

Castle Supported Living Limited

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Inspection report

43a Moor Lane
Clitheroe
Lancashire
BB7 1BE

Tel: 01200429990

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Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Outstanding 

Is the service caring?

Outstanding 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

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

The care service continued to develop in line with good practice guidelines. The management and staff had redefined the values that underpin the service and everyone promoted the values. These values included choices, action, support, teamwork, local and everyone. The values enabled people with learning disabilities and autism using the service to live as ordinary a life as any citizen.

The types of services offered from this location include supporting people living in their own homes in single occupancy or shared housing. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

The inspection visit took place on 10 December and 17 December 2018 and was announced. The registered manager was given 48 hours' notice of the inspection, to ensure that she or other responsible people would be available to assist with the inspection visit.

At our last inspection, we rated the service Outstanding. On this inspection, we found the service had remained Outstanding. We found the evidence continued to support the rating of Outstanding and there was no evidence or information from our inspection and on-going monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

There was a registered manager in place. A registered manager is a person who has registered with the CQC 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. Castle Supported Living is a registered charity and the registered manager whilst responsible for the day to day running of the service is accountable to a board of directors.

Staff demonstrated a genuine person centred culture. The registered manager had a robust and values based recruitment process in place. This helped to ensure that all staff recruited truly believed that people who have a learning disability should have the same opportunities and access to community resources as other citizens.

People who use the service were involved in the recruitment process either informally or being on the interview panel. All applicants are shown an video which has been made by people using the service. This provides an insight into what the service provides and helps to assess the prospective employees values.

A thorough and person-centred assessment process was in place resulting in detailed support plans. Everyone said their care needs were met and the service was very responsive. We saw very positive outcomes had been experienced by people.

Staff were carefully matched to people who use the service to ensure compatibility. Time and effort had been invested into matching the support worker with the person using the service. Staff displayed empathy and worked with people and their family members to understand how best to support them. People were put at the centre of everything the service provided. This helped ensure people's needs, wishes and hopes were understood and supported people to live fulfilled lives. The attitude and knowledge of staff and management clearly had a positive impact on people and their families. We saw evidence of good relationships that had developed between people using the service and staff members.

There was a strong commitment to continuous learning. A 12 month training plan was in place and staff went through an extensive induction programme. Families were invited to take part in training sessions. This was provided free of charge to assist with their understanding and to support their relative to have continuity of care as well as maximise the opportunities for people. People using the service had a core staff team to help provide them with continuity of care and develop trusting relationships.

Family members, staff and professionals described the service as being exceptionally well led.

Staff felt well supported and valued by the management team. They were confident in the management team's abilities and felt that their views would be listened to and actions taken where required.

The service went above and beyond to support families and people when in crisis. There was a strong emphasis on continually striving to improve the service. The registered manager and the management team were fully engaged with the running of the service. The registered manager and staff team continued to find innovative ways to improve the service and remained focused and enthusiastic in the way they provided care to the people they supported. This included the development of talking books. This creative idea was personal to the individual and helped them put their own words into a book format when they found it difficult to talk to someone face to face. The book was illustrated with the person's own pictures. The book was illustrated with the person's own pictures and recorded words. One book clearly provided instructions on how the person wanted their medication to be administered. Staff had an excellent appreciation of people's individual needs and constantly looked for inventive ways they provided care and interacted with people.

People received safe support with their medications that were well managed by all staff. Staff's competency to manage people's medicine was regularly reviewed.

The registered manager was proactive in supporting effective joint working with professionals and remained up to date with best practice guidance.

The service had strong links within the local community and there was overwhelming evidence of people attending local and national events of the awards and accolades that had been awarded to individuals and to the service. In addition a 'Pop Up Club' met weekly in a local community resource. Anyone could attend these workshops to talk about what was happening in the service, express their views and opinions, work on topics of interest, or just enjoy a chat and a brew.

People, their families, professionals and staff were engaged in the running of the service and encouraged to regularly feedback their views on the service delivery, and share ideas and suggestions on how the service

could be improved. Quality assurance questionnaires were used at every opportunity. We saw many creative ways of asking people for their views and opinions. All feedback forms were designed in an easy read and pictorial format in order that everyone could comment. Staff were skilled in helping people to express their views and communicated with them in ways they could understand. Feedback gathered was reviewed to support the registered manager and staff to ensure improvements could be made.

