

# Voyage 1 Limited

# Castle Lane

## Inspection report

126 Castle Lane  
Olton  
Solihull  
B92 8RW

Tel: 01217427005  
Website: [www.voyagecare.com](http://www.voyagecare.com)

Date of inspection visit:  
15 February 2016

Date of publication:  
17 March 2016

### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

This inspection took place on 15 February 2016 and was announced. We told the provider we were coming 48 hours before the visit so they could arrange for people and staff to be available to talk with us.

Castle Lane provides care and support for up to three people with learning disabilities, autism or autism spectrum disorders. The home is located in Solihull in the West Midlands. There were three people using the service when we visited. Each person had their own bedroom and there was a shared lounge, dining room and kitchen at the home.

The service had a registered manager. This is a requirement of the provider's registration. 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 refer to the registered manager as the manager in the body of this report.

People told us they felt safe and liked living at Castle Lane. The atmosphere in the home was relaxed and friendly. Staff were able to talk confidently about how to keep people safe and understood their responsibility to report any concerns should they arise. The provider had recruitment procedures to ensure staff who worked at the home were of a suitable character to work with people who lived there.

The management team and staff knew the people at the home well and were committed to providing high quality care that met people's individual needs.

People were involved in making decisions about how they spent their days and were supported to take part in a wide range of activities at home and outside of the home. People went on holidays of their choice. Staff supported people to be involved in daily tasks which helped increase and maintain people's independence.

There were sufficient numbers of staff at Castle Lane who had the right skills and knowledge to meet people's needs. Staffing levels ensured staff were available to support people safely inside and outside the home.

Risk management plans informed staff how identified risks should be managed to keep people safe. People and their family members were involved in planning, and reviewing how they were cared for and supported. Care records gave staff the information they needed to ensure the care and support provided reflected people's preferences and needs.

People who lived at the home were supported to maintain links with family and friends who could visit the home at any time. Relatives thought staff were responsive to people's needs and had the right skills and knowledge to provide care and support. Staff had completed the training necessary to effectively meet people's needs.

The manager understood their responsibility to comply with the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The manager had made DoLS applications when any potential restrictions on a person's liberty had been identified.

Staff supported people to attend health care appointments and to maintain their health and wellbeing. People had enough to eat and drink. People were supported to make food choices and offered alternatives if they did not like the food on offer. Staff followed health professional's guidelines to ensure people's meals were prepared and served to manage any nutritional risks. People received their medicines as prescribed from staff who had been trained in managing medicines safely.

Staff were motivated and provided care and support in a caring and meaningful way. They treated people with kindness and compassion and made positive comments to people that gave them a sense of self-worth. Staff respected people's privacy and worked with people to ensure their dignity was maintained.

Everyone we spoke with felt the management team were approachable. There was good communication between people, staff members and the management team.

People and a relative told us they knew how to make a complaint if they needed to. Information about how to make a complaint was available in different formats to support people's preferred way of communicating. No complaints had been received. All the people we talked with spoke very highly of the quality of the service provided, the staff and management team. Systems were in place to monitor the quality of the service provided and drive continuous improvement.

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

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

People told us they felt safe. There were sufficient numbers of suitable staff to keep people safe. Staff understood how to protect people from avoidable harm and abuse and had a good understanding of the risks associated with people's care. Medicines were managed safely and people received their medicines as prescribed.

### Is the service effective?

Good ●

The service was effective.

People were supported by staff who received induction and training to undertake their work effectively. People were supported to maintain good health and a nutritious diet which met their preferences. The rights of people who were unable to make important decisions about their health or wellbeing were protected, mental capacity assessments were recorded to identify when people could make their own decisions. People were supported to access healthcare services to maintain their health and wellbeing.

### Is the service caring?

Good ●

The service was caring.

People told us they were happy at the home and felt staff were caring and respectful. Care and support was provided by staff who had a good knowledge of people's needs and how people wanted their care and support to be provided. Staff frequently made positive, affirming comments to people, giving them confidence and a sense of self-worth. People's privacy and dignity was respected and promoted. People were encouraged to maintain their independence and make everyday choices which were respected by staff.

