health social worker, a specialist nurse, two clinical psychologists and Healthwatch. Healthwatch are a consumer champion for users of this type of service.

During the inspection we spoke with the registered manager, the group compliance manager, the group education manager and four care staff. We spoke briefly with six people about the service they received. We reviewed documents and records that related to the management of the service. This included, four people's care records, a range of policies, procedures and guidance used by staff in their role, records of safeguarding, accidents, incidents and complaints, audits and quality assurance reports, three staff member files, checks and risk assessments for the environment and records associated with the management and administration of people's medicines.

Is the service safe?

Our findings

People consistently told us they felt safe. Staff understood the types of abuse that individual people were vulnerable to. Everybody was clear about reporting concerns but more importantly there were clear recorded outcomes of any associated investigations. Once a concern had been raised the provider was proactive in reviewing events and records had been completed with input from individuals, their key worker, relatives and where necessary other health professionals, to build in support mechanisms for everybody to follow to prevent these incidents from re-occurring.

Where people with autistic spectrum disorder had been assessed as having a lack of understanding regarding their actions and the impact they could have on both themselves and others, the provider involved them in developing approaches to safeguarding. Evidence included innovative learning and discussion in a variety of formats. We saw people had engaged using pictorial and recorded learning where they were at risk from sexual abuse. We found this input had reduced incidents where people had put themselves at risk and meant people were able to engage in, and maintain safe appropriate friendships and relationships to have a great life.

The provider ensured, where people were assessed as being vulnerable to, or from abuse they worked with those individuals to manage situations without unnecessary restrictive practices. Evidence of creative thinking and discussions with people around assessed risks of abuse were recorded. For example, where people were at risk from financial abuse, the provider worked with the person to provide them with support to take positive risk-taking; to safely take control of their money for day to day living. Examples included, daily pictorial budgeting, and saving plans for individual purchases. We saw evidence where the provider incorporated role play shops and completed savings plans with people so they could make appropriate purchases independently.

The provider ensured any incidents were managed to prevent them re-occurring to the benefit of people's safety. Where incidents had occurred between people and others, the associated behavioural risks were re-assessed. With people's input, corrective actions were implemented which demonstrated a reduction in these events happening. A relative told us, "[Person's name] used to be very aggressive because they were unable to express their feelings. Their frustration came out in anger. This has significantly reduced due to the work done with them by Cascade. It has helped them to focus on alternative positive interventions which has improved all of our lives."

Staff had worked closely with healthcare professional to implement practice where people had assessed risks. This resulted in 'Social stories'. Social stories are a learning tool that supports the safe and meaningful exchange of information between relatives, professionals, and people with autism. Social stories in people's files included a brief description of an action or event with single sentences and pictures which the person would be able to relate to. We found numerous examples where Social stories had been effectively implemented to help people to challenge themselves, understand risks and to stay safe. A staff member said, "We develop short stories with people, discussing and recording each part of the action or event in a format they can understand. They have been extremely effective when people run off, or cross a road,

without awareness of the risks. Because we follow the stories everyday with people they become routine which means they are less and less reliant on staff to support them to remain safe."

People were actively involved in managing their own risks. For example, some people who managed their own medications were supported to do so in a safe way. Guidance followed national best practice. Staff were clear on when to prompt people to take medicines and maintained accurate records to ensure they were given as prescribed.

Where people were prescribed psychotropic medicines to manage their behaviours, they were used as a last resort. We found evidence people were aware of why these medicines had been prescribed and understood when they were required to take them. One person had recorded, "I take my medicines when I am feeling anxious and cannot calm down." The provider was keen to challenge the reliance on this type of medicine as a therapy to control behaviour due to side effects which could impact on the persons quality of life. Input from a professional health review for one person recorded a reduction in reliance on this type of intervention, sighting successful outcomes in positive alternative therapies. Additionally, a health professional told us, "Staff observe medication is taken as prescribed. This has significantly reduced relapses that were previously apparent in the person's mental health." This had a positive impact on people's lives, and maintained good outcomes for their mental health.

