

Warrington Community Living

# Warrington Community Living

## Domiciliary/Supported Living Network

### Inspection report

The Gateway  
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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?

Good 

Is the service responsive?

Outstanding 

Is the service well-led?	Outstanding 
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# Summary of findings

## Overall summary

The inspection took place on 18 August and 6 September 2016 and was announced.

At our previous inspection in April 2014 we found the provider was meeting the regulations in relation to the outcomes we inspected.

Warrington Community Living (WCL) was established in 1991 is a local charity that seeks to support people with learning disabilities, physical disabilities, older people, people with dementia and people experiencing mental health issues to lead their lives in a purposeful, healthy and enjoyable way as full and equal members of their local community. They do this through the provision of residential homes and supported living schemes, provision of short breaks for children and young people as well as other forms of support for individuals in the community.

The head office is in the centre of Warrington located on an upper floor of the Gateway building and is accessible to people via a stairway or a passenger lift.

This inspection focussed on the domiciliary care and supported living network provided by Warrington Community Living. The service provided services to people with severe learning disabilities or autistic spectrum disorder in their own homes. At the time of the inspection the service offered support to 29 people, however only four people received care and support which involved an activity the provider was registered for with the Care Quality Commission.

The service has 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.

People who used the service and their relatives spoke of the outstanding care delivery. They told us the provider and staff of the service went above and beyond to ensure they received a person centred service. Staff maintained people's privacy and dignity ensuring any care or discussions about people's care were carried out in private. We saw interactions both verbal and non-verbal between staff and people who used the service were caring and respectful with staff showing patience, kindness and compassion. We observed staff knew and understood the people they cared for and ensured people were provided with choices in all aspects of daily life by way of discussion. Innovative assistive technology had been introduced to enable people who used the service to keep up to date with news and events and to be personally involved with recording their daily diaries.

Staff were recruited through a rigorous procedure. As part of the recruitment process the provider used value based recruitment techniques, a clearly defined culture statement and staff competency assessments. Staffing provision was responsive to people's changing needs and preferences which enabled people to lead

fulfilled lives. People who used the service and their relatives were encouraged to participate in the interviewing process for potential employees. This demonstrated the service's commitment to the culture of inclusion and participation within the service.

People who used the service, family members and external agencies were most complimentary about the standard of support provided. The registered manager involved families and other agencies to ensure people received the support they needed to express their views and make decisions that were in their best interests. Relatives and professionals were very positive about the service people received. The service specialised in supporting adults and children with behavioural problems some who had lived in large institutions for a long period of their life or had experienced several failed placements prior being supported by Warrington Community Living.

Positive risk taking was driven throughout the organisation, balancing the potential benefits and risks of taking particular actions over others, in order to support people to live fulfilling lives. In delivering this consistent approach people were supported to try new things and make changes in their lives. The registered manager and staff had an excellent understanding of managing risks and supported people that had previously challenged services to reach their full potential.

An outstanding characteristic for the service was the time spent developing ways to accommodate the changing needs of the people who used the service, using innovative and flexible ways to support people to move forward. The registered provider was seen to constantly adapt and strive to ensure people who used the service were able to achieve their full potential. We saw that over a period of time people had been supported to progress and their support plans and environment adapted and developed to promote their independence.

The registered manager ensured staff had a full understanding of people's support needs and had the skills and knowledge to meet them. Training records were up to date and staff received regular supervisions and appraisals. There was a well-established management structure in place which ensured staff at every level received support when they needed it. Staff were clear about their roles and responsibilities and how to provide the best support for people.

People were at the heart of the service, which was organised to suit their individual needs and aspirations.

People's achievements were celebrated and their views were sought and acted on. People were supported by staff that were compassionate and treated them with dignity and respect. Without exception, people who used the service and their relatives we talked with were high in their praise about the staff that supported them.

We saw people had assessments of their needs and care was planned and delivered in a person-centred way. The service had creative ways of ensuring people led fulfilling lives and they were supported to make choices and have control of their lives.

People participated in a range of personal development programmes. Individual programmes were designed to provide both familiar and new experiences for people and the opportunity to develop new skills. People who used the service accessed a range of community facilities and completed activities within the service.

Where necessary people's nutritional needs were well met and they had access to a range of professionals in the community for advice, treatment and support. Staff monitored people's health and wellbeing and

responded quickly to any concerns.

Care plans had been developed to provide guidance for staff to support in the positive management of behaviours challenged the service and others. This was based on least restrictive best practice guidance to support people's safety. The guidance supported staff to provide a consistent approach to situations that may be presented, which protected people's dignity and rights.

There was a strong emphasis on person centred care. Family members and social care professionals told us and all the care records viewed showed people's needs were continually reviewed. The plans ensured staff had all the guidance and information they needed to enable them to provide individualised care and support. People and their family members were consulted and involved in assessments and reviews. Best practice guidelines were followed and the service was innovative and creative in its approach to support. The management and staff were not afraid to challenge decisions and advocate fully on behalf of the people they supported, often with excellent results. A one page profile was written by the person who used the service to identify their background, achievements and goals. We saw staff had also provided a one page profile of themselves to enable people to have knowledge of them as individuals to include family, interests, knowledge and skills.

People received their medicines as prescribed by their GP. Medicines were managed safely to ensure people received them in accordance with their health needs and the prescriber's instructions.

The service had a complaints policy; details of which were provided to all the people who used the service and their relatives. People told us they had no reason to complain but if they did 'they knew what to do'.

The provider regularly assessed and monitored the quality of care to ensure national and local standards were met and maintained. A culture of continuous improvement was in place to promote further enhancement of the service.