### Is the service responsive?

Good ●

The service was responsive.

People were supported and encouraged to take part in a wide range of activities that met their individual needs and wishes. Care records were up to date and reflected people's personal needs and preferences. Care records provided staff with the information they needed to respond to people's care and support requirements. People and their relatives knew how to make complaints if they needed to.

**Is the service well-led?**

**Good** ●

The service was well-led

The manager and staff team shared a commitment to provide high quality care. Staff felt valued and listened to and spoke highly of the support from the management team. There was a positive culture in the home. People, relatives, health care professionals and staff were encouraged to share their views about the home. Where improvements could be made these were acted on. Systems were in place to monitor and continuously improve the quality and safety of the service.

# Castle Lane

## **Detailed findings**

### Background to this inspection

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

The inspection took place on 15 February 2016 and was announced. We told the provider we were coming 48 hours before the visit so they could arrange for people and staff to be available to talk with us. The inspection was undertaken by one inspector.

Before the inspection we reviewed information we held about the service, for example, information from previous inspection reports and notifications the provider sent to inform us of events which affected the service. This is information the provider is required by law to tell us about. We looked at information received from commissioners of the service who supported people at the service. Commissioners are people who work to find appropriate care and support services which are paid for by the local authority. They had no further information to tell us that we were not already aware of.

As part of our inspection process we asked the provider to complete a Provider Information Return (PIR). The PIR is a form that asks the provider to give us some key information about the service, what the service does well and improvements they plan to make. We were able to review the information when conducting our inspection and found the PIR to be an accurate reflection of the service provided.

During our inspection we spoke with two people who lived at the home, two senior care workers, the deputy manager and the manager. We also spoke with one relative and a social worker by telephone. A social worker is a care professional who works with individuals and families to improve their quality of life and enhance their wellbeing. Some of the people living at the home were not able to tell us, in detail, about their experiences of living at Castle Lane because of their limited communication abilities, so we spent time observing how they were cared for and how staff interacted with them. This was so we could understand their experiences of the care they received. We also used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk to us.

We reviewed three people's care records to see how their care and support was planned and delivered. We checked two staff files to see whether staff had been recruited safely and were trained to deliver the care and support people required. We looked at other records related to people's care and how the service operated, including the service's quality assurance checks.

# Is the service safe?

## Our findings

The atmosphere at Castle Lane was homely and relaxed. Interactions between staff and the people who lived there were warm, friendly and familiar. One person told us, "I'm happy and I feel safe all the time, because the staff are always here for me." Another person said, "Yes, I feel safe." A relative told us, "[Name] is perfectly safe. Everyone there is safe because the staff make sure they are." Staff told us it was their responsibility to ensure people were kept, and felt safe. One staff member said, "Definitely, all the people are safe here. We know each person very well so we know what we need to look out for and how to keep people safe. We make sure there are no hazards that could put people at risk. "

One person told us staff were always available when they needed them. They said, "Even when I go out, I have a phone so I can call and talk to the staff if I need to." A relative told us, "The staff are there all day and night and whenever you visit the staff are spending their time with [Name] and the other people." Staff told us they were happy with the staffing levels. One staff member told us, "It works well because we work as a team." We found there were enough staff to care for people effectively and safely. On the day of our visit there were two care workers supporting the three people living at the home. The deputy manager was also available, if needed. We observed staff had time to spend with people, for example, sitting chatting and supporting people to go outside of the home. This meant staff were available to support people at the times they preferred and when they needed.

We saw people received care and support from a consistent staff group who understood their preferences and needs. Staff rotas were prepared in advance to ensure planned and unexpected absences were covered by permanent staff. The deputy manager explained the permanent staff team were flexible and there were enough staff to provide cover when needed. This ensured people were supported by staff whom they felt safe with and who understood their needs. This was confirmed by staff. One staff member told us, "We don't use agency staff. We have in the past, but they don't know our people like we do. I saw a difference with [Person] when agency staff had covered, they didn't look happy. [Person] told me they didn't like the agency staff being in their home."

