

Castle Supported Living Limited

# Castle Supported Living Limited

## Inspection report

43a Moor Lane  
Clitheroe  
Lancashire  
BB7 1BE

Tel: 01200429990

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### Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Outstanding 

Is the service caring?

Outstanding 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

# Summary of findings

## Overall summary

We carried out an inspection of Castle Supported Living on 18 and 19 February 2016. We gave the service 48 hours' notice of our intention to carry out the inspection. This was because the location is a community based service and we needed to be sure that someone would be present in the office.

Castle Supported Living is registered to provide personal care to people living in their own home. The service specialised in providing flexible support to people with learning disabilities living in the Ribble Valley. At the time of the inspection 29 people were using the service. People had varying levels of need and support.

The service was managed 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.

We last inspected the service on 8 January 2014 and found it was meeting all legal requirements.

During this inspection, we found the service provided outstanding care and support to people and was very responsive to their needs, wishes and preferences. All people, relatives and staff spoken with were extremely positive about Castle Supported Living. Everyone had contributed to and was fully committed to the values of the service. The overarching value was "People are at the centre of everything we do." Throughout the inspection, we saw numerous ways of how this value was implemented and embedded into the ethos of the service.

Staff were very positive about working for Castle Supported Living and understood and practised its values. One of the strongest values was how people drove all aspects of care and had ownership for the direction of the service. All people, their relatives, staff and the directors were members of the quality group which met four times a year at an external venue. This enabled people to forward their ideas for improvement. People had painted an ideas tree on the wall in the office so they could see how their ideas were progressing and what action was being taken. People were involved in projects which were represented by the branches. One such project was the making of a video so people could explain to potential new staff and people considering the using the service what was good about Castle Supported Living and what was important to them.

All people felt very safe using the service. We saw they were actively encouraged and supported to remain as independent as possible. Detailed and thorough risk assessments had been carried out with people to ensure their safety, whilst enabling them to maintain their independence and lead an interesting and fulfilled life. The assessments included photographs of actual equipment to help people and staff understand the risks involved in specific activities. Staff were creative in the way they communicated with people and had an thorough understanding of how to respect people's privacy and dignity.

Staff knew about safeguarding procedures and we saw concerns had been reported promptly and appropriately to the local authority. The recruitment process was robust and people were given the opportunity to actively choose their own staff through the use of a comprehensive matching process. The registered manager ensured there were sufficient numbers of staff to ensure people's individual needs and wishes were fully met. Staffing arrangements were flexible and people could accrue staff time to enable a member of staff to accompany them on specific events. For instance one person was due to attend a conference and slight adjustments had been made in order to build up staffing hours. This meant the person could be fully supported throughout the event.

There were safe arrangements in place to support people with their medication.

The registered manager and staff were clear about their responsibilities around the Mental Capacity Act 2005 (MCA) and were dedicated in their approach to supporting people to make informed decisions about their care.

Staff felt confident in their roles because they were well trained and told us the management team was always available for support and advice. We found the staff were motivated and passionate about using the knowledge and skills gained from training to ensure the best possible outcomes for people. We noted a person using the service had developed and presented a training course for staff on person centred thinking. This meant staff had the opportunity to learn about people's views and expectations of the planning processes. All staff and people spoken with felt highly valued and respected and told us their suggestions and ideas were listened to and acted upon.

People were supported by staff who placed importance on maintaining a healthy diet. We saw staff closely monitored people's dietary needs as appropriate and sought prompt professional advice in line with people's needs. At the time of the inspection, some people and members of staff were working on a healthy eating and drinking policy as part of an involvement group. This had resulted in one person using the service being elected as the regional representative for staying healthy for Self Advocacy in Lancashire.

During the inspection it was evident the staff had an excellent rapport with the people who used the service and we were able to observe the positive interactions that took place. Staff spoke warmly and compassionately about the people they supported. We observed the staff were caring, positive, encouraging and attentive when communicating and supporting people with daily life tasks, care and support. All people spoken with were very complimentary about the kind and sensitive approach taken by staff.

People and where appropriate their relatives were fully involved in identifying their needs and how they liked to be supported. People's preferences were sought and respected throughout the whole planning process. We saw all people had a comprehensive person centred plan which they reviewed with staff support at regular intervals. People told us staff provided consistent personalised care and support. We noted care records were focused on empowering people to have control of their lives.

People were promoted to live full and active lives and were supported to go out and use local services and facilities. Activities were meaningful and reflected people's interests and individual hobbies. Three people were members of Self Advocacy in Lancashire and were supported to attend local, regional and national conferences and meetings. People had also had the opportunity to discuss their concerns about funding and the proposed changes to local buses with their MP. People regularly contributed articles to the quarterly newsletter about their activities and achievements. People showed us many examples of this during the inspection.

People, their relatives and staff described the management and leadership of the service as exceptional. The registered manager was passionate about involving people in all aspects of the service and used creative ways to enable people to express their views and comments. She had also signed up to a number of accredited schemes and carried out benchmark exercises with people and members of staff in order to identify how the service could be improved. We noted there was a business plan in place which highlighted 33 areas of work for 2016. This demonstrated how the registered manager continually strove to improve all aspects of the service.

There was an effective and thorough quality assurance system in place. We found regular quality audits and checks were completed to ensure improvements were continually identified and the necessary action was taken to implement any changes. People using the service, their relatives and all staff were actively encouraged to contribute to the evaluation of the service and make recommendations for improvement. The management team and staff worked together tirelessly to learn about and aim for best practice, with people very much at the heart of the service.

## 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.

People felt safe using the service and were very complimentary about the support provided by the staff. People had been involved in devising a safeguarding policy and procedure and had participated in an innovative safety scheme within the local town.

People had been involved in detailed assessments of risks to their health and well-being. All the risk assessments were very thorough and respected people's rights to freedom and independence.

The service operated a robust procedure for the recruitment of staff. People were able to interview staff and express a choice in who provided their care and support. People had been supported to make a video about the service and what was important to them so this could be shown to any potential staff.