There was an extremely positive and strong value based culture within the service, the management team provided strong leadership and led by example, best practice was implemented and followed throughout the service. The registered manager had clear visions, values and enthusiasm about how they wished the service to be provided and these values were shared with the whole staff team. Their ethos was "To enable people with learning disabilities to determine the life they live and strengthen their community of family and friends." Staff had clearly adopted the same ethos and enthusiasm and this showed in the way they cared for people. Confidentiality was respected and independence was promoted.

The chief executive and the registered manager were excellent role models who actively sought and acted on the views of people. People, their relatives and health and social care professionals without exception told us they thought the service was extremely well managed. We found all staff were very positive in their attitude to the company and their role and said they were committed to the support and care of the people. Staff said the service was different to others because the management team genuinely cared about all of them and the people who used the service and wanted to make a positive difference to people's lives.

Systems to continually monitor the quality of the service were effective and there were on-going plans for improving the service people received. The provider gathered information about the quality of their service from a variety of sources including people who used the service, their family and friends and professionals.

## 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.

There were systems in place to safeguard people from the risk of harm.

People's risk assessments were developed as a result of thorough assessments. These were regularly reviewed and used to enable people to live full lives safely.

The provider had a robust recruitment procedure in place in which people who used the service were included, demonstrating the services commitment to a culture of inclusion. There was enough skilled and experienced staff to support people safely.

People's medicines were managed safely.

Incidents and accidents were responded to, to ensure people were safe. Managers collated and analysed incidents for trends and patterns and took steps to make sure any necessary changes were made.

### Is the service effective?

Outstanding 

The service was outstanding in ensuring people received effective support.

People received creative and person centred care and support that was based on their needs and wishes. Staff were well trained and motivated and understood how to protect people's rights and enable them to make decisions for themselves.

Staff were highly skilled in meeting people's needs and received ongoing support from the registered manager through regular supervision and training. Specialist training was based on best practice and guidance, so staff were provided with the most current information to support them in their work.

People were supported to attend appointments, see their GP or other health care professionals. Their dietary needs were met and healthy eating was encouraged.

### Is the service caring?

Good 

The service was caring.

Without exception, people and relatives praised the staff for their caring and professional approach.

People and staff had high expectations of what people could achieve and achievements were celebrated.

People were supported by the registered manager and staff who were committed to a strong person centred culture which put people in the centre of the care provided.

### Is the service responsive?

Outstanding 

The service was very responsive to people's needs.

People achieved positive outcomes. The service had the ability to respond promptly to people's changing needs. People received care tailored to their individual needs.

People were fully supported by staff to engage in activities to stimulate and promote their overall wellbeing. The staff recognised and responded to people's social and recreational needs by enabling people to engage in various activities and meetings organised by the service.

People's views and opinions were sought and listened to. Feedback from people receiving support and their representatives was used to improve the service.

### Is the service well-led?

Outstanding 

The service was very well-led.

The culture of the service was positive, person centred, inclusive and forward thinking. The feedback we received from a range of professionals, families and staff was this was an excellent, enabling and inspiring service.

The management were described as amazing by staff, families and other agencies and professionals. Best practice guidelines were followed and the service was innovative and creative in its approach. Feedback was regularly sought from families and all comments or suggestions were promptly acted upon. Staff said they felt the person centred approach from management included the staff as well as people who used the service.

There were robust systems to ensure quality and identify any potential improvements to the service. The regular audits carried out identified areas in need of improvement which were followed up in subsequent audits to ensure improvement were made and completed.

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# Warrington Community Living Domiciliary/Supported Living Network

## **Detailed findings**

## Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection was announced and took place on 18 August and 6 September 2016. We gave the provider 48 hour notice before the inspection to make sure appropriate staff and managers would be available to assist us with our inspection.

The inspection was undertaken by an adult social care inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. As part of our inspection planning we reviewed this information and other information that we held about the home including statutory notifications received from the provider. These statutory notifications include important events and occurrences which the provider is required to send to us by law. We reviewed previous inspection reports and we also contacted care and health commissioners and social care professionals who were involved with the service to seek their feedback.

We spoke with four people who used the service and their relatives to gain their perception of the staff and services provided. With their permission we visited one person who used the service in their own home. We also spoke with five staff members, the registered manager, the chief executive, a personalisation partner, a personalisation co-ordinator, an integrated practitioner, the service administrator and human resources staff.

We viewed four people's care files both paper based and electronic, four staff files, people's medication records, recruitment and training files, and a selection of records used to monitor the service quality which included meeting minutes and audits.

# Is the service safe?

## Our findings

People told us they felt very safe in the care of Warrington Community Living. One person told us about some past experiences with other care providers and they said they did not know what outstanding care was until Warrington Community Living came into their lives. Comments included "Staff work with us all the time to ensure care is provided in a safe and person centred way" and "Staff respect (name) human rights, they carry out full risk assessments to make sure everything that happens does so in a safe way".

Detailed policies were in place in relation to abuse and whistleblowing procedures. Records showed the staff had received training in safeguarding children and adults and this was regularly updated, to keep them up to date with any changes in legislation and good practice guidelines. This helped to ensure staff were confident to follow local and national safeguarding procedures, so that people in their care were always protected. We noted the service were in the process of rewriting their safeguarding policies to reflect the recently issued local authorities Care Act guidance. Records showed this would be followed by updated safeguarding training for all staff in the service.