Staff were clear about their safeguarding responsibilities and knew how to recognise and report potential abuse. Staff carried out their roles and responsibilities effectively. Staff had an excellent understanding of managing risks and supported people to reach their full potential through consistent, personalised care.

Risks to people were robustly explored and recorded. The service supported people to have a full and meaningful life by using innovative ways to take positive risks and be actively involved in managing their own risks. People were supported by staff that were highly skilled, and knowledgeable about the person they were supporting.

Staff understood and followed the principles of the Mental Capacity Act 2005 (MCA) and people were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

A quality manager was a key part of the management team. There were robust systems in place to monitor the quality of the service.

People knew who to complain to if they were not satisfied with their care and we were told that appropriate action would be taken. People also had information about support from an external advocate should this be required.

Technology was used proactively to both support people's safety and communication needs.

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 remains Good

Is the service effective?

Outstanding ☆

This service remains Outstanding.

Is the service caring?

Outstanding ☆

This service remains Outstanding.

Is the service responsive?

Outstanding ☆

This service remains Outstanding.

Is the service well-led?

Outstanding ☆

This service remains Outstanding.

Castle Supported Living Limited

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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 was announced. We gave the provider two working days' notice of our inspection as it was a supported living service and we needed to be sure key staff members would be available. The inspection was conducted by one adult social care inspector.

We visited the service's office on 10 December to meet office staff and to review care records, policies and procedures. A further visit was made on 17 December 2018 to talk to people using the service, staff and relatives.

Before the inspection, the registered manager 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 any improvements they plan to make. We reviewed information we held about the service, including previous inspection reports and notifications of significant events the provider sent to us. Notifications are information about specific important events the service is legally required to tell us about. We used the information to help focus the inspection.

During the inspection, we spoke with 5 people who used the service and five family members. We spoke with a director of the company, the registered manager, two service co-ordinators, four support workers and three other professionals. We looked at care records for four people. We also reviewed records about how the service was managed, including safeguarding records and staff training and recruitment records.

We received feedback from three social care professionals and one healthcare professional.

We last inspected the service in February 2016 when we did not identify any breaches of regulation and rated the service as outstanding

Is the service safe?

Our findings

People received a service that kept them safe.

One relative told us, "This service is remarkable, I have no worries, I know [my relative] lives a full life." Another relative said, "They do everything they can, I could not ask for more, special people." A third relative commented "'[My relative] is very safe. The support staff are all very friendly and [my relative] has built a good relationship with them he looks forward to them coming. I can't praise them enough."

People were protected from abuse and improper treatment. People said they felt safe and secure with their support workers. Safeguarding policies were in place and staff had been trained and people supported to recognise and report signs of abuse. Staff had a good understanding of safeguarding processes demonstrating training had been effective. People who use the service had been involved in producing an easy read policy and poster which enabled them to understand what constituted abuse and who to talk to should they be worried about anything. We saw safeguarding concerns had been appropriately raised with the local authority and the CQC. When incidents had occurred, the investigation was reviewed by the registered manager and the quality manager who analysed the findings and took steps to ensure lessons had been learnt to reduce the risk of reoccurrence.

The management team told us that they take every opportunity to learn from any incident. Detailed systems were in place that has a process of reporting, investigating, feedback and finally what lessons have been learnt. This process is a thread that goes through the whole service and includes, accidents, medicine incidents, safeguarding, fire, infection control etc. All findings and lessons learnt are shared with the people that use the service and others as appropriate.

There were sufficient numbers of staff available to complete all support visits to people. Staffing levels and rotas were led by each person and their level of need. Staff were employed to work with an individual and their specific care package. People who use the service were involved in workshops to design the recruitment process. The registered manager had developed a number of creative ways in which people were involved, dependent on their confidence and willingness. A video had been developed by people using the service entitled "My Life – My Way", this provides prospective employees with a visual and audible account of people who may be living with a learning disability. The person who had the initial idea for the production of a video was clear she wanted potential staff to "know what they are getting into". Prospective employees were then asked to complete a feedback form after watching the video which helped to assess their values. Other ways people were involved in recruitment included being present at the interview, submitting questions to be asked at the interview, informally meeting prospective employees and designing job adverts. .