People were supported consistently by staff members who understood and supported their individual needs. We observed sufficient numbers of staff on shift to support people safely. Staff said there were enough staff to meet people's needs safely, and they didn't feel rushed or under pressure. Staff and external organisations told us it was an inclusive place to work which promoted their safety. Any incidents were robustly investigated and staff received support until they were assessed as fit and safe to return to their role.

Appropriate recruitment checks were conducted prior to staff starting work, and people were proactively involved in decisions to ensure staff who worked with them had the suitable knowledge and were compatible with their needs. Staff showed empathy with regards to peoples' needs and had received training to use innovative tools to empower them to take risks and to stay safe.

Staff had received and understood the importance of maintaining good infection control practice. Information was available around the home for people to follow. Staff had completed social stories with people to help them understand, and follow good hygiene practice during meal preparation; reducing the risks of cross infections.

Is the service effective?

Our findings

It was clear from our observations and from feedback from people and health professionals that care, treatment and support achieved good outcomes and promoted a good quality of life. People's outcomes were consistently better than expected compared to similar services and people's feedback was consistently positive.

People received a detailed, holistic initial assessment of their needs and care was provided in line with standards, guidance and the law. Agreed outcomes and goals were clearly recorded with people's input, choice and expectations. Care and support was continually evaluated to ensure it remained relevant and effective.

The provider worked in partnership with other organisations and agencies to apply national best practice and solutions to promote people's independence. We found evidence of clinical psychologist interventions which had led to the implementation of 'Social stories' resulting in positive outcomes which supported people to regain their independence and learn new life skills.

People received guidance and support to provide input and consent to their care and support. Where people had been assessed as not having capacity to make certain decisions the provider worked with the local authority and court appointed deputies to ensure decisions made on behalf of people were lawful. 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 with appropriate legal authority.

We checked and found the service was working within the principles of the MCA. One staff member was a mental capacity and consent champion. They told us, where people lacked the capacity to make particular decisions, they were supported to have maximum choice and control over their lives and were supported by staff in the least restrictive way possible. Where decisions needed to be made in people's best interests, relevant people were involved and appropriate records had been completed. A health professional told us, "Sometimes people can't always make informed decisions that will be of benefit to their well-being due to lack of understanding. The staff are aware of this and they are quick to set up meetings so people can continue to live as normally as possible but with some supportive guidance. We are involved in regular reviews where this is apparent. For one person, this approach resulted in huge benefits as they struggled with their diet and associated diabetes."

Staff worked collaboratively with a range of other health professionals where their knowledge and input was required to help people live fulfilled lives. A health professional told us, "Out of all of the services that I walk into, staff at Cascade are the most forthcoming in asking for advice and are very receptive to what is suggested. They think about and implement different ways to provide support, seek professional input when

it is required and don't ignore or turn their backs on people. This means people have positive outcomes; one person with very complex needs was supported through a very difficult time with a very successful outcome."

Staff told us and records confirmed they received appropriate support and had access to training tailored to meet people's needs and develop their aspirations. One staff member said, "We complete the usual induction, autism training and safeguarding but we also receive training in developing people's life skills. This has included attending an ASDAN programme to support people with this." Award Scheme Development and Accreditation Network (ASDAN) is a curriculum development organisation and awarding body, offering programmes and qualifications that explicitly grow skills for learning, for employment and skills for life.

People received excellent care from consistent staff; each person had their own 'Key worker' who worked directly with the individual and was a point of contact for relatives and others to share information. A staff member said, "I have been the key worker for [person's name] for a long time. I know them very well and together, we plan to achieve effective outcomes no matter how small they may appear. We grow together and enable people to do more on their own in a safe and managed way." Newly recruited staff completed a comprehensive induction which included shadowing other more experienced staff. This gave them the opportunity to get to know people's needs and behaviours before lone working.