All the staff we spoke with had a good understanding of the correct reporting procedure. The staff we spoke with said this had helped them to develop their underpinning knowledge of abuse. Staff were able to tell us about the provider's whistleblowing policy and how to use it and they were confident any reports of abuse would be acted upon appropriately. Staff were aware of their responsibilities; they were able to describe to us the different types of abuse and what might indicate abuse was taking place. The registered manager was very clear about processes and when to report concerns to the local authority, police and CQC.

We saw the service had a business continuity plan in place which identified persons to contact in emergency, designated places of safety and requirements to continue to provide a service. We saw where relevant, personal evacuation plans (PEEP's) were in place.

Risk assessments were developed which enabled people to be independent and in control of their life, to build up confidence whilst the risks were managed to an acceptable level by staff. People had comprehensive risk assessments which included step by step guidelines for staff to follow for every activity which had a level of risk involved. These guidelines were simple to follow and ensured the risks were appropriately controlled while enabling and encouraging people to lead full and active lives. For example, we saw guidelines for staff to follow which enabled a person to shower independently, something they had previously been unable to do.

We noted the risk management plans included detailed information on how staff could support people in a way that minimised the risks. For example, we saw there was a detailed procedure on how support a person if they had an epileptic seizure. This included guidance on the use of assistive technology to monitor the person's seizure activity while they were in bed. A member of staff said, "We have a duty of care to manage risk when this is necessary. However, we have to balance risk management with people's choices to take risks."

Most people had one to one staff support during the day, agreed through risk assessments via the commissioners of the service. We saw these were reviewed regularly and if there were incidents, the local managers would review if additional staff were needed. We saw risk assessments detailed how best to spot people's 'triggers' as well as identify how best to de-escalate or manage any behaviour. External professionals told us they helped to review these plans alongside the staff and people using the service. External professionals told us regular reviews checked staff had been following the agreed plans, and this ensured a consistent approach. The local managers told us part of their role was to ensure staff learnt from any incidents and these were discussed before making changes to behaviour support plans.

We saw records were kept of incidents and accidents. These had been reviewed in order to identify ways of reducing the likelihood of them happening again.

A social care professional told us Warrington Community Living went the extra mile to ensure people could take positive steps forward in their lives, by way of positive risk taking to enable people to continue to live an independent life.

One person who had lived a long time in a secluded environment within a very strict regime because they presented a risk to themselves and others due to their challenging behaviour, both verbal and physical, had been enabled to live in their own home supported by staff from Warrington Community Living. The management and staff created a social story for the person, to understand the risks involved in all aspects of their daily life and there were positive risks, 'rules' which the person understood and agreed to.

We spoke with the registered manager of the service and they told us how senior staff supported the staff with regular day to day contact. This was usually face to face as well as via phone. Staff told us if they had any concerns, they felt able to raise these and they would be responded to positively by the local managers. One staff member told us "Working alone at night isn't a problem; I know there is someone I can call if I need help." Staff told us they had contact numbers for senior staff and other members of the team they could call on if an emergency was to arise. Staff told us they were provided with a mobile phone application which allowed safer working practices for lone workers.

As part of the recruitment process the provider used value based recruitment techniques, a clearly defined culture statement and staff competency assessments. Staff records we looked at showed the provider had robust recruitment processes in place thorough pre-employment checks. These included checking each employee's identity, employment history, qualifications and experience. They also obtained references from previous employers and completed Disclosure and Barring Service (DBS) checks. DBS helps employers make safer recruitment decisions and prevents unsuitable people from being employed. People who used the service and their relatives were encouraged to participate in the interviewing process for potential employees by taking part in recruitment processes such as meeting prospective employees and being part of the interview panel. This demonstrated the service's commitment to the culture of inclusion and participation within the service.

The duty rotas showed sufficient numbers of staff were always planned to support people safely. One person told us they were supported by regular staff, adding, "We always know the people who come here. I am given a staff rota with the names and photographs of the staff who will support me each day. Staff know that I like to know who is coming here so they give me this at the start of each week". Staff told us they always had sufficient numbers to support people safely because the service only agreed to the provision of a limited number of care packages. Staff said "The organisation prides itself on providing consistent care and this can only be done if you know your limits. The management team will not take on extra packages if they do not have the staff to provide consistent, timely services". A member of staff told us most of the staff were

more than willing to work at short notice to cover for sickness. The registered manager told us they had an ongoing recruitment plan to ensure they covered any vacancies. They also said that although staff were allocated to specific people they were able to work with all service users if additional support was required. Feedback from health and social care professionals was most positive about the staff and services provided by Warrington Community Living. Comments included "They are realistic with regards to take up of referrals and communicate reasons for non-take up clearly. This ensures they always provide a safe and reliable service".

Some people were being supported to take their medicines and we saw this had been managed safely by trained staff. People we spoke with had no concerns with how their medicines were being given to them. We saw that people had been provided with an information sheet 'What my medication is for' which held details of the prescribed medicines, dosage, and possible side effects. People told us that this assisted them to understand why the medication had been prescribed and be aware of any effects they may have.

The medicine administration records (MAR) we looked at had been completed correctly with no unexplained gaps. This showed that people were being given their medicines as prescribed by their GPs. Staff told us they counted and checked the medicine administration records at every handover and if any discrepancy was found this would be reported and investigated by the registered manager without delay. We saw there had been no medication errors noted within the last twelve months.

## Is the service effective?

### Our findings

People told us the communication systems within Warrington Community Living were excellent. They told us the administrator was very helpful and was always pleasant and ensured that if he could not provide an answer would always find someone who could. One relative of a person who used the service said "He is always so nice, helpful and efficient. If I need to leave a message I know it will be dealt with quickly and efficiently". Another relative said "This is a modern forward thinking organisation. They are so creative and effective the difference they have made to our lives is just amazing".