Staff told us they had undertaken training about how to recognise signs of potential abuse and how to keep people safe. Staff talked confidently about the various forms of abuse and understood their responsibilities to report any concerns. One staff member said, "If I saw or heard something, it wouldn't matter who it was, I would report them. I know [Deputy manager] would refer it on, but if [Name] didn't or I wasn't satisfied I would take it higher myself." Another staff member told us about, and we saw a copy in the hallway of the provider's 'See something, say something' policy which staff and people could follow to report any concerns.

Staff had access to the information they needed to help them report safeguarding concerns. The provider's, and local safeguarding policies were available in the office which gave contact numbers for staff and visitors, should they be required. A staff member told us "I would have no hesitation in reporting things to head office, the safeguarding team or CQC. All the contact numbers are in the office if we need them." The manager was aware of the safeguarding procedures and their responsibilities to protect people against the



risk of abuse and safeguarded people from harm. The manager had not received any safeguarding concerns, but confirmed they knew how to raise an alert should the need for this arise.

All the staff we spoke with told us the provider had undertaken employment checks before they started work at the home. For example, the provider contacted their previous employers to obtain references, and the Disclosure and Barring Service (DBS). The DBS is a national agency that keeps records of criminal convictions. This meant the provider had ensured staff who worked at the home were of suitable character to work with people who lived there.

The manager and staff managed risks to people's health and wellbeing. Risk assessments identified where people were potentially at risk and reflected people's individual needs and abilities. Assessments were regularly reviewed and updated if people's needs changed. Risk assessments gave staff clear instructions on how to minimise risks to people's health and wellbeing, but also promoted independence. For example, one person self-administered their own medicines. There was a plan in place which informed staff about the level of support and guidance the person needed to manage their medicine safely. We observed staff following the instructions detailed in the risk assessment when checking with the person if they had taken their medicine.

Staff understood the risks associated with people's individual care needs. A staff member told us, "We are all responsible for assessing risks and are all trained in doing risk assessments. So if we notice a change or we are concerned we do a new risk assessment. We talk to each other and if we need advice we speak to [Deputy] or [Manager]. We make sure everyone [Staff] is told if there is a change. This way we all work consistently."

The provider had systems in place to minimise risks in the environment and to ensure people were kept safe in the event of an emergency or unforeseen situation. For example, fire emergency equipment was checked regularly and staff knew what action to take in emergency situations. Each person had a personal emergency evacuation plan (PEEP) in place to instruct staff or emergency services how to support people to leave the home safely in the event of a fire or other emergency situation. The manager had completed a service continuity plan should people be unable to return to the home. This ensured staff had the information they need to support people safely and consistently in the event of an emergency.

People were supported by staff to take their prescribed medicine. One person told us, "I like to keep my medicine. Staff get it for me and I keep it locked in my bedroom. I have to take it every morning. I always remember, and I tell the staff when I've taken it." A relative told us, "I never worry about [Name] getting their tablets. The home are very good at sorting all that out." A staff member told us, "Helping [Name] to look after their own medication is really important it helps to increase [Name's] independence."

People received their medicines from experienced senior staff who had completed medication training. Staff told us, and records confirmed regular checks of staff competencies were completed by the deputy manager to ensure staff had the skills they needed to administer medicines. This ensured staff continued to manage medicines safely.

We looked at two medication administration records which showed people had received their medicines as prescribed. Medicines were stored securely. We saw some people required medicines to be administered on an "as required" basis. These are medicines that are prescribed to treat short term or intermittent medical conditions or symptoms and are not taken regularly. We saw protocols were in place for each medicine prescribed 'as required'. For example, where medicines had been prescribe to reduce anxiety, there were clear guidelines for staff to follow. This included identifying if the person would benefit from taking the

medicine and a requirement for staff to seek approval from the manager to administer the medicine. This ensured people did not receive too much, or too little medicine when it was prescribed on an "as required" basis. We saw daily and monthly medicine checks were in place to ensure medicines were managed safely and people continued to receive their prescribed medicine at the correct time.

