

Cavalry Healthcare Ltd

# Cavalry Healthcare

## Inspection report

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Date of inspection visit:  
04 August 2022  
08 August 2022

Date of publication:  
27 September 2022

### 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

Cavalry Healthcare is a domiciliary care agency providing care to people living in their own homes, so they can live as independently as possible. At the time of our inspection the service was supporting 16 people with personal care.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

At the time of the inspection, the location did not care or support for anyone with a learning disability or an autistic person. However, we assessed the care provision under Right Support, Right Care, Right Culture, as it is registered as a specialist service for this population group.

Right support: People's independence was truly respected and promoted.

Right care: People received exceptional care that was tailored to their needs and wishes. People's wider needs, history and choices were considered when their care was planned.

Right culture: There was an extremely strong, person-centred culture. People received care from very caring, compassionate and highly motivated staff who were proud to work for the service. People and their relatives experienced a positive and inclusive approach to their care and were encouraged to give their feedback to help improve the service.

Feedback from people and relatives was overwhelmingly positive. They consistently praised the exceptional caring and supportive nature of the staff at Cavalry Healthcare. People and their relatives told us the support from the service had increased their confidence, wellbeing and independence.

Relatives told us they were true partners in this process and staff's focus was consistently on their family member's wishes and needs. Staff had a clear understanding of what mattered to people and supported them by advocating with other organisations so they would enjoy the best life possible.

People were provided with the support to live their lives in their chosen way, free from discrimination. People felt staff respected their backgrounds and choices and provided care in a respectful manner.

Risks to people's health and wellbeing were assessed and plans were in place to monitor people and to assist them in a safe manner. Staff knew how to support people safely, including the use of equipment to assist them to move. Staff were supported and trained to ensure they had the skills to support people effectively. They understood how to protect people from harm and were confident any concerns they raised, would be reported and investigated by the management team.

Medication was managed safely by trained and competent staff. Medication administration records (MARs) were fully completed and regularly reviewed. Staff had been recruited safely and there were enough staff to effectively meet the current packages of care which supported people's needs.

People 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. People felt staff supported them to have a good quality of life.

The service was well-led. There was an extremely positive and open culture that ensured people were at the centre of everything the service did. People, relatives and staff told us that management were approachable. Audits and checks were completed regularly to monitor the quality and safety of the service. There were clear processes in place to drive improvement and to continually develop the service in line with people's needs.

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

Rating at last inspection

This service was registered with us on 26/03/2020 and this is the first inspection.

Why we inspected

This was a planned inspection for this newly registered service.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was exceptionally caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was exceptionally responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

# Cavalry Healthcare

## 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 Health and Social Care Act 2008.

#### Inspection team

The inspection was carried out by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post, however they were absent on leave. A covering manager was in place.

#### Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the provider or manager would be in the office to support the inspection. We also wanted time to obtain contact details of people who used the service and relatives, where appropriate.

Inspection activity started on 2 August 2022 and ended on 9 August 2022. We visited the office location on 4 August 2022.

### What we did before inspection

We reviewed information we had received about the service since registration. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

### During the inspection

We spoke with two people who used the service about their experience of the care provided and four relatives. We spoke with six members of staff including the manager and complex care workers.

We reviewed a range of records. This included three people's care records and medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

# 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.

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

- People had personalised risk assessments which were reviewed regularly and gave staff the information needed to manage the risks associated with people's care.
- Nursing staff reviewed risk assessments regularly to ensure they reflected people's needs and they liaised with the person and, if necessary, their family, staff and other professionals to do this.
- A log of accidents and incidents was kept and actions to reduce the risk of further incidents were recorded. These were reviewed regularly to identify areas of good practice and any needed improvements.

Using medicines safely

- People were supported to manage their medicines safely from trained staff. Staff followed specific guidance in relation to each person's required support to manage their medicines.
- Medication Administration Records (MARs) showed people received their medication as prescribed. These records had been audited regularly by the managers and identified concerns had been appropriately addressed.
- Staff had received medicines training and had been assessed as competent.

Staffing and recruitment

- The provider carried out thorough staff recruitment checks to ensure staff were suitable to work at the service.
- People received support from staff in sufficient numbers to meet their care and support needs safely.
- People, and where appropriate their families, were involved with recruitment of staff. People's likes and needs were considered as part of staff recruitment to ensure the right fit for each person.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe with the staff who supported them. Comments from people and relatives included, "I feel safe with the carers as they chat with me and they are friendly," "[Person] is absolutely safe when being cared for. This is the best agency I have ever come across and worked with. Safety is phenomenal," and "I am more than happy with the care being provided; [person] is safe when the carers are with her. The carers are competent and do their job well. They [staff] know what to look out for regarding [person's] care needs".
- Staff had received training to protect people from harm and knew how to recognise potential signs of abuse. Staff were confident to share concerns with the manager and other essential agencies.
- The manager appropriately reported potential safeguarding incidents to the local authority and the Care Quality Commission.