People who used the service had complex needs and health conditions like autism and associated distinct sensory processing differences, epilepsy and learning disabilities. Many of the people using the service had limited verbal communication. However they expressed themselves by way of verbal and non-verbal methods. One person told us they were happy with their life and loved the staff very much. Relatives, staff and social care professionals gave us many positive examples where people were supported effectively by staff to achieve their goals and overcome the barriers imposed by their condition. Goals achieved included living alone, accessing education and increasing mobility.

A family member told us staff had excellent skills and knowledge and had been able to provide a most effective service for their relative. They told us they had used a number of agencies prior to Warrington Supported Living and had not received an effective service. They said staff of Warrington Supported Living had great understanding of their relative's needs including communication, health and behavioural management. They said the difference to their relative's life had been amazing and their life quality had improved one hundred percent.

Staff gave us numerous examples of how they achieved positive outcomes for people. They worked with people in developing social skills, building relationships, learning basic cooking skills. Staff supported people to overcome anxieties about attending events or any social gathering where there were more than a few people around.

One example identified that a person who used the service who had very limited communication skills and very challenging behaviour had been supported by Warrington Community Living via a consistent support team. They now engaged in social and community based activities on a daily basis with access to both public transport and a pool car, and arranged planned monthly days out, sleep overs and holidays. Activities included attending exercise classes, shopping trips and cookery classes.

Staff told us and training records showed that staff were trained to ensure the proper use of specialist and individualised communication methods where there was an identified need to do so. They said they used such communication methods as Picture Exchange Communication System (PECS) and bespoke methods of communication; utilising photographs where images provided by PECS aren't clear to the individual and they need to visualise items, actions and people they are already familiar and comfortable with. They also used Treatment and Education of Autistic and Communication related handicapped Children (TEACCH) an evidence-based service, and research programme for individuals of all ages and skill levels with autism

spectrum disorders. They also used Objects of Reference, Makaton, and Sign Along to meet the needs of people using the service, in collaboration with external support from specialist advisors.

We saw that the service had introduced strong and creative use of ICT for communication, recording, support and service delivery planning and personal and project organisation purposes. Each person who used the service had access to electronic communication systems to enable them to effectively communicate with staff and other service users and to evidence their consent to the services provided.

One person said "I have been actively involved designing my own electronic support logs which I am able to use on my own ipad, I now have my own e-mail account so I can keep up to date with information from WCL and form links with other people who could have an influence on my plans for the future".

Staff records showed that they received training to understand and manage all assessed need prior to being allocated as a person's support worker. Staff told us they discussed each person`s care in meetings with the registered manager. Every effort was made to assist people to be involved in and understand decisions about their care and support. People told us that this partnership approach greatly enhanced their self-esteem, quality of life and confidence.

People were supported by well trained staff who were knowledgeable in how to support people with complex needs effectively. One relative told us that staff who provided support for their family member had worked with them to arrange strategies to assist young people with autism to achieve new goals. They told us that their relative was pacing back and forth and wanted to go unnoticed and left alone, not looking you in the eye and they did not have the confidence to engage in any way. Staff had worked with this person to work towards engagement and connection. They said "We had staff who cared and wouldn't let [name] hide and retreat from the spotlight. They consistently pushed them to the forefront, asking and encouraged them to take on challenges they knew they could do. Staff never stopped working with us to achieve the identified goals. Being autistic hasn't stopped them from achieving and pursuing dreams thanks to the care and support received from Warrington Community Living".

Staff told us they received training relevant to their roles and they were supported by managers to build on their knowledge and skills. All staff spoken with told us they felt their training was second to none. Comments included, "I believe the training we receive is outstanding. We get training all the time", "The training and support we get is wonderful. I only have to ask about something and training is arranged for me" and "I just feel so privileged working for Warrington Community Living. We get so much training and support it is unbelievable. We are encouraged to learn and to develop our skills. I am part of a team of very committed people who work together well to ensure positive outcomes for people who use our service". Staff said they felt valued and supported in their role by the registered manager and the provider.

All staff completed the care certificate induction training when they started in their role. They also had corporate induction where they learned about the company, management structures, policies and procedures and they were inducted in the values and the ethos of the organisation. We saw records to show that the organisation had reviewed their approach to induction and refresher training to tailor it more to the individual learning styles and the demands of the personalised services provided. A 'model support plan' had been developed which included a mapping out of the process. We were told that this had now been introduced as a learning log and guide to be used during monthly supervisions.

We were told that the organisation had recently employed an Integrated Practitioner. Discussions with the newly appointed Integrated Practitioner who held professional qualifications in both learning disability nursing and social work identified that they worked with people assisting them through person centred

assessment and communication, support planning and case review.

All staff told us they received regular supervisions and records confirmed this; they told us these were interesting and thought provoking. They used these sessions to review and discuss with their line managers their achievements since they started in post or since the last supervision. They said their line manager gave them feedback on their overall performance and agreed any training and development needs with short term objectives set to be discussed at the next session. One staff member told us the supervision sessions included discussion about care and support plans, how they were working and if anything could be done better. They felt this was an outstanding way of reviewing care delivery and ensuring the services provided remained effective. One staff member told us, "They are very supportive meetings. We can ask about anything".

Staff said they were supported to undertake an annual progress review to discuss feedback on their performance and set goals for the forthcoming year. Comments from staff included; "We have had the same staff for a long time which helps us work together as a team" and "I cannot fault this service. I have worked in other places where you are just left to your own devices. We get so much training and support here. I feel valued and cannot fault it. We are treated well by people who really care about us and the people we look after".