There were sufficient staff available to fully meet people's needs. The staffing arrangements were very flexible and discussed with people to enable them to have staffing support for special events and activities.

People were happy with the support provided for their medication. All records seen were complete and up to date.

### Is the service effective?

Outstanding 

The service was very effective.

People were supported by staff who had the right competencies, knowledge and skills to meet their individual needs. People using the service had been involved in devising and delivering training and had completed training courses.

Staff were well supported by the registered manager and the management team. There was a comprehensive matching process in place to ensure people were cared for by compatible staff.

The registered manager was proactive when working in partnership with external organisations in order to develop the service and ensure staff followed best practice.

People were supported to make decisions about their lives in a way which maximised their autonomy and respected their rights. The registered manager and staff were fully aware of the principles of the Mental Capacity Act 2005 and people were placed at the centre of their care.

People were supported to maintain their health and well being and eat a healthy diet. The registered manager and staff had excellent links with social and healthcare professionals.

### Is the service caring?

**Outstanding** 

The service was very caring.

People were treated as individuals and were involved in all aspects of their care and the operation of the service. People felt they mattered and valued the strong positive relationships they held with staff.

The registered manager promoted a strong person centred culture which ensured people were listened to and their ideas were discussed and put into action. Creative and imaginative ways had been used to enable people to express their views.

Staff were consistently described as very caring. They had an in depth appreciation of people's needs and wishes and fully respected their rights to privacy, dignity and independence.

People were involved in advocacy networks and regularly attended meetings and conferences.

### Is the service responsive?

**Outstanding** 

The service was very responsive.

People received individualised and personalised care which had been discussed and planned with them. Staff had a thorough understanding of how people wanted to be supported.

People were enabled by staff to be involved in identifying their choices and preferences and were supported to lead fulfilling lives. People's views were encouraged, listened to and acted upon by staff.

### Is the service well-led?

**Outstanding** 

The service was very well led.

The registered manager and management team worked together to provide exceptional leadership. Lines of communication between the directors, management, staff, people and relatives were strong and clear. This ensured everyone was fully involved in developing and improving the service.

Staff were highly motivated to develop and provide quality care.

The registered manager used creative ways to empower people to direct and choose a service which supported them to live their chosen lifestyle.

Quality assurance systems drove improvements and raised standards of care. New ideas were promoted and implemented regularly to provide a high quality service.

# Castle Supported Living Limited

## **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 checked 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 18 and 19 February 2016. We gave the registered manager 48 hours' notice of our intention to inspect the service to ensure they were available at the time of the visit. The inspection was carried out by one adult social care inspector.

Before the inspection, we contacted the local authority contracting unit who told us they had no concerns about the service. We also checked the information we held about the service and the provider. This included statutory notifications sent to us by the registered manager about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send us by law. We used all this information to decide which areas to focus on during our inspection.

The provider sent us 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 used this information to inform the planning of the inspection and as evidence for the report.

We also sent a satisfaction questionnaire to 21 people using the service, 21 relatives, 12 staff and seven community professionals. We received responses from 19 people, six relatives, 11 staff and four community professionals. We have referred to their comments throughout the report.

During the inspection we spoke with six people using the service and five relatives. We also spoke with four members of staff, the development manager, the quality co-ordinator and the registered manager.



We spent time looking at a range of records during our time spent in the agency's office, this included five people's care plans and other associated documentation, two staff recruitment files, compliments records, accident and incident records, staff supervision and appraisal records, a sample of policies and procedures and quality assurance records.

# Is the service safe?

## Our findings

All people spoken with were very confident their support was provided safely and effectively. People told us staff encouraged and helped them to stay safe in their own home. One person said, "I have brilliant support. The staff are nice people and they help to make sure I am safe. They give me lots of advice so I know what to do if someone knocks on the door" and another person said, "The staff are very helpful and kind and they do everything they can to help me. They treat me properly and always ask what I want and think." Relatives spoken with also expressed a high level of satisfaction with the service. One relative commented, "I don't think you could get better. I trust the service completely. The quality of care my (family member) receives is excellent" and another relative told us, "The whole ethos of Castle is first class. They are totally trustworthy and I just can't praise them enough".

Prior to the inspection we sent out a satisfaction questionnaire to people and their relatives to seek their views on the service. All people who responded indicated they felt safe from harm or abuse.

The registered manager actively supported six people in a project organised by SAIL (Self Advocacy in Lancashire) called "Safety in Town." This was an innovative scheme designed to keep people safe in Clitheroe and they had approached local shop keepers to designate their shops as places of safety for any member of the local community who may feel unsure or frightened. The people involved in SAIL shared information about the project and their ongoing work at the quality group, which was attended by all people using the service, their relatives and staff.

The registered manager and staff had a high level of understanding of the need to make sure people were safe. We discussed the safeguarding procedures with the registered manager and five members of staff. Safeguarding procedures are designed to direct staff on the actions they should take in the event of any allegation or suspicion of abuse. Staff spoken with fully understood their role in safeguarding people from harm. They were all able to describe the actions they would take if they became aware of any incidents. All staff spoken with said they would not hesitate to report any concerns. They said they had read the safeguarding and whistle blowing policies and would use them, if they felt there was a need. We saw from the staff training records that all staff had completed safeguarding training and this was refreshed at regular intervals. Safeguarding issues were also discussed during one to one supervision meetings and the staff bulletin.

The registered manager was creative in the way she worked with and involved people in the service. People using the service and staff had devised an easy read safeguarding procedure known as "Keeping Safe". This included photographs and pictures as well as appropriate telephone contact details for the relevant agencies. This was used as a first line procedure for all people, their relatives and staff. There was also a detailed policy and procedure which included a flowchart of the safeguarding process and a copy of the Multi-Agency Safeguarding Procedure. We could see from the records that previous safeguarding alerts had been raised and recorded appropriately.