## Is the service effective?

### Our findings

People told us they were happy with the care provided and that staff had the knowledge they needed to support people effectively. One person said, "Staff are always here, they [Staff] know the things I like and they always know how to help me." A relative told us they were very satisfied with the care their family member received. They said, "The staff are all trained and they know what they are talking about. If [Name] needs anything they are there right away and know how to help [Name]."

Staff told us they completed an induction and received on-going training the provider considered essential to meet the health and safety needs of people who lived at the home. This included training on how to effectively support people who presented behaviour that challenged other people, infection control and food awareness. The induction for new staff was linked to the Care Certificate which assesses staff against a specific set of standards. As a result of this training staff need to demonstrate they have the skills, knowledge, values and behaviours expected from staff within a care environment to ensure they provide high quality care and support. Staff also spent time working alongside experienced staff in addition to having to complete a probationary period. Staff told us that this was to ensure they had the right skills and attitudes to work with the people they supported.

Records showed and staff told us, training was also tailored to enable staff to meet the individual needs of people they supported. For example, one staff member said they had completed training in nutritional awareness which helped them to effectively support a person with weight management. Staff told us they enjoyed the training provided because it helped them improve their knowledge and understanding of different things. One staff member said, "I like the e-learning, I prefer to do it that way because I can do it at my own pace. I have the time I need to absorb it, and I can always go back on line to check something if I need to."

We asked the deputy manager how they were assured staff put their knowledge and training into practice effectively. They told us, "I do observations and we talk about training in meetings. Recently staff told me they wanted to gain a better understanding of mental capacity, so we talked about it in meetings and I asked staff questions which improved their understanding." We saw minutes of staff meetings which showed these discussions had taken place. The deputy manager maintained a training record which made sure staff received refresher training at regular intervals which helped keep their skills and knowledge updated. One staff member told us, "We can tell the manager if there is any training that we think would benefit us and the people we support, we only have to ask and it will be arranged. I did an NVQ." An NVQ is a nationally recognised qualification which requires staff to demonstrate they can do certain work-related tasks by testing their abilities in the workplace.

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 are called the Deprivation of Liberty Safeguards (DoLS).

People told us they were encouraged to make some decisions about their daily lives. One person said, "I decide what I want to do each day and I tell the staff. If I need any help, they [Staff] help me. I go out on my own, but I let the staff know where I am." A relative told us, "Even though [Name] can't say verbally, and couldn't make big decisions, the staff always involve [Name] in deciding what to do. They never just assume."

Staff received training in the Mental Capacity Act 2005 (MCA) and understood the importance of seeking people's consent before they provided any care and support. Staff told us that people made day to day decisions about their care and support. One staff member told us, "We assume everyone has capacity to make decisions, that's our starting point." Another staff member said, "We don't just go and do things for people. It's their [People's] choice and their decision. This is really important. We [Staff] all work in this way. Even down to something small like making decisions about what type of shampoo a person prefers." Staff knew what decisions each person could make for themselves so they remained as independent as possible.

We checked whether the provider was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

We found where people lacked capacity to make decisions, the provider recorded information about the support people required. Where people were unable to consent to certain decisions, decisions were taken in people's 'best interests' with support of those closest to them.

The manager and deputy manager understood the requirements of the Deprivation of Liberty Safeguards (DoLS). The manager had made DoLS applications to the local authority for people living at the home who were restricted from going out without a staff member, and had limited access to specific items for their safety. The manager was awaiting the outcome of the applications.