The registered manager told us that his role also included providing mentorship; support; guidance and where appropriate clinical supervision to colleagues, students and volunteers working within the organisation.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The registered manager, provider and staff were aware of their responsibilities under the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). We spoke with the manager about gaining consent to care and treatment. They told us that staff had received training in the MCA. However they said that most people they supported had capacity to say how they wanted their care to be delivered in their own homes. Where people had limited capacity, spouses and relatives were able to inform any decisions that may be needed. The MCA sets out what must be done to make sure that the human rights of people who may lack mental capacity to make decisions are protected, including balancing autonomy and protection in relation to consent or refusal of care or treatment. Capacity assessments and consent documentation was completed with people or their relatives during the initial assessment and on-going via care reviews. Staff spoke confidently about how they involved the people they supported to make decisions. For example offering a limited number of choices to not overwhelm the person or visually showing people choices of what they would like to wear. Staff gained people's consent before carrying out any care support tasks such as obtaining consent before medication was administered.

We saw that a mental capacity assessment had been completed for a person who used the service by a social worker, best interest assessor. This was followed up by a best interests meeting which included the person who had been assessed, an advocate from Speak Up, the registered manager and the person's support worker. Records showed that a review assessment and an updated support plan were completed

after the meeting.

The registered manager and staff were committed to promoting people's health and wellbeing. Each person had a personalised health action plan which staff supported people to follow. This set out their specific health needs and provided guidance for staff about how to monitor and improve people's health. The registered manager actively supported staff to make sure people experienced good healthcare and led meaningful lives. They ensured that specific activities were done by staff who had an interest in those activities and were a good companion for the person they supported. For example, if a person was going to exercise classes the staff member supporting them also liked exercise and so they were able to enjoy the activity together.

The staff team organised by the registered manager were constantly assessing people's needs through observing and communicating with people. Staff discussed what would benefit people's health in regular meetings and reviews. One social care professional told us, "The team involves support and input from professionals like occupational therapist, psychologist, community nurses, speech and language therapist to ensure people's health needs are met." This multidisciplinary approach helped to ensure that people maintained good health and that consideration was given to their full range of health and support needs. Records showed that on commencement to the service a person had been assessed as having unmet needs in respect of confidence and behavioural issues. Staff acted upon this without delay, arranged a multidisciplinary meeting and arranged a review of medication which culminated in a change of prescribed medicine. We saw this had a most positive outcome for the person who used the service.

The registered manager told us that in relation to health (physical and emotional wellbeing) this was recorded on a person's support plan and would involve support staff supporting the individual to make and attend all health appointments.

Staff told us that they had robust systems in place to maintain successful relationships with internal and external people who used the service by ensuring they were provided with all relevant information and support in a timely and professional manner. These relationships included the people supported by the service, their families and advocates, colleagues, Trustees, commissioners, regulators and other stakeholders.

Staff told us that some people who used the service had a weight issue. Records showed that staff involved dieticians and GPs in their care. One support plan showed that a person participated in a weight loss programme with regular reviews and had lost some weight and felt better in themselves as a consequence.

People were encouraged and supported to lead healthy and active lives regardless of their physical abilities. We saw that people were supported to attend the local gym, activity centres and swimming. In some cases this had involved staff working closely with people to build their confidence and allow them to enjoy these activities. Records showed that people were assisted to have blood tests, visit the dentist, attend health screening appointments, chiropodists, eye and hearing testing and GP appointments.

We saw that one person was not too happy with other people monitoring their health and as a consequence staff of the service had used innovative methods to enable the person to self-monitor. This was achieved by use of a 'fit bit' wrist band which measured steps, heart - beat etc. Staff told us this had been most positive and the person had become far more health conscious since the 'fit bit' had been used.

Staff told us that they had received training in the management of emotions and were provided with information about the emotional needs of the people who used the service prior to service commencement.

Staff told us this information enabled them to use positive reinforcement in regards to behavioural management.

## Is the service caring?

### Our findings

Comments from people who used the service and their relatives about the staff and services provided included "They are like family", "They are my friends", "I love them being here", "They make me feel special" and "No matter what position they hold from the Chief Executive to the support staff they all come here to see us to find out if we are alright. They all care so much about us, we are so very lucky to have them in our lives".

People responded "yes" when we asked them if staff were caring towards them. They were able to tell us names of the staff who supported them which indicated long standing relationships with staff. Relatives told us they felt the staff and the service they offered to their loved ones was excellent and very caring.

Staff told us that Warrington Community Living believed that everyone deserved respect. They said that respect was about feeling valued for who you are, for what you achieve and for your ambitions. They said "Respect values the differences that make people individual and does not accept discrimination or offensive behaviour. Respect helps people feel safe, so aggressive behaviour and offensive language is not acceptable. Respect means people feel confident that information about their lives is understood to be personal and ensures it is treated with care and respect. Respect requires people to help each other to maintain personal dignity. Where respect is not shown; we all have a responsibility to take action by speaking up and ensuring that dignity and respect is maintained at all times".

Staff we spoke with were able to explain how they both supported people's needs while also helping to manage risks their behaviour might pose. They said the registered manager and integrated practitioner set the tone by the way they approached care plans and activities, always looking for new opportunities for people using the service. For example involving people in all decisions where they had the capacity to do so, looking at work and occupational opportunities and developing their personal interests. Staff said "The inclusion, the teamwork, and the fact we give people a feeling that they belong helps us to achieve opportunities to maximize people's lives. We have been able to secure employment for people and enable people to join clubs, meet new friends and generally enjoy life".