People received full comprehensive assessments often in conjunction with the funding authority and their families prior to acceptance by the service. People had core teams of staff that supported them, allowing a better understanding of the person and enabling their needs to be met in a consistent way. A great deal of attention was paid to matching the right staff with the right person needing support. The matching process

started at the interview stage with questions asked about hobbies and interests in order that compatible relationships develop and shared interests can be enjoyed. A social care professional said, "They put a consistent team around the person." Short term cover for holidays and sickness was covered by other team members ensuring the person always received support from staff they were familiar with. Staff turnover remained low and most staff had worked for the service for several years. In recognition of staff satisfaction and staff retention the service was highly commended in the Skills for Care Accolades 2018 in the category "Best Recruitment Initiative" for their Respect-Recruit-Reward programme. Evidence was seen of staff satisfaction through the completion of annual staff surveys in which they were invited to raise any concerns. All staff commented that they thought Castle Supported Living was a good employer.

The registered manager was creative and supportive when staff were leaving the service. There was evidence of some long standing staff who had retired and one staff member that was leaving due to relocating. She recognised that the transition for the staff members would be difficult but could also be traumatic to the person using the service. Exit plans were put in place to ease the transition. One instance of easing this transition creatively was adapting rotas so a staff member relocating abroad could return to work every 6 weeks because her hours had been compressed into a short period of time. This way of working lasted for a twelve month period which provided time for the new staff to become permanent and familiar to the person receiving the support.

Health and safety underpinned every aspect of the service. The registered manager said "I include health and safety in all the policies and procedures and provide staff with 'bite size pieces' of information at every opportunity. The information was reinforced by providing key points on small cards that were easy to handle and could be kept in a pocket, handbag or on a key ring. This meant the staff had ready access to pertinent information daily and it became such a regular feature, staff considered health and safety in all aspects of their work.

People were supported to take positive risks and not be unduly restricted. The registered manager and staff kept people safe through individual personal risk assessments which considered people's health, mobility, their home environment and their ability to make their own decisions. People using the service knew and were involved in the risk assessment process. For example, one person who was travelling to London had never used an escalator and there were none in the local area. Staff and the person travelling developed a risk assessment taking this into account and travelled to a larger town to use an escalator in order that the person would be prepared for using the London underground. The registered manager told us, "We enable people to live in the community and have experiences regardless of there being risks. It is about minimising the risk and being sensible."

Inventive ways of managing medicines safely had been adopted to ensure people received their medicines as prescribed. Risks to people's health and safety were assessed and mitigated. An example of medication administration being person centred was through a talking book. Receiving medication was extremely important to this person but he found it difficult speaking face to face. Therefore putting his own words into a book format provided him with the opportunity to say what he wanted. The book was illustrated with the person's own pictures and clearly provided instructions on how the person wanted their medication to be administered.

Following NICE guidance a Medicines Project Lead was appointed to work on continuous improvement to cover all systems including ordering, storage, support and administration, information and disposal. She was working jointly with medical practitioners, pharmacies and other professionals to improve outcomes for people. The project lead had extensive extensive experience of medicines and therefore had the expertise and knowledge to drive this project forward and make further improvements in the way medication is

handled.

The service had detailed policies highlighting good practices in reducing risks of cross infection. Staff were well trained in infection control procedures.

Is the service effective?

Our findings

People continue to be cared for by staff who received good training and regular support. From observations made during the inspection it was clearly evident that support workers and people being supported knew each other well and were comfortable in each other's company.

Without exception people, relatives and health professionals all provided exceptional feedback about the effectiveness of care. Comments included, "It is truly a remarkable service." A relative said "Life has been very challenging for [my relative], the service is exceptionally person centred and staff have been great over a prolonged period. I can honestly say I have never seen [my relative] as happy and I certainly have never been more relaxed knowing he is well supported, happy and living a meaningful fulfilled life."

The registered manager and staff team were constantly looking at ways the service could improve and provide opportunities for people using the service. Since the previous inspection, either the service or people using the service had been nominated and won a number of awards. One person was supported to submit a complicated nomination by video and he went on to win the Derek Russell Award for Outstanding Leadership. The same person was nominated by Castle Supported Living for The Guardian Public Servant of the Year Award. He was very proud of this and said "The staff are really good. I am very busy with community interests and they work around me."

There had been many examples of positive outcomes for people since the previous inspection. People were happy to share experiences and photographs of achievements and explained their participation in activities with enthusiasm. Experiences ranged from making training videos, to going on holiday. We met a number of people with their support worker and the relationships were all extremely comfortable. It was evident that they enjoyed each other's company. There was a genuine respect for each other and the trust and security the person was feeling was clear to see.