The registered manager and staff were fully committed to maintaining people's independence, whilst at the

same time managing any risks to their health, safety and well-being. We noted two types of risk assessment had been carried out, a risk enablement assessment and a health and safety risk assessment. All risk assessments were very detailed and had been devised in consultation with each person.

The risk enablement assessments focussed on enabling people to live their lives while protecting their rights to freedom and independence. For instance, the assessments assessed the risks associated with people's personal care and daily activities. The health and safety risk assessments considered the risks posed to people in their environment. We noted photographs of the actual equipment used had been included in one's person's health and safety risk assessment to help staff move the person safely. This made the assessment much more meaningful to the person and the staff.

One person using the service had previously experienced severe social isolation. In order to help the person use community facilities safely we saw a very detailed risk assessment had been carried out to demonstrate what type of vehicle best suited their needs. The person, their family and staff had carried out extensive tests of different vehicles to ensure the person's needs were met and their preferred venues were accessible. For instance the staff checked different vehicles were capable of driving over rough terrain to ensure they could access a farm. Detailed risk assessments had also been carried out to ensure appropriate car parking space was available at all venues. This ensured the person could independently get in and out of the vehicle in a dignified way. This approach meant the person's quality of life had significantly improved. Their relative told us, "I could not believe the detail and hard work that went into the assessments. The service has made such a difference to all our lives."

Staff knew how to inform the office of any accidents or incidents. They said they contacted the office and an incident form was completed after dealing with the situation. The registered manager viewed all accident and incident forms, so they could assess if there was any action that could be taken to prevent further occurrences and to keep people safe. We saw completed accident and incident records during the inspection and an overall log. The registered manager had carried out a comprehensive trend analysis in order to determine any patterns or learning from the events. Any learning was disseminated to the staff team via the staff bulletin, for instance we saw one bulletin contained additional guidance for staff on the prevention of medication errors.

The staffing levels were determined by the number of hours commissioned by the local authority and the level of people's needs. We noted audits had been carried out by Lancashire County Council to check the staffing arrangements met certain criteria for instance a stable staff team and a shift pattern which enabled meaningful activity. The service had scored 100% on all audits carried out over a three year period.

People told us staff were available to provide them with assistance and support to meet their care needs. One person told us, "The staff work round me and listen to what I need. It's all about working together." The person went on to explain they had slightly altered their staffing hours in consultation with the registered manager so a member of staff could support them to attend a conference. The registered manager told us people could save staff hours from their budgets and use this time for special events or activities. This meant people could use their support creatively in accordance with their wishes and preferences.

People told us they were supported by a consistent group of staff. One relative said their family member had been supported by the same staff for over ten years. People confirmed staff always arrived on time and had not missed a visit. This meant there were systems in place to ensure staff were at the right place at the right time. Pictorial rotas were available to people so they knew who was coming on duty. We saw people were able to choose which staff provided their care. One person had discussed in detail with the registered manager which staff they wanted to support them while their usual support worker was away on holiday.

The person's choice was honoured by the registered manager and rotas were formulated accordingly. The person told us they were very happy with these arrangements.

The registered manager confirmed there were sufficient staff available to cover all commissioned work and told us new referrals would not be accepted unless the appropriate staffing was in place.

People were involved in the recruitment of new staff. This was a two tier process. People had suggested questions for the management team to ask at the initial interview. We saw records of the interviews during the inspection and noted applicants had been asked the questions. We checked two staff files and found the service had a robust recruitment process in place. This helped to ensure staff were suitable to work with people in their own homes. In addition to the interview, appropriate checks were carried out which included a record of staffs' previous employment history, references from previous employment, their fitness to do the job safely and an enhanced criminal records check. We found there were recruitment and selection policies and procedures in place which reflected current legal requirements.

Following the initial interview and formal checks new staff undertook an internal interview at people's houses in order to seek the views of people using the service. People had indicated what characteristics were important in the staff providing their care so the matching process could begin. It was evident people had the ultimate say in who worked in their house. One person said "I can say whether I want to work with the person. I've said 'No' a few times and they have stuck by this." We saw records of interviews and noted people had provided feedback on the new staff using easy read symbols. People were very happy with the staff who provided their care, one person told us, "The staff are very friendly and kind. They help me with things" and a relative commented, "The staff are wonderful. They treat (family member) with absolute respect." Staff spoken with demonstrated empathy and had an enabling approach which allowed people to clearly express their views. For instance one member of staff told us, "We want people to stay safe, but we also want them to run and enjoy their own lives, so they don't miss out on experiences."

The registered manager actively encouraged and supported creative suggestions for improvement. For instance, one person using the service made the suggestion to make a video about the service, so people could describe the service and explain in their own words what was important to them. The intention of the video was to show potential staff and anyone considering using the service what they could expect. We looked at the planning document for the video and noted it was extensive and very detailed in order to ensure people were involved in every aspect of the production. Consent had been sought from all people wishing to take part as well as from local venues where filming was due to take place, for instance the supermarket. Some people had opted out and some people did not wish to appear in the film but wanted to contribute photographs. People had also consented to the future use of the video. We saw a clip from the video during the inspection and noted people had been given time to express their own thoughts. The registered manager told us a premiere of the video had been arranged at a large local venue for those people, their families and staff who wished to view the final film. As part of this she had invited the mayor and local businesses who had supported the making of the video. As some people had difficulties with large gatherings individual time had also been arranged at the office.

People confirmed the staff provided good support to enable them to take their medication. One person told us they were supported to take their own medication and staff were available if they needed any help or advice. Staff told us they had completed a safe handling of medicines course and records seen confirmed this. The staff also undertook a competence test during their induction to check they were sufficiently competent and skilled to handle medicines. Staff had access to a set of policies and procedures which were available for reference. We noted from looking at people's personal files appropriate records were maintained of the administration of medication. The records were designed to meet people's individual

needs. During the inspection, the registered manager made preliminary arrangements to standardise the medication administration records in preparation of consultation with staff and people using the service. All records seen were complete and up to date.

Guidance for staff on how to support people with medication was included in their care plan as necessary, along with information on the management of any risks associated with their medicines. Contact details for the person's GP and pharmacist were included in their care plans and the staff used these if they needed to discuss people's medication.