People were supported and encouraged to maintain a healthy balanced diet. The provider had recruited a qualified 'group physical health and well-being manager' who had responsibility of raising initiatives to emphasise the importance of eating and drinking well. Staff recognised and placed a strong emphasis on the risks associated with poor food and drink intake, and the requirement to introduce flexibility at meal times when people requested this.

People told us how they had participated in a 'health promotion week' which was reported on in the local press. The purpose of the week was to create 'healthy habits; not restrictions', and to bridge identified health inequalities between people with learning difficulties and the general population. One staff member said, "We introduced new food, finger foods and food in different textures. Staff were role models. People could see staff enjoying themselves and started to participate. Many people realised there were other enjoyable options available to them, and this has continued as part of their healthy eating plans."

People, staff, relatives and health professionals told us that initiatives implemented had positively promoted healthy eating and supported a balanced diet for people. One person told us, "It's perfect living here, I am 'type 2' diabetic. With help from my key worker I choose all my own food which is great. I walk to the leisure centre; it's 8000 steps and I log it in a diary. I've lost weight through healthy eating and walking."

Staff supported people with nutritional advice according to their individual food choices. This included specially prepared meals to celebrate key religious dates in the calendar. For example, Easter and Christmas. For a recent Jewish festival people planted a tree and had different food tasting sessions.

Staff were encouraged to take on specific champion roles as an information point of access for others. One staff member said, "Champions take on extra training. We can go to a champion who will have knowledge we need or can guide us in the right direction. This means we can be proactive in signposting people when they need other health input."

Information was available should people routinely access other health services and attend important reviews concerning their health and wellbeing. Professionals confirmed the level of detail within

assessments was exceptional in comparison to other services they had worked at. The service was committed to working collaboratively with other healthcare services and specialists and were consistent in supporting people to live healthier lives. For example, specialist advice and support was proactively sought and accessed for those who required specialist equipment to help maximise their quality of life. A health professional said, "Cascade staff worked with the person to access a physiotherapist in relation to correcting their gait. Because of the support they were provided with specially fitted shoes with 'high backs' and velcro-straps instead of laces; this instantly eliminated their trips and falls."

Is the service caring?

Our findings

People were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service. Staff involved people and treated them with compassion, kindness, dignity and respect. It was clear from our observations and from talking to people that they were supported by a strong, visible person-centred staff team who were highly motivated to provide kind and compassionate care. One relative recorded, 'Our son is very well cared for; we have our happy son back thanks to the staff team.'

The provider recognised that people needed to be supported by staff who they could build positive relationships with. Initial introductions at interview with staff or before induction to the service by people resulted in close compatibility and a clear understanding of people's needs and boundaries. Processes were robust and ensured staff were of a similar age and had personalities that would match people; this was evident in the positive relationships that had been developed. A staff member said, "It is important people are happy in their choice of staff who support them. Everybody has on and off days as well. If at any time people are not happy then it's their choice, and we would swap staff about. This doesn't happen much; the initial matching process is so good. We have retained long serving staff because, in part, of the relationships they have formed with people.

Staff had developed strong, caring and respectful relationships with people and those close to them. A relative confirmed, "We were not sure supported living was the right service for [person's name] because of their complex needs. The staff have been fantastic and [person's name] has developed beyond expectation. Staff are carving out a life style with them; it's the best thing we ever did, and we are always involved."

The provider was clear on promoting equality and supporting people to build friendships and relationships as they transitioned from young people's services. Short training sessions, awareness activities and 'social stories' provided guidance on maintaining safe friendships and helped to support people develop meaningful relationships.

Close working relations with other health professionals drove compassionate care to the persons advantage. A health professional was quick to record, "Cascade staff treat people as equals (despite the power differentials); Cascade are kind, caring, genuine and supportive. They provide comprehensive care and support; I've not had any concerns in relation to the standard of care in the three years that [person's name] has lived here with this care and support."