To further enhance the outcomes for people a number of projects had been worked on. People who use the service were actively involved in all projects and often took the lead in the development, the content and presentation of the final outcome. One person using the service said, "I enjoy making videos and presenting to an audience, I am doing another one at the moment."

The service worked in a highly effective manner with other organisations to keep up-to-date with new research and development. Relationships with professional health and social care agencies had been developed, these included Skills for Care, National Institute for Health and Care Excellence and the CCG (Clinical Commission Group).

The service contributed to the development of best practice guidance and were keen to learn and test new initiatives. This included the use of a video which featured people using the service and was entitled 'Our Lives - Our Way' The video was used as part of the recruitment process.

The provider was able to demonstrate everyone's contributions were valued. This was evidenced in a

number of ways throughout the inspection.

One example of this was through the award the service won for "Best Employer of Between 51 and 249 people. This was awarded by Skills for Care and acknowledged the creative ways in which people who use the service were involved in every aspect of the service. A further example of people using the service being involved in the development of the service was the joint working with staff and management in the development of the services values. Everyone had contributed and expressed what was important to them. These values included choices, action, support, teamwork, local and everyone. The values underpin the ethos of the service and enabled people with learning disabilities and autism using the service to live as ordinary a life as any citizen.

Staff were highly trained to meet the needs of the people they were supporting. Staff had an extensive and comprehensive induction. They received an immense amount of training in person-centred care that underpinned the values of the service. New staff shadowed experienced staff and had observational assessments carried out by senior staff on the standard of their work. They only worked independently when they had been assessed as competent and reflected the high standards of support expected of them. The tutor from the local college said "I absolute love working with Castle, I think Castle is the most Person Centred service I work with. The registered manager is so enthusiastic and dedicated she always acts on our advice and if any of her staff are falling behind she always puts a plan in place to get them back on track. A truly outstanding service."

People and their relatives were fully involved in the training programme. For example, people had received training in fire safety, food hygiene and healthy eating. People using the service were involved in developing the training materials, which had been essential in creating a more supportive and greater understanding of the people being supported.

People receiving support told us the staff helped them to shop and prepare meals that were healthy. They told us they had good food and often ate out to socialise and meet up with families and friends.

Staff continued to support people to access healthcare appointments if needed and liaised with health and social care professionals involved in their care if their health or support needs changed. This included healthcare professionals such as GPs, occupational therapists and district nurses. Care plans clearly addressed the support each person required, dependent on their individual circumstances. A support worker said "We get really good support from all the health care agencies, there is always someone at the end of the phone, even the managers will help out if you are worried about someone."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Staff understood and followed the principles of the Mental Capacity Act 2005 (MCA) Staff and people supported understood the principles of the Mental Capacity Act (MCA) 2005. The easy read policy had been developed through a workshop. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.

Consent to care and treatment was always sought and recorded on the care plan. There was no one being supported by Castle Supported Living being deprived of their liberty.

Is the service caring?

Our findings

Excellent relationships had been built and maintained between people and the staff. This gave people and their family members the confidence to express their views, which meant they received a service individual to their needs, wishes and preferences. We observed that people were treated with kindness, respect and compassion and were given outstanding support for both their physical and emotional health. There were many examples of the management and support staff going the extra mile. Support staff often went above and beyond what was expected. For example, support staff took people on holiday, escorted people to out of district award ceremonies, arranged birthday parties. They also regularly gave their own time to support people and share experiences.

Staff were attentive to people's needs and the whole of the service was extremely person centred. For example, a person who used the service told us "my support worker is the best, we go everywhere together, she is my best friend and without her I would not be able to go out or go to work."

The registered manager continued to keep people at the heart of the service and did everything possible to drive the service into the heart of the community. An innovative way of achieving this was by holding weekly meetings and workshops at a community resource in the centre of the town. These meetings were called 'pop up' meetings and people using the service, family, friends and people from the local community were welcome to drop in and have a cup of tea or a chat. These meetings were also used to discuss business and policy issues. The registered manager said she had popped in one week and everyone was sat at tables looking over the safeguarding policy and discussing ways in which it could be improved to make it more person centred.

Staff spoken to were passionate about people living a fulfilled life and not becoming isolated. We saw a number of people with their support workers and it was clear that people have an extremely busy life. A number of people were supported to have paid employment and everyone was keen to talk about their social activities. No restrictions were placed upon people. People lived their lives the way they wanted to and enjoyed an active and fulfilled life.