Professionals we spoke with told us they felt the staff and people using the service had a mutual understanding and effective relationship. This meant many issues were generally managed locally without having to refer for external advice and support.

The integrated practitioner told us that part of their role was to assist people through mediation and advocacy to be active citizens whose rights were upheld and whose individuality was valued. Records showed that a speak up group was held every four to six weeks which the integrated practitioner attended. This was a bespoke group which embraced honesty and enabled people to come together via social inclusion. We saw documentation to show that all group members had signed up to the organisational policy in respect of human rights and the values and ethos of the group.

One relative told us, "[Name] (person that used the service) had other service providers prior to Warrington

Community Living and we were never sure that [Name] was happy with them. Since we have been with Warrington Community Living [Name]'s response to them has been amazing. It is reassuring for us to see how much the staff care for [Name] and how this is reciprocated. The staff provide care and support above and beyond anything I have ever experienced. They obviously love their jobs and only want to provide the best care possible for [Name]. Staff respond to the needs of children and also work with their parents to manage their anxieties".

A social care professional told us, "The service has an excellent reputation, the staff are very caring and the feedback we get is that the service provides excellent standards of care."

Staff talked with kindness and compassion about people. We saw their interactions with people and it was apparent that they were fond of people and supported them through happiness and sadness, achievements and failure with great interest and dedication. For example a person had very little social interaction when they started using the service; they had a history of self-harming and exhibiting frequent aggression (verbal and physical) towards others. We saw that the relationship between staff and this person was one of trust and mutual rapport and we were told that after a period of staff working with this person and the local authority the person was supported to successfully find and move to a property on their own with 24 hour support. There was an immediate positive effect with the person feeling more relaxed and in control of their life. This person told us that staff were their friends and they provided such good care to make them so happy with life.

People we spoke with were kept involved and informed via the staff and local managers of how the service was to develop over time. People were offered choices and information by staff, for example about budgeting, planning for holidays and similar longer term options. This information was shared during one to one visits, information sheets and electronically via the website

People we spoke with told us they had used advocacy support in the past when making choices and needed support. However the people we spoke with or their relatives told us they felt able to speak up for themselves and that they would be listened to by staff.

We saw that staff respected people's confidentiality. Records were kept securely and completed by staff privately so that others would not see them. We saw from recordings that staff kept detailed notes which were person centred and positive.

People were supported by staff in the community to help them manage risks around behaviour. Staff told us how this did not limit people's independence and freedom in the community, and that people had consented to these levels of staffing. Staff told us how this was provided discreetly by way of observation, staff being on hand but not actually walking with the person and other discreet supportive actions.

## Is the service responsive?

### Our findings

People told us that the service was very responsive to people's needs. They said that needs were assessed daily to make sure any changing needs were identified and met. Comments included "Could not get a better service anywhere", "Staff care about the whole family and ensure we are included in everything" and "I don't know what we would do without them. They have been a godsend to us. Such caring, reliable wonderful people who put the person first at all times. They are inspirational".

We saw that staff of the service had established a very good working relationship with people they supported. Observations of staff in the company of the people they supported evidenced that they worked in partnership showing each other respect. They discussed all aspects of daily life and planned ahead for the future ensuring that people's choices and individuality were addressed.

We saw that Warrington Community Living had developed a working relationship with Helen Sanderson Associates who specialise in person centred approaches. All staff had received training in developing support plans which promoted the person centred support. People told us that these plans were jointly developed with the individual or their family. The support plans included a one page profile and 'This is me' which is a personalised documents covering health, communication, needs, choices and aspirations. We saw that all staff from the chief executive to the support staff also completed a one page profile about themselves which was given to the people they supported to enable them to get to know a bit about them. Staff said this enabled people who used the service to feel more at ease with them and have knowledge of them as individuals to include family, interests, knowledge and skills.

Initial assessments were completed by the provider and used as a way to start to develop a relationship with the person and their relatives. The information that was gathered at the initial assessment was then transferred into a personal support plan which the staff followed to ensure the person's needs were identified and met. Staff told us that the registered manager was very thorough in his assessment. They said he fully understood what the service could and could not provide and as a consequence was able to offer a placement which would enhance people's lives. They said that staff were matched to each person who used the service to ensure compatibility and consistency.

We looked at four support plans to see what support people needed and how this was recorded. We saw that each plan was personalised and captured the needs of the individual. We also saw that the plans were written in a style that would enable a staff member reading it to have a good idea of what help and assistance someone needed at a particular time.

The support plans we looked at contained detailed information regarding background history to ensure the staff had the information they needed to respect the person's preferred wishes, likes and dislikes. For example the food the person enjoyed, holidays they had enjoyed, what they preferred to be called, preferred social activities, people who mattered to them. We asked staff members about people's choices, preferences and needs and the staff we spoke with were very knowledgeable about them. We were also able to see that people's preferences were respected, for instance someone wanted a flexible service to enable

them to enjoy social activities and another person required 24 hour support. Other examples included change of times of visits to accommodate hospital or other appointments. We saw that the registered manager was always able to make changes to times and lengths of visits to ensure people received a service at the time of their choice.

People told us and records confirmed that staff provided people with all of the practical everyday assistance they needed. This included support with a wide range of everyday tasks such as washing and dressing, using the bathroom and getting about safely. The support plans viewed were very person centred and held details such as 'I like routine so start my day by cleaning my top dentures', 'Take duster from kitchen cupboard and I will proceed to dust the TV. Make sure I have a dry duster' and 'I am able to make my own drinks without assistance but need help with food preparation and using the bathroom'.