The registered manager focused on how the service could continually improve safety for people in a way which emphasised supporting each person to live a fulfilled and meaningful life. These issues were discussed at the quality group in an open and transparent way to ensure people, their relatives and staff could express their views. All people spoken with felt fully engaged and confirmed their comments were listened to and respected.

## Is the service effective?

### Our findings

People felt staff had high level of skills and knowledge to provide them with effective care and support. They were very happy with the care they received and told us that it met their needs. One person told us, "The staff know how to do their jobs properly. They are all really good" and another person commented, "I know the staff have good training because I trained them!" The person explained they had designed and delivered a course on the importance of person centred planning alongside a member of staff and had presented the training to a group of staff. The person showed us photographs and learning materials from the training session. This demonstrated the service used creative ways to provide staff training to ensure they understood people's views. We noted staff who attended the training made very positive comments on the evaluation forms completed following the event. For instance one staff member had written they had learnt, "To consider everyone as an individual and be aware people's needs change."

Relatives spoken with also made very positive comments about the staff skills and abilities. One relative said, "The staff are incredibly competent and professional. The relationship they have with my (family member) is very creative and supportive" and another relative told us, "The staff are so committed. They never let them down and treat them as an equal. (Family member) is involved in everything and they explain everything to them."

People were carefully matched with compatible staff in line with their needs and interests. The matching process was thorough and commenced at the point of recruitment. A matching profile was completed for staff which included their interests, skills, availability and personality characteristics. For instance, one person using the service wanted a staff member to be available at the weekends to help them plan their attendance at meetings. This was arranged by the service to the satisfaction of the person. The registered manager explained the matching criteria were not only considered against individual staff but also the staff team to ensure all interests and needs were met. We saw copies of the matching profiles during the inspection and were shown how they were completed to benefit people using the service. People were introduced to all staff who could potentially work with them and were able to choose whether they wanted to receive support from particular staff. This meant people had full control over who provided their care.

All new staff received thorough induction training when they commenced work with the service. This included an initial induction on the organisation's policies and procedures, the provider's mandatory training and the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. New staff also shadowed established staff so they could begin to build meaningful relationships. An evaluation was completed at the end of the induction to identify areas of good practice the new staff member had observed as well as any cause for concern or ideas for improvement. Feedback was also sought from people using the service to seek their views and ask if the new staff member required more training. A member of staff who had recently completed their induction told us the training was very useful and confirmed it equipped them with the necessary knowledge and skills to carry out their role. All new staff completed an introductory period, during which their work performance was reviewed at regular intervals.

Staff were issued with a handbook to inform them about the service. This had been co-produced by the people using the service and the staff. We noted people were asked during the course of two meetings for their ideas of how staff should behave. Amongst many ideas, people identified it was important for staff to have a sense of humour, listen to people's suggestions and ideas and be cheerful and enthusiastic. The importance of these attributes was added to the staff handbook. We noted a total of 14 people were involved in the project. This meant they had the opportunity to inform new and existing staff about what they considered important when providing their care and support.

There was a rolling programme of training available for all staff, which included safeguarding vulnerable adults, moving and handling, person centred care, medication, food hygiene, health and safety, first aid, equality and diversity, the Mental Capacity Act 2005 and infection control. One member of staff told us "We always have lots of training and if we need more the management do their best to arrange it." In addition to the mandatory training staff received tailored comprehensive training to meet people's needs. For instance one relative told us, the staff had completed specialist training to further their understanding of their family member's medical condition and were currently undertaking a bespoke course on how to move the person safely. This helped to ensure staff had the precise knowledge and skills to support the person effectively. The relative told us, "It has been so wonderful. (Family member) is now bursting with confidence; it's been such a remarkable transformation."

People using the service were also involved in the staff training not only in the delivery of training but they also completed courses on moving and handling and health and safety if they wished to. Before the person delivered the person centred training they completed an external training course on person centred thinking. This provided them with further background knowledge for their own course. At the time of the inspection, the person was working through risk assessment training in order to support people to consider the risk assessment process in a more accessible way. Another person told us they had completed several e-learning courses including food hygiene, infection control and fire safety and these had helped to further their knowledge in everyday life. All training was evaluated and developed in line with staff and people's comments and any suggestions for improvement.

Staff told us they were well supported by the registered manager and the management team. All staff received an individual supervision every three months, one of which took the form of an appraisal. Supervision was a two way process, used as an important resource to support, motivate and develop staff and drive improvements. One member of staff wrote on a questionnaire distributed before the inspection, "Staff have access to development opportunities linked to personal support needs and issues highlighted in their appraisal." Comments were gathered from people using the service to inform the supervision and appraisal processes. We saw the supervision sessions always included discussion on supporting people and further training. Staff felt this enabled them to confidently and consistently provide personalised support. One member of staff told us "People's interests are absolutely paramount. We all want people to have the best possible support. They are at the heart of everything we do."

The records of staff supervision were analysed to identify any themes for areas of improvement. For instance one group of staff wanted to meet as a team. The registered manager explained arrangements were made to allow this to happen. She added "It's important to listen to staff for them to be effective in their roles." This meant suggestions for improvement made by the staff were valued and acted upon.

The registered manager worked in partnership with many organisations to help ensure staff followed best practice. She was fully committed and signed up to a number of quality initiatives including the Social Care Commitment. This is an adult social care sector's promise to provide people who need care and support with high quality services. All staff were encouraged to sign up to the commitment and meet the promises as

part of their daily practice. This was monitored during the supervision and appraisal process and the quality framework. The registered manager had also designated eight members of staff as dignity champions as part of the Dignity in Care Campaign and was asked to chair of the East Lancashire provider network for services for people with a learning disability. This meant the staff team were supported to develop their knowledge and skills and motivated to provide a quality service.

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.