An equality and diversity policy was in place to ensure that people were treated with dignity and respect regardless of their gender, age, disability or religious beliefs. Support plans were created with people and family input was encouraged. This ensured people's needs were met in a way which reflected their individuality and identity.

To ensure the service continued to evolve and develop further the registered manager had embarked on a project to have 'Dignity Champions' in place. Thirteen dignity champions were currently in place which included people that use the service as well as management and staff. The registered manager intended to continue with the project in order to recruit more Dignity Champions. The role of the Dignity Champion was to promote capture and share good practice examples and ideas, and to support people to report any action that may infringe a person's dignity. To support this project a member of support staff had made a gold disc engraved with what dignity meant to her. This piece of work illustrated the dedication and passion

of the support staff.

Staff had an excellent understanding of the person's needs and without exception, all the people and relatives we spoke with were extremely happy with the service provided. People told us there was a consistency of staff which meant staff knew people well and could deliver excellent person-centred care. One person said, "Staff are like my brother, friend and family I can talk to them about anything." Relatives said "This is such a remarkable service, I don't know what I would do without them. The same group of support staff attend and they have built my [relative] confidence he can now go out to work and maintain a level of independence". Another person said, "They [staff] are marvellous, it has made such a difference."

The registered manager explained that from the beginning she was looking for support staff to be highly motivated and caring. Support staff were seen to deliver a high quality caring service.

In order that such outstanding positive relationships had developed support staff were recruited and carefully matched to people. The matching process is critical and support staff had to aspire to providing the best possible service. The evidence presented confirmed that people receive an excellent service from staff that enjoy what they do and enjoy seeing the people they support living meaningful and successful lives.

Is the service responsive?

Our findings

People received exceptional personalised care that was responsive to their needs from staff that were knowledgeable about their assessed care needs. One person told us, "You will never get better staff, they know just what I want and I get everything I need." A relative we spoke with told us, "You could not ask for more [my relative] leads a life I would never have dreamed possible. The staff are marvellous and my relative is happy and very settled."

Staff assessed people's support needs and this information was used to plan the care and support they received. A member of staff told us they worked closely with people, and where appropriate their relatives were asked to become involved. This approach helped to ensure all care and support provided was personalised and reflected individual needs and identified preferences. People and relatives were overwhelmingly positive in their comments about this aspect of the service. For example one relative told us "Everything the staff do is with the purpose of enhancing [my relative] life's experience, staff commitment is truly amazing."

"We checked if the provider was following the Accessible Information Standard. The Standard was introduced on 31 July 2016 and states that all organisations that provide NHS or adult social care must make sure that people who have a disability, impairment or sensory loss get information that they can access and understand, and any communication support that they need. Staff continued to use innovative and individual ways of involving people so they were actively involved in making choices. We saw technology was used in the form of talking books and videos. People's care plans were written in the first person and people clearly owned their own care plan. People told us they were fully involved in planning their own care. We could see from people's care records that their care and support was planned in partnership with them.

There continued to be frequent and varied social and leisure opportunities dependent on people's health, interests and abilities. These were personalised to each individual and included social events, voluntary work, paid employment, knitting, project work. Some of the people using the service visited, 'Adam's Activity Ark'. This is a working farm that provided opportunities for people to be involved with animals and working on the land. The person who managed this resource told us "I have worked with Castle for the last four years. They have always been keen to promote people's independence and usually people start with a lot of support from staff but gradually this gets reduced. Definitely, out of all the providers I work with, they are the best, very proactive and responsive to people's needs or requests."

The registered manager understood the importance of ensuring people were offered opportunities to build self-esteem and relationships. There were many examples of people taking the lead and being involved in high profile events. People using the service had won awards and received accolades for their work and involvement in the community. A person using the service had carried out a number of presentations to health professionals at a Skills for Care conference about the Castles Supported Living journey through the development of the values and what they meant to individuals. This person was also being supported to have a tea towel printed with comments about what caring means to different people. A staff member said

"There is no holding them back people using this service have lots to offer and it is our job to promote their skills"

There had not been any complaints about the care provided. There had been lots of compliments and lots of evidence of the service celebrating success. Any minor issues were dealt with promptly. People knew who to complain to if they were not satisfied with their care and we were told that appropriate action would be taken. People had been fully involved through workshops in the development of the easy read policy, leaflet and pictorial form. There is information about accessing the help of an external advocate, and individuals are supported to contact advocacy services.