## Preventing and controlling infection

- Effective infection prevention and control procedures were in place, including those relating to COVID-19.
- Staff followed good infection control practices and used PPE to help prevent the spread of healthcare related infections. People we spoke with confirmed this.
- The provider ensured staff were regularly testing for COVID-19 in line with current guidance.

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

Staff support: induction, training, skills and experience

- People told us staff were suitably trained and competent to carry out their roles. Training records confirmed this. One relative commented, "Staff are well trained. The carers had specific training so that they can support the needs [of the person]."
- Staff attended a detailed induction programme that equipped them with the skills needed to care for people in an effective way. Throughout their probationary period staff were supported by senior care staff to carry out their role and once able, they were permitted to work alone.
- Ongoing supervision and regular reviews of the competency of staff roles also took place. This helped to ensure people continued to receive safe and effective care from staff.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff checked on people's well-being and told us what they would do if they had any concerns about people's health. One relative said, "They [care staff] know [person] very well. They are able to pick up on things and raise concerns with me or other health professionals."
- Staff worked well with healthcare professionals to ensure people had access to health services and had their health needs met.
- There were effective systems in place for staff to escalate any concerns they had about people's health to senior staff, ensuring appropriate input and advice from relevant health professionals was sought.

Supporting people to eat and drink enough to maintain a balanced diet

- People's nutritional needs were met. Where people were supported with this aspect of their care they told us they were happy with the support they received.
- People's care plans gave staff clear information about their individual needs and preferences relating to food and drink.

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

- People's needs were assessed before they started to use the service to ensure their support needs could be met. This information was used to create people's personalised care plans and risk assessments.
- People's needs in relation to equality and diversity were considered during the assessment and care planning process, such as age, disability and religion.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of

people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. 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.

We checked whether the service was working within the principles of the MCA.

- Consent to care and treatment was sought and recorded in line with the principles of the MCA 2005.
- Staff told us they always asked people for their consent before they provided care and support. They did this to promote people's rights to accept or refuse support. People we spoke with confirmed this.

# 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; equality and diversity

- People and their relatives were overwhelmingly positive about the care and support they received. Comments included, "I am more than happy with the care being provided. Staff are great", and "The carers are exceptionally kind and caring; They [carers] go out of their way to meet [person] needs".
- There was an extremely strong, person-centred culture. People received care from very caring, compassionate and highly motivated staff who were proud to work for the service. Staff demonstrated a real empathy for people they worked with and nothing was too much trouble, whether that be changing call times, or completing additional tasks.
- Every staff member we spoke with showed a passion for providing outstanding outcomes for the people they supported and were proud of the difference they made to people's lives. One relative told us since the service started supporting their loved one, their hospital admissions had reduced. Feedback from healthcare professionals had stated this was due to the care provided by Cavalry Healthcare.
- The provider ensured people were given the best support they could offer. One person needed 24/7 specialised care which could not be funded. This left the person needing hospital care and unable to return home. The provider funded part of this package themselves and supported this person to be cared for at home. The person went from thinking they would not survive to living a life they did not think was possible.
- There was a real focus on providing inclusive care. This was driven from the provider and embedded in the values of the service. Staff were passionate about the service values and delivered care in a way that often exceeded the expectations of people and the provider. On people's birthdays the provider sent birthday cards to everyone. One person who is visually impaired was unable to read cards, so the staff bought a talking telephone card. When the person lifted the receiver on the phone card it played a recorded message from staff wishing them a happy birthday. The person reported how this little extra thought made them smile and feel valued.
- Staff were passionate about supporting people and bringing as much joy to their lives as they could. We were told how staff knew how much Christmas meant to one person and their family. There had been a decline in the person's health and it was thought they may not be well enough to enjoy Christmas celebrations. Staff arranged for a winter wonderland theme in the person's home. Staff decorated the home and made a superhero themed Christmas tree as the person loved superhero films and comics. We saw photos of this event and could see how much it meant to the person and their family.

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

- People benefitted from the person-centred culture and ethos within the service. People were very much involved in their care plans, which were very specific to their individual needs. Staff responded promptly to feedback, suggestions and requests from people.

- Staff were highly skilled at helping people to express their views and respecting their wishes, preferences and choices. We received positive feedback that showed care staff were highly responsive to people's requests, and made sure people got the support they wanted. We saw a personal example of how someone was supported to make choices about how they lived their life. They were supported by staff to attend community groups linked to their choices. This had a positive impact on this person's life.

#### Respecting and promoting people's privacy, dignity and independence

- People received sensitive support to maintain their privacy, dignity and independence. Respect for privacy and dignity was at the heart of the service's culture and values and was embedded in the way staff delivered people's care.