Staff had received training and had a good knowledge of the main principles of the MCA. Staff spoken with were confident to put this into practice on a daily basis to help ensure people's human and legal rights were respected. Staff considered people's capacity to make particular decisions and where appropriate knew what to do and who to involve, in order to make decisions in people's best interests. We noted a best interest meeting had been held for one person and the service had liaised closely with healthcare professionals to make best interest decisions for people requiring medical treatment in hospital.

An easy read policy on supporting people to make decisions had been compiled in co-production with staff and people using the service and this included photographs and pictures to explain the main points. The MCA had been discussed at quality group and a pocket sized guide to the Act had been made available to all staff, people and their families. There was also a detailed policy and procedure to underpin the easy read materials as well as a copy of the Code of Practice.

We found that wherever possible people had been fully involved in the care planning process and had consented to the delivery of their care in accordance with the plan. We also noted assessments had been carried out to assess people's capacity to make decisions for themselves. One person told us, "The staff are so good they always work round me and they always have time to listen to what I want."

People were supported and encouraged to maintain a healthy balanced diet. Staff placed a strong emphasis on the importance of protecting people from risk of poor nutrition and dehydration and were aware of people's individual preferences and patterns of eating and drinking. The registered manager explained staff closely monitored people's diets as appropriate. In one instance, staff noted a person's appetite had decreased and this led to a prompt diagnosis of a serious illness. As the person had a diminished appetite for food, the staff worked very hard with the dietician to encourage the person to eat by preparing their favourite foods in different ways, for example melting chocolate in order to stimulate their enjoyment of food again. Staff had also supported a person who undertook a successful weight reduction diet with the involvement of the dietitian. The person was now engaged in many activities as part of a healthy lifestyle and often shared their experiences with other people in the same situation.

People's dietary and hydration needs were considered during the assessment and care planning processes and we noted detailed risk assessments had been carried out to identify and manage any risks. All people spoken with told us they were happy with support they received with their food and drink and confirmed they were involved at all stages including planning their meals, shopping, preparation and serving. People also told us staff always asked their preferences and where staff carried out the cooking this was done to a good standard. One member of staff told us, "I know what people like to eat and I like to be creative with nutrition, so sometimes I suggest little changes so people have the opportunity to try different tastes if they wish to."



At the time of the inspection, an easy read healthy eating and drinking policy was being devised by a team leader, staff and some people using the service. This was due to be discussed at the forthcoming quality group meeting. The idea for the policy came from people's discussions on health and safety which identified healthy eating as a priority for maintaining people's well being. As part of this people completed a quiz on healthy eating and their ideas had shaped the range and scope of the policy. This meant people had been supported to gain insight into the benefits of healthy eating and had influenced the organisations policies and procedures. Following from their work on this project one person had been elected as the regional representative for staying healthy for Self Advocacy in Lancashire.

We found the registered manager had collated a wide variety of reading materials on healthy eating including the "Eat well plate". This is a visual representation of how different foods contribute towards a healthy balanced diet. The eat well plate was used by the registered manager and staff to help people understand what foods constituted a healthy diet. We also noted there was a detailed policy and procedure on nutrition and hydration. The staff had received appropriate training on diet and nutrition.

We noted staff had completed a "Meeting nutrition and hydration" form with people using the service to identify good practice in respect to maintaining and promoting good nutrition and hydration. The information had been analysed from the forms and the registered manager had used this information as a benchmark in order to identify where staff required more training and where people needed more support.

The registered manager and staff had excellent links with social and healthcare professionals in order to ensure people received a coordinated service. A community professional wrote on a questionnaire completed before the inspection, "I cannot speak highly enough of them. They have always been easy to communicate with and there is no doubt that the staff have an understanding of the service user's very complex needs. They are always accommodating in trying out new ways of working for the benefit of the individual." Staff spoken with told us they had regular liaison with community professionals, both for advice on individual care, and general advice about each specialism, to support staff to further their knowledge for people's benefit.

Staff carefully monitored people's healthcare needs and were aware of people's past and current medical conditions. All people attended a 12 monthly health check. We noted all care plans included a section on keeping healthy and one person's plan included detailed guidance for staff on how to manage and monitor their medical condition. The information had been prepared in collaboration with the Diabetic Liaison Nurse. All people had a detailed health action plan which was designed to be portable. This meant the plan could be taken to all healthcare appointments so members of staff and people had ready access to important health information. We noted people were supported to attend all routine screening and healthcare appointments and were given the option of seeing healthcare professionals in private if they wished to.

In the event people were admitted to hospital, all people had a hospital passport which was designed to inform healthcare staff about the person's needs, likes and interests. We saw examples of hospital passports during the inspection and noted they had been discussed with the person.

Relatives spoken with expressed a high level of satisfaction in how their family members were supported with their healthcare needs. One relative told us, "The staff were so supportive when (family member) was ill. Nothing was too much trouble. They really looked after them."

## Is the service caring?

### Our findings

People consistently described staff as having a caring attitude and felt staff treated them with kindness and compassion. One person told us, "The staff are very caring, thoughtful and considerate" and another person said, "I think the staff are great. They get you involved in stuff and I love doing that." Relatives spoken with were equally complimentary of the approach taken by staff, one relative said, "They are all loving people with such integrity. Their aim is to support people to the best possible standard. They have real hearts in their work." Health and social care professionals also spoke highly of the caring nature of staff. For instance a community professional wrote on a questionnaire completed before the inspection, "All staff I have encountered display person centred values with the up most respect and dignity towards individuals within the service."

People benefited from staff who had a caring approach to their work and were totally committed to providing high quality care. All staff spoken with were highly motivated and inspired to offer care which was kind and compassionate. One member of staff told us, "I absolutely love my job especially my interactions with people. It's such a compliment being able to help people" and another member of staff wrote on a questionnaire, "I am very proud to be part of this organisation which endeavours to provide the highest standard of care to the people we support, promoting independence, choices in order to fulfil their potential, set and reach goals." People had been involved in identifying values needed at the recruitment of new staff and these had been included in the application form.