We consistently received positive feedback from everyone we spoke with regarding the caring nature of the service and the support people received. A health professional said, "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, understand individuals and have continued to stand by people when they have experienced high levels of distress. This approach I believe has helped people to trust staff and know that they are 'really there for them' and not been made to feel a 'nuisance' or 'challenging' because of the difficulties they face."

The provider was exceptional at helping people to express their views so they could be involved in decisions about their care. A range of innovative approaches had been developed, explored and implemented in partnership working, where people were empowered to take control of their lives. Numerous initiatives focused on building peoples' abilities to live normal lives by staff who genuinely cared for their progress. A relative said, "Nothing is too much trouble; where there is a need, the staff will work hard to find a solution."

The provider used a range of initiatives to assist people to communicate their preferences, choices and make decisions. For example, staff had worked with one person who was unable to verbally communicate to produce viewing cards with pictures of food they knew the person liked. The person showed us the cards which had velcro on the back and we saw the person used this method to communicate their choices of food and drink. We saw staff were clearly engaged with this and other processes which resulted in clear positive outcomes for people.

Other communication tools included the use of 'Pictorial Exchange Communication System' (PECS). PECS is a form of alternative communication that can be used with a wide variety of learners, from children to adults, who have various communicative, cognitive, and physical impairments. We saw these were organised and stored in people's rooms where they were easily accessible to both the person and the support staff. A member of staff said, "The cards simplify communication and avoid people becoming frustrated because they are unable to communicate."

Where some people had displayed distressed behaviours, staff had applied effective techniques to manage this to improve people's quality of life by reducing levels of anxiety and distress. A relative told us, "Improving their ability to communicate has lifted their mood; they have completely changed; it's great."

The provider had completed a workshop for parents and carers in the use of Makaton. Makaton is a language programme using signs and symbols to help people to communicate. It is designed to support spoken language and the signs and symbols are used with speech, in spoken word order. A staff member told us, "We are encouraged to develop our skills and knowledge and to think of new ways to communicate and listen to people. Makaton is a proven way we can further engage with people."

People were encouraged and supported to take ownership and responsibility of key areas of their lives. The provider had completed short sessions with people about consenting to their care and support and to enable them to understand their tenancy agreement. Information was available in both pictorial and large print format. Where they could, people had signed these and other care records to demonstrate their agreement and involvement with the information.

The provider was clear on the importance of promoting people's independence, and maintaining people's dignity and privacy. A health professional told us, "[Persons' name] struggles with mobility so they were allocated a ground floor flat. The flat faces the road and due to concerns about privacy Cascade staff had darkened 'film' fitted over the window."

The relationships between staff and people who received support consistently demonstrated a high regard for people's dignity and respect. The staff's approach was professional, but friendly and caring. A health professional confirmed, "I have observed Cascade staff communicating in appropriate fashion with my client, without using patronising phrases or terminology."

Staff spoke with people in a polite and respectful way, showed an interest in what people wanted to say to them, called them by their preferred name, knocked on people's doors before entering and ensured they had privacy whilst they carried out their personal care. People could make decisions around who supported

them. A staff member said, "We ensure where people require assistance with their personal care that if they choose to, they can have a male or female care worker. They can choose when they have a wash, if they have a bath or a shower. It's up to them."

Records relating to people's care were kept confidential and staff understood the importance of discussing people's care in private. People were supported and encouraged to maintain and develop relationships with people who were important to them, this included the use of social networks and in the community. Staff knew the importance of finding the right balance between allowing people the freedom to socialise whilst still maintaining their safety. People told us staff did this exceptionally well and did not feel overwhelmed by their presence in social settings.

Is the service responsive?