Systems were in place to ensure people's support plans were reviewed on a regular basis. Spot checks and review visits took place on a regular basis to assess people's changing needs. Daily records were also reviewed every day and we saw that they held detailed information about the care and support provided on each visit. We noted that extra information about achievements or concerns was added to the records; however need to know information was also cascaded verbally at the time to the registered manager or on call duty officer. We saw prompt actions had been taken as a result of this. For example one person was supported in respect of a housing issue and another was supported to make immediate family contact.

The service arranged family support meetings where participation was encouraged from a range of professions to include children and mental health services, social workers, family practitioners and educational representatives. Where appropriate 'My Life Goal Plans' were in place to support individuals with learning and employment aspirations. This had included people commencing English and Maths and undertaking a Duke of Edinburgh Award.

Staff told us that their role was also to promote a warm and positive approach to the friends and families of the people who used the service and to involve families and significant others in the planning of individual support, where this is in accordance with the individual's preferences or best interests. Staff said they ensured that the people they supported were enabled to become as independent as possible and to grow in confidence, competence and personal effectiveness. They told us they did this through the provision of practical assistance, support, teaching, advice, role modelling, encouragement and positive feedback.

Relatives and staff told us, and records showed that the diverse activity programmes people were following depended on their abilities and interest. Every person's daily living was planned around their preference. Records showed that one person who had been socially isolated had with support formed a circle of friends from line dancing and flower arranging classes to going on holiday and working voluntarily with support in the local church community group. We found another example where the person centred approach was used and staff demonstrated it had a positive impact on a person's life. A relative told us that [Name] loved to be taken out on trips to places of interest and staff had found out the places they liked to go and ensured each trip centred on [Name]'s wishes. We saw that detailed information was on file about how this person responded to travel such as reaction to air conditioning or heating, how they needed to be transported and what music made them happy. Staff were fully aware of all aspects of this person's needs wishes and choices and showed a genuine passion in making this person's daily life interesting and fun.

Staff told us that the service successfully supported people to live active lives and to make a positive difference for people which had not been possible before they started using the service. People were encouraged to be motivated and inspired by their achievements. People were supported to learn and were enabled to develop computer skills, undertake employment, work as volunteers, attend church and take

part in many other social activities. We saw that people had been empowered to celebrate family occasions and other celebrations in ways that mattered to them, for instance creating personalised birthday cards, supporting individuals to take an active role in arranging their own birthday party or making a birthday cake for a loved one. Other activities included visits to the cinema, going out for tea, social clubs, shopping trips, days out and short break holidays to include Fleetwood, Southport, Llandudno, Rhyl and craft centres.

Staff supported people to overcome barriers such as their complicated disabilities and medical conditions so they could become valued and respected members of their community. One relative told us since being supported by Warrington Community Living their family member's quality of life had significantly improved. They said "I cannot believe the difference to [Name]'s (person using the service) life; it has been enhanced so much with the way the staff respond to [Name]'s needs and wishes. [Name] is treated so well and all his wishes are met". Another relative said that the staff considered them just as much as the person who used the service. They said "I have looked after [Name] for a long time and have never seen such a good service. I am delighted that Warrington Community Living agreed to provide a service for us. The staff are wonderful; they really care about me as well as [Name]. You would not believe how good they are. Even the chief executive calls here to see how we are. As a service you could not get better and as people you could not get anyone who cares more about the people than the staff of Warrington Community Living".

The registered manager told us that all the support provided was shaped and matched the individual. They said the support was person specific. For example some people needed very structured support and daily routines to enable them to function. Other people's support needed to be adapted daily or even hourly dependent on their moods. He said that all staff of the service had been trained in person centred care to ensure people received consistent, personalised care and support. Their care and support was planned proactively with them, the people who mattered to them and health and social care professionals involved in their care. Relatives were fully involved, where appropriate, in identifying people's individual needs, wishes and choices and how these should be met. They were also involved in regular reviews of each person's support plan to make sure they were up to date. We saw that the support logs were uniquely designed for individuals with each one containing a section about comments and recommendations in planning future events.

Staff told us that the well-being of people was important and for certain individual's staff had designed prompt cards to enable them to be part of their planning and review and to make choices and reduce anxieties.

The person centred care reviews were organised by the management and they ensured where possible that a team member and the registered manager attended alongside the person and their family. One relative told us, "We discussed what was working, what wasn't working and what we needed to do for the future. I have never experienced meetings like this before we moved to Warrington Community Living. This was a very useful meeting as it took in everyone's views and focused on [Name]'s needs".

The service had a 'pathway to progress' system that helped to recognise achievements and goals and staff told us they used this at reviews to allow people to identify their achievements and grow in their independence. People told us that goals were set. They had been asked what was important to them now and what they felt would be important in the future. The integrated practitioner told us that they worked with the family to look at family dynamics, wellbeing and mental health issues and set goals for the here and now and the future.

The team also organised social care reviews with social workers, to ensure that the care delivered was agreed and met the expectations of the people and the social work team. A social care professional told us,

"Staff inform both myself and the family of any incidents in a timely manner".

The service had a fully documented and published complaints procedure with a pictorial version available in the service user guide. We saw a complaints log was used to document any complaints which would be investigated and responded to within the guidelines set and in accordance with the duty of candour information about any incidents that may have caused harm were shared with individuals, relatives and carers. People told us that they had not had any reason to complain but if they did 'they knew what to do'.