People had access to food and drink throughout the day and were able to choose what they wanted to eat. One person told us they had weekly meetings with staff to discuss and make changes to the menu for the coming week. They said, "We [People] get fish and chips on our way home on a Friday. I told staff I'm not a lover of chips, but I do like Chinese so they [Staff] got me a menu from the takeaway and now I have Chinese. It's my favourite." We asked another person if they had enjoyed their lunch, they said they had.

Staff had a good understanding of people's nutritional needs. For example, one staff member told us how they sought specialist advice from a speech and language therapist [SALT] when they identified one person was having problems eating their food. SALT specialise in providing life-improving treatment and support for people who have difficulties with communication, eating, drinking or swallowing. The staff member explained how by following the advice of SALT the person's appetite had improved and their health had improved. We observed staff supporting and encouraging people to eat and drink by giving gentle reminders and encouragement. This meant people were supported to meet their nutritional needs to maintain their wellbeing.

People told us, and records confirmed staff always supported them to attend health care appointments. One person told us, "Staff always come with me to my appointments." One relative told us, "I never worry because they [Staff] make sure [Name] is seen by their GP if they need to, or have their feet done. Whatever is needed. We are always informed if there is a problem or if [Name] is under the weather." The deputy manager said, "If someone has an appointment I make sure staff are available to go with them. Staff are very

good, if someone needs an emergency appointment then staff will work extra hours to cover."

Each person had a 'My Health Book' that identified their health needs and the support they required to maintain their emotional and physical well-being. This helped staff ensure that people had access to the relevant health and social care professionals. Records showed people had regular health checks with their GP throughout the year and were referred to other healthcare professionals when a change in their health was identified. We found where health professionals had made recommendations about people's health needs, these had been transferred to care records to ensure staff had the information they needed to meet those needs.

## Is the service caring?

### Our findings

All of the people we spoke with, and their relatives, told us staff treated them with kindness and staff had a caring attitude. One person told us, "I call the staff my aunties and the people here my sisters because they are my family. Everyone helps me and is nice to me. This is my home and I live here with my family." Another person said, "Staff are lovely. They make me feel happy." A relative told us, "The staff are excellent, they are patient, caring and kind. All the staff have a lovely nature. [Name] is very comfortable with all the staff. We can see [Name] is happy when we visit." A social care professional told us, "It's like a real family environment. Staff have a very good understanding of people's needs. Relationships have been developed over a number of years so staff know and care about the people they support." We saw an entry in the homes' comment book made by a hospital consultant complimenting staff on the level of care and support they had provide to a person which, they said, had resulted in marked improvement in the person's mental health.

We spent time observing the interactions between staff and the people living at the home. Throughout our visit we saw friendly, relaxed interactions between people and staff. Staff frequently made positive comments to people, giving them confidence and a sense of self-worth. Comments included, "What a lovely woolly hat, you look very cosy," "Thank you for doing that. It was really helpful." and "You look lovely today, [Person]." We observed staff being sensitive, patient and considerate. For example, one staff member who had just started work came into the lounge and greeted everyone. The staff member knelt by a person who was seated and extended their hand towards the person whilst asking how the person was feeling. The staff member was patient and gave the person time to respond. The person reached out and touched the staff member's hand, which they squeezed and held for a short time. This showed people were relaxed and comfortable with staff.

We asked staff if they thought the service provide at Castle Lane was caring. They all told us they did. One staff member said, "We are all caring. We have worked together with the people who live here for a long time. Some of the people here don't have family so we are their family. It's like having one big family." Another staff member said, "I know all the staff care for the people here, not only about their personal care, but we think about how they like to dress, how they are feeling, how they want their room to look. We do everything to make sure they [People] are happy and content." The deputy manager told us, "It's really homely here. The staff team have been here for years they know the people who live here inside out. Staff are experienced, welcoming, caring and supportive. There's isn't anything that one of us would not do for the people here."