During the inspection, it was evident the registered manager and staff had an excellent relationship with people using the service and we were able to observe the positive interactions that took place. Staff spoke warmly about the people they supported and it was evident they had an indepth knowledge of their needs, preferences and aspirations. Staff told us they were always introduced to people before providing care and were given time to read through people's care documentation. We noted the rotas were organised to ensure people were supported by staff of their choice. The registered manager sought continual feedback from people and carried out regular checks to ensure care practice respected and promoted people's rights.

The registered manager and staff recognised the importance of confidentiality and people's right to keep some personal information private. We saw there was policy and procedure in place on maintaining confidentiality and there were secure storage systems for all archived records. Staff did not wear uniforms, so people could be provided with care in the community in a discreet and dignified way.

The registered manager promoted a strong visible person centred culture and was exceptional in helping people express their views. She told us, "Involvement is at the heart of everything we do." All people were fully involved in the planning of their care and person centred tools such as what was "Important to and for" the person, "Good day, bad day" and "What's working and not working" were used to ensure people's views and wishes remained paramount. One person discussed their one page profile in detail with us and told us, "This includes everything I want the staff to know and understand about me." Another person, who had delivered training to a group of staff, told us the service defined person centred planning as "What people want, when they want, with the people they want and with the right support to make it happen." The person

showed us their daily diary notes and confirmed they could read records made by staff at any time.

The registered manager and management team used creative ways to ensure people's involvement in the service was meaningful. All people using the service, relatives and staff were members of the quality group which met four times a year in a local church hall. According to the terms of reference, the purpose of the group was to involve "Everyone in the activities needed to make sure that Castle Supported Living is continually getting better." People told us they enjoyed attending and participating in the group discussions, one person told us, "I like going to the quality meetings. It's all about working together."

People were proactively supported to express their views. Following a discussion at a quality group on the Dignity in Care Campaign people using the service proposed the suggestion of an "Ideas Tree". From this people and staff involved in the arts and crafts group painted a large tree on the wall in the meeting room at the office. Two people described how they had painted the tree and what it was now used for. They told us people's ideas and suggestions were depicted by the leaves and flowers were used to mark achievements. The main branches represented different projects currently being worked on by groups of people and staff, for instance the development of the healthy eating and drinking policy and the making of the video. People told us they were very pleased to see their ideas in action and liked the visual representation of the tree. We could see many of people's suggestions had come to fruition for instance policies and procedures had been developed in an easy read format and a person had delivered training to a group of staff. This meant people's views and ideas had influenced the development of the service.

People and their relatives valued their relationships with staff. They consistently described staff as going above and beyond their duty of care when providing support. Staff spent time getting to know people and had a detailed knowledge of people's methods of communication, including those people with complex needs. One relative told us, "The staff have gone to great lengths to communicate effectively with (family member). They have such a nurturing way." We saw staff used pictorial information, communication passports and made appropriate referrals to other professionals for instance the speech and language therapist. This showed us that staff ensured all people were involved and listened to. People spoken with told us they felt valued by the staff and had a strong sense of belonging to the service. One person told us, "I was struggling with lots of things before I had support from Castle. But now everything is perfect, they are always there for me and I like getting involved with everything."

People confirmed their privacy and dignity were respected, and they were encouraged to be as independent as possible. One person wrote on a questionnaire, "If I wasn't supported so well, I wouldn't have the life I have now, which helps me to be independent." Staff understood the importance of respecting people's own values and upholding what was important to them. For instance, one person told us how staff always contacted them by telephone if they were not at home when they visited and they gave them permission to enter their home. Staff spoken with were very conscious of working in people's houses and ensured they respected people's properties and belongings.

In November 2015 the quality group had developed information about the service in the form of the Castle Promise and the Castle Commitments. This was produced in a booklet and included photographs and pictures. The promise set out the core values of the service with the overarching value of "People are at the centre of everything we do." The commitments outlined what people could expect from the service for example, "You will be listened to if you have something to say about your support" and "You will be supported to be as independent as possible." A video had been produced by people to present information in a visual format and to describe to others what the service meant to them.

People were supported to access advocacy services. Advocates are independent from the service and

provide people with support to enable them to make informed decisions. People were given appropriate information about advocacy and this was promoted in the newsletter and on notice boards in the office. People were involved in advocacy networks and attended local, regional and national workshops and meetings. Three people were due to attend the North West advocacy conference in Blackpool the week following the inspection. One person using the service was a director of Self Advocacy in Lancashire.

We noted people using the service had suggested meeting with their local MP due to their concerns with funding arrangements and proposed changes to local buses. This was arranged at the MP's office. People told us they had a successful and constructive meeting and were able to fully discuss their concerns.

## Is the service responsive?

### Our findings

People received consistent personalised care and support. They told us they were involved in all decisions about their care and they lived interesting and fulfilled lives. One person told us, "The staff are really helpful and kind. They help me to go out because I like to go out and meet different people" and another person commented, "The staff are great. My hobby is gardening and they help me with it. They also help me to go to agricultural shows and vintage rallies. They always listen to my ideas". Relatives also spoke highly of the service, one relative said, "There are lots of positives about the service. I don't think you could find better" and another relative wrote on a questionnaire, "As a parent I am so happy and relieved my (family member) is being looked after so well."

People spoken with indicated they received care and support in a way that was individual to them. Before a person received a service, a comprehensive assessment of needs was carried out with the person. Information was also gathered where appropriate from their relatives and any professionals involved in their care. This information provided details on the person's needs, preferences and aspirations. A package of support was then drawn up for the person to consider. If this was accepted arrangements were made to begin the matching process with staff. Staff were then selected or if required recruited to match the person's identified choices of how they preferred to have their care needs met.

A relative whose family member had recently started receiving support from the service told us the staff had outstanding skills and an excellent understanding of their family member's personal and social care needs. They told us their family member had regained their sense of community since using the service and said, "The differences are amazing. They have done so many things." The person sent us a message to say, "I'm having fun."