Our findings

People received care and support that was tailored to meet their individual needs, and offered flexibility, choice and continuity of care. The provider used innovative ways and worked with a variety of partner organisations to transition people from more secure settings from across the country into a supported living environment. A visiting support worker told us, "Before [person's name] transitioned to this service they lived in quite a restrictive environment. I visited the service and met with the person. I built up a friendship, and was present here on their first visit." A relative told us, "This type of supported living usually means people have to be very independent. That's still the case here but staff are very innovative in their approach. They go the extra mile to ensure people's independence is supported in a managed way according to their abilities and confidence and they build on that; with very successful outcomes."

People received an initial assessment from qualified staff who had the skills and knowledge to determine people's individual needs. The information formed the basis of their support plan. Input was recorded from skilled health professionals and individuals directly involved with their lives. One relative told us, "I know [person's name] better than anybody, through their childhood and into adulthood. The service has been fantastic at recognising and supporting this transition and their on-going journey. It's early days but with all the input, they are achieving targets and goals that otherwise would not be available to them."

The provider was proactive in understanding the needs and preferences of people and provided care that promoted equality, including protected equality characteristics. Staff had received in-depth training on equality and diversity; all policies and procedures were up to date and reflected the provider's commitment to being inclusive and respectful of people's diverse needs. One person told us, "I have a bus pass and I can go to my girlfriends. Staff can support me with this and will come with me if I want them too."

People received care and support when close relations had passed away. A staff member told us how this was a very challenging time for people to understand and move on from. Records included information to record people's thoughts and feelings about a death of a loved one and where appropriate their own wishes and preferences for their care at the end of their own lives.

Care plans included information to support people to maintain and enjoy safe physical, and platonic relationships. A staff member told us, "We complete a wide range of training to support people with any sexual preferences they may have. Relationships with people we support are strong and because of this people are encouraged to discuss sexual health and how to explore and maintain appropriate relationships and friendships." Staff had produced guidance in a range of formats people could understand, and with the assistance from other health professionals, held discussions, which promoted meaningful relationships for people.

The provider used daily diary's and prompts to encourage positive routines with people. One staff member said, "If we can encourage people to form positive habits and daily routines, following prompts and 'social stories', their lives become less hectic and they slowly take ownership and start making decisions."

By empowering people using innovative approaches, people were able to achieve agreed goals and targets. Examples of outcomes for people included regular independent teeth brushing, paying for shopping, going to the park and baking. Records included any notable achievements reached. A staff member told us, "We start with assessing the key areas where people require support. It might be just daily living skills. We build support plans and implement other processes appropriate to, and with the individual. As they progress into positive routines, our goal is then to remove the documented guidance because it becomes normalised behaviour."

Staff used a 'spectrum star' which consisted of between five and ten distinct areas that are important to the person's overall quality of life and to the aims of the service. Staff told us to be successful, they need to engage people in the motivation, understanding, beliefs and skills that are needed for them to create that change in themselves. The star is reviewed regularly and recorded both positive and negative outcomes. People were continually involved in the plan and making decisions about their care. A relative said, "One of the outcomes was for [person's name] to engage with a support service in the community. Unfortunately, they didn't really fit the criteria due to their complex needs. However, we all pulled together. Where staff at the support service were initially wary of [person's name] they still devised ways of utilising their abilities. They now have a paid job, friendships and sense of normal community involvement."

The spectrum star was further supported with agreed 'social stories' to help people develop identified areas of everyday living. We saw many areas where careful inventive planning had empowered people to give people choice and control over their lives. A member of staff said, "I always research for opportunities for people. I found a builder on social media who is local and who wants to provide opportunities to help people with mental health problems and troubled pasts. We have people interested in this type of work so we are now working together to give people access to these experiences."

The service used innovative ways to enrich people's lives. People had clear arrangements in place to participate in social activities and social events that enhanced their quality of life. A staff member told us, "We aim high to push and encourage people to live full lives." A notice board was filled with notices of peoples' achievements. One that particularly stood out was a 'Bravery of the month Award,' where a person at previous risk in the community had attended associated training and had used their learning to keep both themselves and staff safe when they were out walking. The training and support had enabled the person to travel independently to meet a friend.