People told us they were able to spend time where they wished, and were encouraged to make choices about their day to day lives. Staff respected the decisions people made. For example, when we arrived at the home at 8.30am two people were up having their breakfast, one person chose to eat their breakfast sitting in their chair whilst the other person chose to eat at the dining table. The person told us they liked to eat their breakfast at the table so they could look out of the window. Another person said, "I can make my own choices. I can go out when I want to and I stay out at weekends." Staff told us, and we saw, they involved people as much as possible in making daily choices and decisions. This included what they would like to

wear, what food and drink they wanted to eat and how they would like to spend their day. For example, we heard staff offering people a wide range of food and drink options and asking people if they would like to go out shopping or if they would prefer to stay at home.

People had communication plans in place, to assist them in showing staff how they wanted to be supported with their care. Communication plans included pictures and information that people could refer to where they had limited verbal communication skills. This helped people to maintain their involvement in making their own decisions.

People told us, and we saw, staff respected their privacy and dignity. One person said, "I have a key to my bedroom. Staff never go in there when I'm out. When I'm at home they [Staff] always knock and ask if they can come in." Staff told us they understood the importance of respecting people's privacy and dignity. One staff member said, "It's their right." We observed staff knocked on people's bedroom doors before announcing themselves and were discreet when offering care and support when needed. For example, we saw a staff member kneel down by a person and ask in a quiet voice if they needed assistance to use the bathroom.

People told us staff supported and encouraged them to be independent. One person said, "I can tell the staff what I need. They [Staff] come with me to the dentist because I don't like it, but they sit in the waiting room, because I don't need them [Staff] to come in with me." We observed staff encouraging and supporting people to do things for themselves and where possible to be involved in domestic tasks around the home. For example, two people helped staff to put the weekly grocery shopping away and washed the crockery after lunch. Another person was encouraged to take their empty glass to the kitchen. Staff told us they always encouraged people to be involved in daily tasks. One staff member said, "[Name's] enjoy helping around the home. It's important for them [People] to be involved and do things for themselves. If they want to, of course." This meant people were supported to maximise their independence.

People who lived at Castle Lane were supported and encouraged to maintain links with friends and family. People made choices about who visited them at the home. One person said, "I can have my friends for tea if I want to." A relative told us, "We pop in all the time, anytime we like. We are always made very welcome." This helped people maintain links with family and friends.

People told us they had made choices about how their bedrooms were decorated. People had been supported by staff to choose wall colours, furniture and carpets. All of the bedrooms were different as staff had ensured furnishings reflected people's preferences. One person invited us into their bedroom which was homely, comfortable, bright and clean. The bedroom was furnished with photographs, pictures and personal items. The person told us, "I love my room."

## Is the service responsive?

### Our findings

We observed, and records showed, staff supported people to take part in a range of activities inside and outside the home which reflected their personal interests and hobbies. One person told us, "I do lots of things that I like, I go to college, bowling, to parties, cinema and I like to help with the vacuuming and polishing. If I want to do something else I talk to [Name] as they help me." Another person went to music therapy which they told us they enjoyed. We saw the music therapist had recorded, "[Name] has lots of benefits from the sessions and we are taking small steps in increasing [Name] self-awareness, confidence and ability to communicate." A relative told us, "They [Staff] are always doing something or arranging something. There is talk about taking [Name] on a cruise next year because she loves the water. That will be great. It just shows you how well the staff know [Name]."

Each person was supported to go on holiday. We saw photographs of individual and group trips abroad and in the UK. One person shared their memories of a holiday to Greece to celebrate their birthday. The person told us, "It was special." It was clear that holidays were important to the people living at the home and staff ensured they were supported to enjoy holidays of their choice.

Staff told us all the activities were arranged according to people's personal interests and preferences. For example, one person enjoyed spending time with a box of colourful ribbon which they found stimulating. Another person enjoyed going out shopping and listening to their music in their bedroom. We observed people enjoying these activities during our visit. One staff member told us, "We do whatever [People] want to do, when they want to do it." The deputy manager told us, "The staff team are very positive. They will go out of their way to make something happen. If it's possible they [Staff] will arrange it." This showed staff supported people to maintain their interests and hobbies.