We noted a learning log was maintained throughout the transition process to consider what activities were working well and what were not working well. This approach meant adjustments could be readily made to the service in response to the person's needs and wishes. For instance, it was found there was insufficient space for the person to fully participate in a pottery class. The staff therefore found a new venue which provided the person with space to access all the equipment needed to make pottery. This showed the person's rights to independence and dignity were recognised and fully upheld. We found staff had also been imaginative in suggesting new ideas to the person, which had significantly enhanced their life. For instance the person enjoyed music, so staff had carefully researched music festivals to check access and facilities and made arrangements for them to learn how to play the drums.

We saw a communication book was used during the person's introduction to the service. The book contained a record of photographs, memorabilia from events and comments from the person, their family and staff. The person had also drawn pictures with explanations of their comments and views. This showed us they were fully supported to express their thoughts and opinions. We saw from the records, a person using the service had spent time with the new person's family to explain the use of the support planning tools so they could further understand the approach taken by the service.

Staff saw the support plans as fundamental in providing good individualised support. A staff member told us, "People are fully involved in the support plans so we can rely on the accuracy of them to give us all the information we need." A community professional wrote on a questionnaire that the service provided, "Excellent person focused care and support which was tailored to meet each individual's needs" and another professional wrote "I would whole heartily recommend this service to any of my friends or relatives secure in the knowledge they would receive excellent care".

The registered manager strove to provide outstanding care based on best practice. She had signed up to the Driving Up Quality Code, which was a commitment to improving quality in services for people with learning disabilities. As part of this she had carried out a detailed self-assessment to identify where the service could be improved. The findings of the self-assessment were built into the business plan and discussed at the quality group.

People and their families where appropriate, were proactive in planning their own care and making decisions about how their needs were met. All people had a detailed person centred support plan. We noted the format of the plans differed according to people's individual needs. The plans fully reflected people's choices and preferences and were underpinned by a series of risk assessments. Changes in people's care needs were identified promptly and with the involvement of the individual were reviewed and put into practice by staff. The plans were reviewed every six months as a minimum; however we saw one person's plan was constantly updated in response to their changing needs. The support plans contained photographs of the person so they could relate to the information and included a one page profile which set out what was important to the person.

People were protected from the risk of social isolation and staff recognised the importance of friendship and maintaining relationships with their families. A relative told us, "They have not only supported (family member) but have supported his family as well" and another relative said, "There is lots of family involvement, we are invited to all the quality groups."

People were supported to participate in a wide range of meaningful activities, in line with their interests and preferences. These included employment, volunteer and recreational activities. People told us about some of the recreational activities they particularly enjoyed, for instance two people said they really liked going to a local farm to look after the animals and another person told us they enjoyed going to football matches, restaurants, the cinema and bowling. The level of support provided by staff was in accordance with people's needs. Some people had paid work which included work at a local supermarket, delivering leaflets, cleaning and caring for chickens at a local farm. Other people volunteered to work in charity shops, dog walking and gardening in the community. Some people were also supported to participate in social enterprise schemes, for instance a person owned an allotment and sold eggs to the local community and other people sold items they had made in the arts and crafts group. We saw photographs of people on outings and engaged in interesting activities. Detailed risk assessments had been carried out for all activities so any risks were identified and managed, whilst at the same time not restricting people's freedoms.

Staff spoke warmly of supporting people with their interests, one member of staff told us, "The people I support are just lovely, a real joy to be with. We like getting a book, because they like reading, and acting out all the characters. We also love celebrating birthdays."

The Castle arts and crafts group met on a regular basis. One person had suggested making a calendar, which they showed to us during the inspection. This was professionally produced and we noted people had contributed photographs of their trips and activities and everyone's birthday was included.

The service took a key role in the local community and the registered manager, staff and people were active in developing further links. People using the service had undertaken community mapping training and had completed relationship circles to identify where they could forge stronger links in line with their needs and interests. The registered manager and staff then looked to connect people to local groups. For instance one person had an interest in railways and arrangements had been made for them to join the Ribble Valley Live Steamers, which operated throughout the year. Another person was part of a local knitting group and produced items for various charities. This approach helped people to achieve more independence and make new relationships with people in the community.

The service was flexible and responsive to people's needs and preferences and the registered manager used creative ways to enable people to live as full a life as possible. For instance, people could elect to save staffing hours to facilitate supported holidays and trips. People chose where they wished to go on holiday and during the last year people had visited, Morecambe, Blackpool, York and Scarborough. Staff rotas were also responsive to people's requests and were altered to accommodate people's needs. Where people wished to attend an event or hospital appointment, they were asked their preferences for support and the rotas were changed accordingly.

People were actively encouraged to express their views on the service and voice any concerns. People and their families knew who to contact if they needed to raise a concern or make a complaint. There was also an easy read complaints procedure as well as a detailed policy and procedure which set out how any complaints would be investigated and managed. The registered manager told us she had not received any complaints about the service. However, people had made suggestions for improvement which were plotted on the ideas tree and were being worked on as part of the business plan.

The registered manager had received numerous compliments which had been logged in order to inform best practice in the service. We saw people had written several compliments themselves and noted one person had written, "Staff are nice and helpful. They always make me welcome and are kind" and another person had wrote, "I think Castle Supported Living is the best in Clitheroe. The staff do a great job."



## Is the service well-led?

### Our findings

The registered manager was an excellent role model who placed people at the heart of the service. She along with the management team actively sought and acted on the views of others through creative and inventive ways. For instance the ideas tree, which was used to represent the ongoing work and projects in the service. All people, relatives and staff spoken with were universal in their praise for the management of the service, one person told us, "The manager is a brilliant lady. She always makes time to talk and is very organised. She puts everything together well" and relative said, "The manager is the best I've ever seen. She is competent, has great integrity and a lovely warmth and openness." Another relative wrote on a questionnaire, "Everything I have 'strongly agreed' with (questions in the survey) has been sustained over a long period of time. I cannot find any fault at all with this service. The management and staff are in my experience above all criticism."