## Is the service well-led?

### Our findings

Comments from people who used the service and their relatives were highly complementary about the staff and service delivery. Comments included "I feel so happy that they were able to provide us with a service. They are amazing. The whole team are wonderful, they seem so happy with what they are doing and the service is so well managed" and "We know we were lucky to get them. They have a fabulous reputation and they always get things right. Even other professionals say they are great".

Staff were most complimentary about the leadership and the way they felt motivated and supported by the managers. Staff told us that the service was very well managed and everyone knew what their role was. Comments included "I feel very lucky to be working here. Everyone from the top down has a role and everyone knows what everyone's role is. The service could not be better, I feel valued, empowered and very much part of a team", "I think WCL (Warrington Community Living) is a great place to work and I love the genuine values that are promoted. I think that the leadership demonstrated from the top is excellent and a great model to base my development on. The people I work with at WCL at all levels make the environment professional, friendly, motivational and fun, all important factors in the workplace. They don't only provide the people who use the service with person centered care they provide it for the staff as well" and "The management team provide excellent support, the training is second to none, my colleagues are committed to the provision of person centered care, I feel so lucky to be working here, it's a wonderful well managed service". One person said "The matrix management style used here is based on trust and allows everyone to be in control of themselves. Wonderful management style, works very well, everyone is motivated and happy".

The registered manager told us that he carried out supervisions for the whole team and planned staff training to ensure they were competent in their roles.

Records showed that the organisation had registered colleagues as 'icare' Ambassadors. The registered manager told us that Warrington Community Living were members of the Warrington 'icare' Ambassadors Alliance. Ambassador Alliance is a partnership of the local authority, the local Collegiate, the local economic infrastructure organisation, Job Centre Plus and eight of the local social care employers.

The registered manager said this partnership was about values driven professionals coming together to promote social care as a positive choice for employment, to improve the image of the service and to help the right people join the social care workforce. There were 6 'icare' Ambassador's candidates within Warrington Community Living at the time of our visit who were all Support Workers who were keen to tell others about how good social care was as a career and had training in presentation skills to deliver this message. This showed that throughout the organisation, the passion for their work shone through as staff and the management team were committed to getting this message across.

People's needs were well known to the registered manager, they were involved in each person's support from the initial assessment throughout regular review meetings. They told us in detail about every person's background including how and why they were supported by Warrington Community Living. They had a clear

vision about what person centred support meant for each person and they were skilled in cascading their passion, commitment and vision to the staff. Each person using the service was supported in their own home by a team formed by the registered manager and followed through by a personalisation partner and the required numbers of support workers to ensure people's needs were met at all times.

People told us that they were invited to attend a 'speak up' group where they were encouraged to give feedback about any aspect of the service. They also told us that 'even the chief executive visits them in their homes to find out if everything was alright'.

The service had an open and transparent culture, with clear values and vision for the future. At Warrington Community Living the management team believed that 'hands on' management and innovative, inspirational leadership were critical to the unique direction of each individual's life. Senior managers were actively involved and engaged in the lives of people the service supported as well as with the teams supporting them. The managers remained closely rooted to the people they supported. We saw numerous examples of management involvement. For example, senior management meetings were held on a three weekly basis as well as organisational planning where service managers discussed sector wide innovations and practical problem solving. Senior managers visited people who used the service in their homes to gain their perception of the staff and services provided. Away days were also in place which focused on the organisational strategic plan and other related topics.

Records showed that the registered manager had access to the support from other managers across the organisation as well as the central management team that consisted of chief executive, development manager, organisational support manager and quality, safeguarding and projects manager. We saw that the registered manager had monthly supervision meeting with the chief executive which included the provision of monthly audits and management reports.

The provider used their quality monitoring systems to continually improve and develop the service. We saw examples of improvements and changes that had been made as a result of feedback. The manager had introduced a 'model support plan' to map out the process of a person or child joining the service including who was expected to do what and when. The service had recently piloted the presence of an integrated practitioner role to assess contribution of better supporting personalised, integrated support especially for people with more complex and individualised needs. This pilot project had been very successful and the role had now become permanent.

There was a continuous learning and improvement following accidents or incidents. For example a person had expressed that they continued to find it very difficult living in a smaller environment sharing living space with others with the added continual fear and anxiety that they would return to an institutionalised environment if the co tenancy failed. This culminated in the person displaying behaviour which challenged. After a period working with this person they were supported to successfully find and move to a property on their own with 24 hour support and to be supported to manage their behaviour.

Senior managers facilitated an ongoing person centred review for each person involving their family and friends. They were leading on the assessment and transition for each new person, they supported new staff through their induction and into the support required for each person.

Managers were part of discussion and then role modelling on new, high risk activities with individuals, including for example use of public transport, accessing medical interventions and crisis management; they were promoting, and had been successful, in access to employment opportunities for the people they supported. This approach was fundamental to supporting the positive risk taking approach that had led to

people living active and fulfilled lives despite the challenges they faced.

The registered manager strongly encouraged a positive approach to risk taking and acknowledged that this sometimes led to mistakes; however they promoted a strong 'no blame culture' whereby they discussed what went wrong, what they had to do differently and the way forward.

Relatives, staff and professionals all spoke highly of the registered manager and the ethos of the service. Relatives described the positive differences the service had made to their family members quality of life. One relative told us "I can never thank them enough for providing me with peace of mind. The managers and staff are just amazing. They are skilled, professional, caring and reliable. I wish I could have used this service sooner. However after having received some poor service from other providers I really do know what excellent is. Excellent means Warrington Community Living".