People and a relative told us they were very happy with the care and support provided by the home. One person said, "I have everything I need, lovely home, nice people who help me. They are lovely." A relative told us, "It's fantastic. [Name] has vastly improved in the time they have been at the home. [Name] is really comfortable and has everything they need. We couldn't ask for better." The relative explained they felt the positive changes in their family member's health and wellbeing was due to the staff team. A social care professional told us, "Staff are very good. They understand people's needs even in difficult situations and know how to respond to support each person, in the way they [People] want, which they [Staff] do well."

We saw one person enter the kitchen and say, "Cup of tea please". The staff member responded, "Coming right up. Would you like me to carry it for you or can you manage." Another staff member noted a person had no slippers on. The staff member was heard saying, "Shall we go and get your slippers as your feet may get cold. It's very chilly today." This demonstrated staff responded to people's individual needs in a timely way.

People told us they were involved in making decisions about how their care and support was provided. One person said, "I sit with [Staff] and we talk about what's happened and what I would like to do." Another person said, "The file [Care plan] holds all the information about me. I know because [Staff member]



explains it to me and we look at it." A relative told us, "They [Staff] always involve us. We have meetings to talk about things and agree things. Or we have a chat when I go to visit if something needs to be discussed."

Each person had a care and support plan which was stored in the office so people could be confident their personal information was kept private and secure. Care plans were comprehensive and contained information that enabled staff to meet people's needs. For example, plans showed how people wanted to be cared for, their preferred routines, if people were at risk and how they wanted staff to support them and maintain their independence. Care plans were reviewed regularly and updated if a change occurred. Staff told us, and our observations confirmed, staff had a very good understanding of each person's support needs and personal preferences which matched the information in their care records. For example, one staff member explained when [Name] rubbed their thumb in their cheek it meant they were tired. This information meant staff had the necessary knowledge to ensure the people's preferences and needs were at the centre of the care and support they received.

Staff told us they were informed of any changes in people's needs at the staff handover meeting at the beginning of their work shift. Staff also recorded information in a communication book. One staff member said this information was very important, particularly if people's needs had changed since they were last on shift. A staff member told us, "If anything happens during the shift we write it down. This way we are always sharing information and nothing gets missed. So when you come on duty all the information you need is there and you can refer back to it." This ensured staff had the information they needed to support people and respond to any changes in people's physical and emotional needs.

People had information about how to make a complaint in an "easy read" format in their care records. 'Easy read' formatting is a way of providing information, for example using pictures which can make it easier to understand for people who have communication difficulties. We asked one person what they would do if they were unhappy or had any concerns. The person said, "The staff help me. If I had a problem I would talk to [Name] or any of the staff." A relative said, "I have no concerns about the home at all. If I did I would have no hesitation in talking to whoever was on duty. I know they would listen and change things, but I would stress I have no concerns. We are very happy with the home." A social care professional, told us "I have no issues about this service. I have never had cause to raise a concern, but I believe the manager would listen and respond."

Staff told us they would support people to share any concerns they had. One staff member told us, "If anyone [People] or a relative had a complaint, we would discuss it and try to improve things. If I couldn't then I would speak to [Deputy manager]. We would always put things right. We would never leave something." The manager had not received any complaints since our last inspection.

## Is the service well-led?

### Our findings

All the people we asked, a relative and a social care professional spoke highly of the quality of the service provided by Castle Lane. One person told us they "liked" the manager and enjoyed spending time with the deputy manager. A relative told us, "The home is very well run. Everyone, the manager and deputy, are excellent." A social care professional told us they felt Castle Lane provided good quality care. They added "The management team are professional and responsive."

There was a clear management structure within Castle Lane to support staff. The service had a registered manager in post. The manager was part of a management team which included a deputy manager and senior care workers. The manager told us that the 'day to day' running of the home was the responsibility of the deputy manager with the manager overseeing more office based functions. The manager was registered with us to manage two of the provider's other services, so was not present at Castle Lane on a daily basis. However, the deputy manager told us the manager visited the home each week and was always available if there were any concerns or issues they required support with. The deputy manager said, "I am definitely supported by the manager and the provider. If I need them I only have to call and they will come. If for any reason the manager was not at work I could contact a senior person for support and guidance."