- When people wanted private time, either alone or with loved ones, staff were respectful of this and supported this. One relative told us when they wanted to spend time with their loved one staff would respectfully spend time elsewhere in the home.

- Staff promoted people's independence very effectively to help them maintain their skills and well-being. One relative said, "The carers try to encourage [person] to do small things independently like hold their own cup. There's not much [person] can do for themselves but care staff always support [person] to do anything [person] can for themselves."

# 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

- People received an extremely responsive and personalised service. Person-centred care was at the heart of everything the service did. One relative said, "Care is very person centred, so [person] gets the care [person] needs. They [provider] asked what I wanted for the care and so I did a detailed plan of [person's] needs. They [staff] have done everything I asked them to, for example they support [person] to see their sister. I also stated that the carer must take part in family events, which was supported."
- The provider understood the needs of different groups of people and delivered care and support in a way that met those needs and promoted equality. People had access to the electronic care planning process to view care records, review the care provided and to leave comments for staff and management. People and relatives told us staff and managers responded quickly to any comments they made.
- People's care plans provided in depth information on people and their needs and underpinned the excellent physical, emotional and spiritual care given by staff.
- Respect for protected characteristics was embedded in the values of the service. Staff were pro-active to ensure people received the support they needed especially in relation to their health. There were multiple examples where staff quickly identified and responded to people's health concerns.

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

- People were supported to maintain social and educational activities. Staff supported people to access the community to engage in meaningful activities that impacted positively on their lives.
- Staff were responsive to people's needs in relation to protected equality characteristics. For example, one person was supported with a significant decision they made about their lifestyle. This person had been supported and encouraged to engage in community activities and their confidence had grown as a result of this.
- The support provided to people had enabled them to maintain relationships with family and friends. People and relatives spoke highly of how the service had improved their lives and those of their families, which in turn helped to improve relationships.

End of life care and support

- The service worked closely with healthcare professionals and provided end of life care that enabled people to experience a comfortable, dignified and pain-free death. The provider was always seeking ways to improve this aspect of care for themselves, and other services in the community. The provider delivered training on end of life care to other local care services.
- The provider worked collaboratively with the community palliative care team to develop a rapid

assessment document to allow Cavalry Healthcare to provide end of life care at short notice to facilitate people's wishes to be at home with their family.

- Where needed, end of life care plans were in place. These had been discussed with people and their preferences had been noted and respected. One person was supported to write their own end of life care plan as this was their wish.
- The provider had an end of life policy in place to provide support to staff.

Improving care quality in response to complaints or concerns

- A complaints system was in place and information on how to complain was made available to people.
- People told us they felt comfortable raising any concerns and knew how to. People told us their concerns were listened to and management were responsive to issues they raised.

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.

- People's communication needs had been assessed and plans put in place to let staff know people's preferred communication methods. These were detailed and let staff know, for example, where they should stand when talking with people.
- Staff gave us examples showing how they supported people with their communication needs. This included supporting people to write down their needs, and staff carefully checking people's body language, so they could be sure they were correctly interpreting people's wishes.
- Key documents were available in large print format, should people want these.

# 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

- There was an extremely positive and open culture that ensured people were at the centre of everything the service did. People were empowered to be as independent as possible.
- Staff teams worked effectively together and were built around meeting the needs of people. A staff member told us, " It's a good team. We [staff] all sing from the same tune. We [staff] are all there for the best interests of people. We get time to develop good relationships with people and their family".
- Staff told us the way they were led empowered them to provide very good care, and to work with autonomy where this was appropriate, so people promptly received the care they wanted.
- Staff told us the leadership team were committed to ensuring people had the best outcomes possible and had demonstrated this by finding ways to support people to meet their wider needs, which were not directly linked to their care provision. This included support to make lifestyle changes which they wanted, assistance with housing and refurbishment and contributing to their own communities. This helped people to enjoy the best quality of life possible.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The service was subject to in depth checks and evaluation using a robust quality assurance framework. Following quality assurance checks, comprehensive action plans were put in place to ensure any improvements were made.
- Staff understood how they were expected to provide good care to people through feedback during spot checks and one-to-one meetings with their line managers.
- The manager was aware of their regulatory requirements including what events they needed to notify CQC about. They had submitted notifications in line with legal requirements.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The provider had effective arrangements in place for gathering people's views of the service and those of people acting on their behalf. Relatives told us that staff were excellent at keeping them involved and involving them in their family member's care and support.
- Staff were encouraged to contribute to the development of the service through meetings and supervision. Staff told us they felt valued by the provider.
- When referrals to other services were needed, these referrals were made in a timely way. Professionals were

very complimentary about the support Cavalry health care delivered.

- The provider ensured staff were fully supported in their roles. This included recognising staff achievements, supporting professional qualifications and wellbeing initiatives to support staff effectively.

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

- There was an open culture within the service. People told us the manager and staff were open and honest with them.
- The manager had discussed concerns raised with people and their relatives.