

Chrysalis (Cumbria) Limited

Chrysalis

Inspection report

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Tel: 01697344751

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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 announced inspection took place on 2 May 2017. We last inspected in March 2015 and found the service was meeting the legal requirements in force at that time and had given the service a Good rating.

The provider was given 48 hours' notice of the inspection visit because the location provides personal care and support to people in their own homes. As the people who use this service often accessed community activities we needed to make sure people were available to speak to us.

Chrysalis provides personal care to people who have a learning disability or other complex needs. At the time of our inspection Chrysalis were offering support to two individuals who lived in a supported living tenancy and to two people living in the community. The organisation runs a day service for people who have a learning disability and runs a social enterprise shop in the town of Wigton.

There was a registered manager in post. A registered manager (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.

The feedback we received from people using the service and their relatives was very positive. Social and healthcare professionals were all very complimentary about the working relationships with the service. One healthcare professional told us, "This service is one that I would feel proud to work in."

We saw the service had a very strong, visible person-centred culture. All staff were passionate about caring and supporting people in ways that mattered to the individual. The service demonstrated an excellent commitment to providing care which was of a high quality and staff were very enthusiastic about supporting people to lead interesting lives of their own choosing. The service put people's views at the forefront of the service and designed the service around people's needs.

People made great progress whilst they used the service and people were encouraged to discover and achieve their goals and aspirations. The manager and senior team spoke of their passion to give people the best support possible.

People's experiences of care were overwhelmingly positive. People were treated with care, compassion and great kindness. Staff had an empowering and empathetic attitude to support people's personal development, and each person was supported in a way that was individual to them and in ways that promoted their independence.

People were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening. People told us they felt very safe and were well cared for. Staff were confident about how to protect people from harm and what they would do if they had

any safeguarding concerns.

Newly recruited staff had thorough pre-employment checks and received induction that prepared them for the demands of their job. Staff confirmed their induction had equipped them well with the essential knowledge and practical guidance they needed before they took up their care duties. All staff felt very supported by the organisation and had very good opportunities for personal development and career progression.

Training was given a very high priority in this service. A dedicated training manager was employed who had developed a programme of extensive training that was designed around the needs of the people they were supporting. The management team identified and utilised the strengths of the staffing team.

People's rights were protected and staff obtained people's consent before providing care. The manager understood their responsibility to comply with the requirements of the Mental Capacity Act 2005 (MCA). People made informed choices and were enabled to be involved in decisions.

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.

The nutritional needs of people using the service were assessed and regularly monitored. People took as much control over their nutrition as they were able and staff supported people to learn and understand the importance of this.

The provider took people's safety very seriously. Comprehensive risk assessments were in place to reduce and manage the risks to people's health and welfare. There were systems in place to make sure that people were supported to take medicines safely and as prescribed.

People's choices were at the forefront of the service and people were encouraged to be involved and have a say about matters that had an impact on them. People were given every opportunity to be involved in the running of the service and to provide their opinions and feedback about what they wanted.

Complaints were taken seriously and appropriately investigated with action taken to make improvements to the service when this was found to be necessary. People knew how to raise concerns and complaints and felt comfortable doing so.

The service had a strong leadership team who promoted clear values and an open culture. The manager demonstrated a very good understanding of the importance of effective quality assurance systems in promoting a high quality of service. Both the manager and the senior team had high expectations of staff and gave them as much support and training needed to provide a reliable, efficient and compassionate service to people. Staff were extremely proud to work for the organisation.

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 safe.

Is the service effective?

Good ●

The service remains effective.

Is the service caring?

Good ●

The service remains caring.

Is the service responsive?

Good ●

The service remains responsive.

Is the service well-led?

Good ●

The service remains well-led

Chrysalis

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.

This inspection took place on 2 May 2017 and was announced. We gave the provider 48 hours' notice of our inspection so people who used the service and staff had the opportunity to meet with us and to ensure we could gain access to the documentation that was maintained by the service. The inspection was carried out by one 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. The provider returned the PIR and we took this into account when we made judgements in this report. We reviewed the information we held about the service, including statutory notifications that the provider had sent us. A statutory notification provides information about important events which the provider is required to send us by law.

We contacted health and social care commissioners who place and monitor the care of people living in the home. We received feedback from four healthcare professionals and two social workers.

During our inspection we spoke with two people who used the service, two relatives, three members of staff, the registered manager and the service delivery manager. We looked at care plan documentation relating to four people, and five staff files. We also looked at other information related to the running and quality of the service. This included quality assurance audits, training information for care staff, meeting minutes and arrangements for managing complaints.

Is the service safe?

Our findings

People told us they always felt very safe using the service because they trusted the staff and the management, and they never let them down. One person told us, "The staff come if I need them. They're always there." Another person said, "The staff treat me well. They're very nice." In response to the questionnaires we sent out in advance of this inspection, we received some very positive comments about the service. A family member of a person in receipt of the service told us, "They are the only care agency I would trust my family with. I have no concerns; it's been a relief to find them".