Staff told us they felt supported by the manager, deputy manager and each other. One staff member said, "They [Manager's] are very approachable. You know you can contact [Manager], even if they are in a meeting they answer the phone. You can always go to [Deputy] for support or advice." Another staff member told us, "We [Staff] support each other and we talk about any concerns or ideas we have. [Deputy manager] is very good, they work as part of the staff rota four days a week, so they know all the people and staff very well. [Deputy] is always there, even if it is their day to do office work and after hours to offer support and advice if we need it." We saw the manager was part of an on call rota with other managers within the provider group. This ensured people and staff were supported outside normal office hours or in an emergency.

Staff told us that Castle Lane was a good place to work. One staff member said, "The fact that we have all been here for many years tells you it's a good place to work." Staff said they thought consistency within the staff team meant relationships based on trust and respect had been developed with each other, the management team and people living at the home. One staff member told us, "I love working here." Another staff member explained how they had reduced their working hours rather than retiring because they enjoyed working at Castle Lane so much.

Staff told us, and records confirmed, they had regular meetings with their manager and met with other team members. Staff said they valued the meetings and saw them as an opportunity to discuss any concerns or training needs and opportunities that led to their own and service developments. Staff told us they felt their opinions were valued and listened to. One staff member told us they shared their idea about using a new form to record staff's observations of people at one meeting. This had been agreed and was in use. Another staff member said, "If there is something on your mind you can talk about it at a meeting. Everyone is supportive, you feel comfortable to speak out. But, you don't have to wait for a meeting, you can just go to [Deputy] they are always available to talk to."

People, relatives and visiting professionals were asked their opinions about the home through meetings and satisfaction surveys. One person told us, "[Name] asks me what I think and we talk about anything that could be better. It's all good." A relative told us, they were regularly asked for their feedback about the service. They said, "I can't think of anything that would make it better than it is."

There was a system of internal checks completed within the home to ensure the safety and quality of service was maintained. For example, regular checks of medicines management, care records and infection control. We saw the deputy manager had devised an action plan when an area requiring improvement had been identified. Improvements identified by the provider, who also carried out quarterly checks, had been added to the plan. The manager reviewed the action plan during their weekly visit to ensure actions had been progressed or completed and improvements made. For example, a check had identified the need for the shower and fan unit in the bathroom to be replaced. The provider had approved the work and the home was waiting for it to be completed. A health and safety check had shown the need for a safe storage area for mops and buckets. A storage shed had been purchased. These checks ensured the service continuously improved.

The manager told us they were supported by the provider through regular meetings and telephone contacts to discuss any area of concern or areas for development. The manager said they attended regular meetings with other registered managers from homes within the provider group which meant they had the opportunity to share ideas about improvements and discuss issues and concerns.

We asked the manager about their responsibilities for submitting notifications to us. A notification informs us of events that affect the service which the provider is required by law to tell us about. The manager demonstrated they understood their legal responsibility for submitting statutory notifications and they were able to tell us confidently, this included deaths, safeguarding and serious injuries.

We asked the manager and deputy manager what was their proudest achievements at the home. The manager told us, "Everything we do really does centre around the people who live here. People are happy and content. That makes me proud." The deputy manager told us, "Knowing how much the [People's] lives have improved and the control they have over their own lives. By working with people, as a team, with other professionals and trying different approaches we have been able to reduce the medicine that people take. Everyone [People] are in a better place now." The management team said they were extremely proud of the staff team who they described as "Excellent."

The manager told us their vision was to continue to work with people who lived at the home and staff to ensure they provided an excellent quality service and achieved an 'Outstanding' rating. The manager had set short term objectives, for example, the introduction of an 'annual service review' which they planned to use to help set longer term goals.