People's successful achievements and outcomes were routinely awarded. The provider maintained an array of outstanding press articles. A recent presentation was held at a local church hall to embrace the dedication people had put into their ASDAN work and daily life skills. Everyone receiving a service received at least one certificate. Each person had taken time to prepare a speech and were supported to overcome any fear of speaking to a group. The Whitby lions was also present and presented Cascade with a cheque to be used at a forthcoming pantomime.

A community champion was employed who had responsibility for maintaining and developing positive links with the community. Staff had built links with shops, and the local community where members of the public kept an eye out for people when they were unaccompanied. One person said, "I enjoy going for walks and going to the local cafés with staff. They all know me and sometimes give me a free coffee. One time it was really cold and we went for coffee; the shop owner gave me a hat and scarf to keep warm." A staff member said, "Withernsea is a great place to live with a great support network where everybody looks out for everybody else; people from cascade are an important part of the network and the community."

Reasonable adjustments were made where appropriate and the service identified, recorded, shared and

met the information and communication needs of people with a disability or sensory loss, as required by the Accessible Information Standard. This included information displayed around the home. For example, posters that showed the tenancy agreement and how it works, glucose control and the best foods to eat, and healthy eating and portion sizes. We observed people used this for guidance. A relative said, "[Person's name] is slowly beginning to understand the impact of their actions because staff have taken time to make information accessible to them, in a way they can now understand. It's taken time but they can take more control now, and with continued input this is benefitting their overall health and improving their wellbeing."

People and their relatives knew how to provide feedback about their experiences of care. The service provided a range of accessible ways to do this through care review meetings, regular surveys and other face to face meetings held with people and family members. The provider produced clear guidance in a way people could understand should they wish to raise a complaint. At the time of the inspection no formal complaints had been raised but a list of 'niggles' was recorded. The provider had completed duty of candour by responding to and implementing actions to help prevent re-occurrence.

Families told us whenever they raised any concerns they were addressed without delay. A relative said, "I never stop feeding back about [person's name] care and support. Staff actively encourage me; they never reject my concerns. It helps them to understand if something is working or if something requires tweaking. I wasn't happy when [persons' name] first moved in because they had a lot of independence and choice which they were not ready for. I was worried they had started to get into bad eating habits, but staff had this in hand and together [person's name] has actually improved their eating and even help to bake food." The registered manager told us they used any type of feedback, including complaints as an opportunity to improve the service.

Is the service well-led?

Our findings

The service was exceptionally well led. It was evident the culture empowered staff, who were unanimously committed, to providing holistic, person-centred care and support. People were clearly supported by a motivated staff team who were proud to be part of the service. Every member of staff we spoke with or observed on our inspection upheld the organisational values. It was embedded in the way they worked. This included respecting every person as a unique individual, regardless of any diverse needs and treating others with dignity, being open and fair, to prioritise safe, high quality compassionate care.

Initiatives to work holistically and collaboratively to meet people's needs were evidenced. The provider had implemented an 'umbrella' approach. The approach brought together elements the provider considered important in people's development; health, community, education and compliance. For each role there was a nominated lead who ran established 'mini-departments' for the benefit of everyone. These areas were engrained in the service provided, resulting in the outstanding outcomes people had with their lives.

The service focused on integrated care working holistically with people, their families and other health professionals, to achieve a high level of engagement which was uniquely reflected in people's lives. Without question everybody spoke about the service as being exceptional and distinctive. Health professionals told us the provider was exceptional because they had innovative ideas and worked with people, putting their needs first to develop their daily living skills, independence and autonomy. They were emphatic the service did not give up on people but supported negative personal traits in a positive way to the person's benefit.