External agencies who spoke with us were unanimously positive. One told us, "I have seen some excellent initiatives in understanding people's needs. For example, where someone has had a history of anxiety and found it difficult to make relationships, the support worker took the time to build up an understanding of the person's anxieties and their need for reassurance."

People were supported in a very caring and responsive way should they become ill or be approaching the end of their life. A member of the support team told us of her experience during and following the death of someone she supported. She said "The person was never left and received everything they needed to be pain free and retain their dignity. The management gave me lots of support and offered counselling. I needed to take some time out but when I felt ready they welcomed me back and now I am enjoying supporting another person to live a meaningful life. No one can receive better care or support, the staff are cared for to."

Is the service well-led?

Our findings

The registered manager continued to be an excellent role model who placed people at the heart of the service. She along with the management team actively sought and acted on the views of others through creative and inventive ways. For instance, the use of videos during the recruitment process in order that prospective employees understand the challenges they may face.

Without exception everyone spoke highly of the registered manager, comments included, "So professional, will do anything for you, people who use the service always come first, she has given me my life back, she cares for the staff as well, she has made it a family." We received many more comments and everyone wanted to let us know how well respected she was.

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

The registered manager continued to work in partnership with key organisations to support care provision. Community professionals who had involvement with the service confirmed communication was good and that it continued to deliver a high quality, person centred service.

There was an exceptionally good governance process in place. A quality manager was a key part of the management team. There were robust systems in place to monitor the quality of the service through audits, staff meetings and supervision, observing practice and through having a clear vision of the direction of the journey the service will take to maintain the high standards currently embedded. This provided effective governance and communication with clear lines of accountability and responsibility.

The management team were keen to gather the views of others about all aspects of the service. Quality assurance questionnaires were used at every opportunity. Professionals, relatives, staff and people using the service were frequently asked to express their views. This helped the manager test what people were feeling and how they viewed the service and where further improvements were needed.

The registered manager held regular meetings with the board of directors, we spoke to a director of the board who said "We all work together. We don't have paper exercises we get things done and always keep the people who use the service at the centre of everything we do. The registered manager has built us a good reputation." The director also told us "I have completed the safeguarding training and at the moment there is a big play on dignity so much so you can almost taste it."

The registered manager continued to motivate staff to learn and to investigate ways to increase people's well-being. It was evident in the enthusiastic way the support staff talked about their role and the relationships they had developed that there was culture of trust and openness throughout the service.

There was a strong emphasis on striving for continuous improvement and excellence. The registered manager was keen to receive feedback and people that use services, staff, professionals and relatives were often asked to comment on the service delivery. In order to support this continuous improvement selected staff were leading on a number of projects. An example is the medication project where funding had been obtained from the NHS Clinical Commissioning Group (CCG) to look at ways in which medication could be administered more safely. The staff member leading on this project has a background of health care and had a strong interest in medication. Being chosen to lead on this was a way of sharing her expertise whilst acknowledging her skills and talents.

We found Castle Supported Living Charter to be fully implemented and was integral to the high standards of care and support provided by the staff. This was endorsed by the many positive examples that people shared with us regarding the impact on their lives. The charter outlined the organisations commitment to celebrate each person's individuality and achievements.

The registered manager was committed to making sure that communication was pitched at the right level, so that everyone understood information accessible to them. It was clear that everyone's views were important to the development of the service.

The business plan continued to be displayed in pictorial format on the office wall and included updates of the progress made in each area of work. People spoken with were familiar with the business plan and confirmed parts of the plan were discussed at quality meetings. There was also an initiative called 'The Idea Tree' this again was in pictorial form and had been designed and painted by people who use the service. Leaf shape sticky notes had been made for anyone to write their idea down and stick it to the tree. The ideas were then discussed at the quality meetings or 'pop up' meetings and added to the business plan for implementation. This approach showed us the registered manager recognised the on-going importance of ensuring the plans for improvement were understood, implemented and communicated to people in meaningful and creative ways.

The registered manager had signed up and used recognised accredited schemes such as the Investors in People award scheme, the Dignity in Care Campaign, the Social Care Commitment, the Driving up Quality Code and Quality Matters to strive for excellence through research and reflective practice. The registered manager also had a close working relationship with Skills for Care, they worked jointly to develop training materials and best practice guidelines.

The service had on display in the entrance hall their last CQC rating, where people could see it. This has been a legal requirement since 01 April 2015.