The registered manager understood her responsibilities in relation to her registration with the Care Quality Commission (CQC). Statutory notifications had been submitted to us in a timely manner. The registered manager was also aware of the new requirements following the implementation of the Care Act 2014, for example the introduction of the duty of candour. This is where a registered person must act in an open and transparent way in relation to the care and treatment provided.

The registered manager worked in partnership with key organisations to support care provision. Community professionals who had involvement with the service confirmed communication was good. In their responses in the questionnaire the professionals highly praised management initiatives and described the service as having consistently maintained success in their practice over time. One community professional wrote on a questionnaire, "The management of the establishment is first class, in that they are proactive and always have the rights and best interest of the service user at heart" another professional wrote, "I have been visiting the service for six years and cannot praise them high enough. I have found them to be a very person centred focused team of people."

There was an effective governance and communication structure in place and clear lines of accountability and responsibility. The registered manager held regular meetings with the board of directors, all of whom were aligned with a specific role such as safeguarding, human resources or finance. The registered manager told us, "We work really well together and share the same value of person centred care". The directors also made regular unannounced visits to the office to carry out checks on the registered manager and the operation of the service. We were sent records of the visits following the inspection and saw a director visited the service at least once a month.

The registered manager had established robust communication systems with staff, who were encouraged and challenged to find new ways of enhancing the quality of the service. Staff told us they felt empowered to voice and share their ideas. One member of staff told us, "If I have a suggestion the manager is always willing to listen and try something new." The registered manager had used reflective practice to help staff consider how they maintained and promoted people's dignity. The staff were asked for examples of supporting people with dignity and how they could improve to their practice. We noted the registered manager had set



targets in order to achieve the improvements.

Staff told us they were happy in their work, understood what was expected of them and were motivated to provide and maintain a high standard of care. The staff spoken with made very positive comments about the registered manager and the way they managed the service. One member of staff said, "The manager is very supportive, helpful and welcoming and will respond very quickly if there are any concerns" and another member of staff told us, "The service runs really well. The manager is always willing to help and very easy to talk to." Staff received information in regular staff bulletins and were part of involvement groups working on specific projects linked to the business plan. Staff also regularly called into the office to chat with the management team.

The registered manager and management team sought continual feedback from everyone involved in the service including people, relatives and staff. A suggestion box known as "Have your say" was available at all times. All suggestions were collated monthly and fed back to people and staff in an easy read format along with details of any action taken. For example a consultation was held with all people, their family and staff about the location of the agency's office. Staff had also suggested they would benefit from Makaton training and this was arranged.

The registered manager used creative ways to carry out the annual survey to enable people to voice their opinions and share ideas. The format was changed every year, for instance in December 2014 people completed their responses on Christmas decorations and hung them on a tree and in December 2015 responses were recorded on decorated present tags. People expressed their levels of satisfaction on ratings scales using smiley faces. We looked at the returned "tags" during the inspection and noted people had indicated a high level of satisfaction with the service. The quality co-ordinator and registered manager had collated all comments and ideas for improvement in readiness for the next quality group which was to be held the following weekend. We were given a copy of the results during the inspection and noted people had made numerous positive comments, for instance, "I love my staff, they really look after me and help me do the things I enjoy" and another person had written, "The staff work really hard to let the tenant do what they want to do and they are all really supportive."

People were also able to give feedback in a number of other ways including their participation in the quality group and reviews of their person centred plan. One of the tools used at the reviews was "What's working well and what's not working well" so any improvements or adjustments to the service could be readily identified. People also participated in the publication of the quarterly newsletter. This provided people with information about the service and celebrated people's successes and accomplishments. Several people showed us a copy of the newsletter during the inspection and pointed out articles about their achievements. We noted the person who had suggested making the video had won the "Idea of the Year" award and had received a bouquet of flowers in recognition.

There was an effective quality assurance system in place to drive continuous improvement within the service. We found the registered manager had a schedule of audits which included checks on staff training, supervision and appraisals, accidents and incidents and all records associated with the people's care and support. We saw the completed audits during the inspection and noted people had been asked for their views and comments as part of the check. A detailed management system had been established to monitor and manage the budget and people's funding arrangements. This allowed people to accrue staff hours for specific events. The registered manager also carried out regular spot checks to observe staff working with people and gather feedback from people on staff conduct and performance.

There was an emphasis on continually striving to improve. Any actions identified from the quality audits,

suggestions for improvement from people, relatives and staff, and results from self-assessment tools such as the Driving up Quality Code and Dignity in Care Campaign were consolidated onto an overall action plan known as the business plan. The business plan had been developed with people using the service, relatives and staff and been signed off by the quality group. The plan was presented in an easy read format and set out 33 areas of work for 2016. These included producing ten further policies and procedures in an easy read format, developing a website and supporting people and staff to have a better understanding of nutrition and hydration needs by using the Health Charter. The Health Charter is published by Public Health England and was designed to tackle the health inequalities sometimes experienced by people with disabilities. The main areas of the business plan had been broken down and matched against the five questions used by CQC and the quality framework used by the local authority. This meant all elements of the business plan were linked to best practice.

The business plan was displayed in pictorial format on the office wall and included updates of the progress made in each area of work. People spoken with were familiar with the business plan and confirmed parts of the plan were discussed at quality meetings. This approach showed us the registered manager recognised the on-going importance of ensuring the plans for improvement were understood, implemented and communicated to people in meaningful and creative ways.

The registered manager had signed up and used recognised accredited schemes such as the Investors in People award scheme, the Dignity in Care Campaign, the Social Care Commitment, the Health Charter and the Driving up Quality Code to strive for excellence through research and reflective practice.

The directors, registered manager, management team, people, relatives and staff had co-produced and were fully committed to the values of the service set out in the Castle Promise. These were imaginative and person centred to make sure people were at the centre of the service. The first letter of each value spelt Castle and comprised of Choice, Accountability, Support, Teamwork, Local Communities and Empowerment. We saw and heard about many examples throughout the inspection of how these values were upheld and put into practice to ensure people were empowered to lead fulfilling lives.