Staff were eager to demonstrate and discuss the excellent lives they helped people to achieve. People were put at the heart of everything which created an inclusive service. Staff told us they were proud of the service and motivated in their work because of the outcomes they achieved with people. They told us they felt supported by management who respected their ideas and input which helped to improve the service further. Staff members said, "We all work as one big team. Management are there and support us with difficult decisions but we work flexibly with people to help them achieve their goals. We are encouraged to develop areas of interest, to become leads in specialist areas and to develop and progress within our roles as much or as little as we want to. There are so many opportunities to improve people's lives; it's such a fantastic place to work."

Relatives enthused about the way staff had the vision and values, to adapt their practice to meet their relatives individual aspirations. One relative said, "We continually question the appropriateness of a supported living environment for [person's name]. The implication they are independent raises this question further but to the credit of the staff [person's name] has never been let down at any stage of the process which is a credit to Cascade."

The service routinely challenged input and support to manage associated risks, to put people back in control of their own independence. Where people were routinely admitted to hospital because of their needs the provider had worked collaboratively with other health services to embrace the local 'Transforming Care Agenda'; to keep people out of hospital. A health professional told us, "We support two

people who receive a supported living service from Cascade who had frequent stays as inpatients in hospital. Cascade have worked well with us over the past year and have accepted some low risk situations which they managed effectively. This resulted in no hospital stays for those people."

Staff were supported to discuss any concerns with other health professionals involved with peoples care without undue delay. A health professional told us, "This commitment comes from the management and right down into the staff team. The staff team are open and honest about what they are finding difficult with a particular person. They clearly felt able to voice concerns (about supporting the client, not about how they are being managed). The management were not in the session which probably helped this happen and then I was able to feedback to the management team and I have confidence that we can now tweak the support plans. With some services that I work into the staff teams/management can be a bit defensive and are not so receptive to advice given, though I have never had this with Cascade."

Where people were able to, they discussed with positivity the lives they were supported to live. One person returned from a day's work at a local gardening service. They were able to describe how they enjoyed their work as part of living an independent life. The staff member supporting them showed joy in the way they comfortably communicated with us, only serving to prompt the person to further promote the service they received; which they were happy to do."

To deliver high-quality care and maintain excellent governance, management and staff at Cascade, were supported by the provider. The provider identified governance as a key responsibility and this was confirmed from our discussion with the group compliance manager. They explained how the provider had oversight of outcomes. For example, those related to accidents, incidents, complaints and safeguarding. The compliance manager told us, "We check to ensure everything is fully investigated. This includes carrying out duty of candour by effectively responding to any concerns to the satisfaction of all concerned and that where actions are required they are implemented in a timely manner and signed off as completed. Our checks on records confirmed systems and processes to quality assure the service were robust and up to date.

The compliance manager showed innovative ways of driving improvement, achieving targets and maintaining compliance and improving the rating awarded by the CQC. A simple diagram for an outstanding service included easy to read narratives for the basic building blocks of compliance required as a minimum. The document recorded 'innovation and improvements are exciting' and provided motivation for managers to achieve more from doing less.

The provider had worked with other organisations and individuals to improve systems and processes. A recent example was input from a locally commissioned, 'Care Homes Service Team.' The team was commissioned to support care homes on medicines management issues, policies and procedures within the care home. The provider told this input had helped to streamline their processes resulting in a reduction in the amount of waste medicines.

The provider ensured staff had access to and implemented current legislative best practice guidance. They utilised resources from an external provider which ensured all documentation was bespoke to the service and the needs of the individuals. Any updates were shared with staff. The provider was clear that checks were completed to ensure staff had read and understood policy and procedure and adhered to this in their daily working.

It was clear throughout this inspection that people were the focal point of a service that was designed and implemented with their input and around their individual needs. The provider was consistent in seeking

feedback from across the service, stakeholders, staff and other health professionals. This was done through meetings, questionnaires and surveys and was used to constructively challenge the systems, processes and outcomes achieved and to hold any short comings to account. Management responses to feedback were documented with any actions allocated to key individuals to progress with oversight for completion and review by the compliance manager.