We received feedback questionnaires from three health and social care professionals and all gave a score of 100% to the question 'People who use this care agency are safe from abuse and or harm from the staff of this service'.

People using the service were empowered to understand the importance of receiving safe care, and were fully supported to recognise when and how to report this. Each person had an easy read guide to safeguarding, and what action they could take if they felt they had any concerns. People using the service had been given training and coaching on how to keep themselves safe at home and in the community. The organisation was part of a national initiative to tackle hate crimes and harassment. The outcome was to make people feel safe in their communities and provide people with safe havens.

All the staff we spoke with told us that they would be confident reporting any concerns about the safety of people or the behaviour of other staff members. The care staff we spoke with told us they had received extensive training in how to recognise and report abuse and would always report any concerns being aware of the procedure for reporting safeguarding concerns. Staff reported having regular workshops with safeguarding as a focus. External trainers such as the local authority safeguarding team had also delivered training to the staff team on the local procedures. One staff member told us, "The training full stop has been fantastic and the types of abuse were surprising to me but I now know what to look for and feel well prepared."

There was a consistent approach to safeguarding and matters were always dealt with in an open, transparent and objective way. The manager had a thorough understanding of their safeguarding responsibilities and made appropriate reports to the relevant authorities when required. A senior manager was also the nominated safeguarding lead and the executive board was briefed at every meeting on matters relating to safeguarding. Staff were knowledgeable on the service's whistleblowing policy. One staff member told us, "Oh yes I would definitely report any poor practice and I would have no qualms about that. We at Chrysalis are all about the people we support."

There was a culture of learning from mistakes and an open approach. The service managed incidents, accidents and safeguarding concerns promptly, and, where required, investigations were very thorough. Other areas of risk such as moving and handling, first aid and infection control also had the same amount of thoroughness applied as those of the safeguarding policy and practice. All these areas had up to date policies, a named staff lead and in-house trainers who oversaw each area.

The manager completed checks on each potential new member of staff's identity, right to work in the UK, obtained references from previous employers and checked with the disclosure and barring service (DBS). A DBS check is to determine people's suitability to work with vulnerable people. The provider completed detailed risk assessments which considered a person's background if there were any doubts about their suitability to work in care.

There were always enough competent staff on duty who had the right mix of skills to make sure that practice was safe and they could respond to unforeseen events. The service regularly reviewed staffing levels and adapted them to people's changing needs. People we spoke with told us there were always enough staff to provide the support they required. They said they usually received care from a small team of care staff who they knew and felt secure with. When we looked at staff rotas these confirmed that staff cover was well organised and an 'out of hours' emergency backup was in place. The staffing levels compared very well to other similar organisations and rated in the provider information return (PIR) as 'much better than expected'.

The provider took people's safety very seriously and this had a high profile across all areas of working practice. Risks to people had been fully considered and assessed. Staff were vigilant to provide care and support in a way that kept people safe but were mindful of the importance of developing people's independence. Staff gave people information about risks in different formats and actively supported them in their choices so they had as much control and independence as possible. Staff had developed positive and meaningful relationships with people and knew how to encourage them to set achievable goals whilst at the same time ensuring that they remained safe. They displayed attitudes of enabling people to undertake challenges, safely, and in line with their wishes and lifestyle choices. For example, we saw a very detailed piece of work that included several risk assessments around the use of a hydro therapy pool for one person. A health professional told us, "This had been tried with other agencies who weren't prepared to take the risks due to [name] complex needs. But Chrysalis have done a fantastic job in making this happen for [name] who gets really positive benefits from this therapy. My congratulations to them for all their hard work that included risk assessments so that this could go ahead safely and that allowed them to get insurance cover for it."

Staff managed medicines consistently and safely. Where the service was responsible, it stored medicines correctly, disposed of them safely and kept accurate records. People were assured that they receive their medicines as prescribed. Where appropriate, the service involved people in the regular review and risk assessment of their medicines and supported them to be as independent as possible. Staff told us, and training records confirmed, they had completed training and had regular updates and competency checks in how to handle people's medicines in a safe way.

Is the service effective?

Our findings

People told us that the care staff were well trained, competent and good at their jobs. One person said, "The staff are very good and know me well now." Relatives we spoke with told us the staff were competent and provided the support their family member needed.

The service worked in partnership with other organisations to make sure staff were trained to follow best practice. Chrysalis both contributed to and led in developing training and staff support that was based on nationally recognised research and good current guidance. Professionals were very complimentary of staff skills and knowledge. One health professional told us, "I have liaised for many years with Chrysalis in my professional capacity. This has always been a highly positive experience, characterised by the proactive behaviour and can-do attitudes of the respective staff members/groups. Historically, the reputation of the service flows from such attributes meaning the Chrysalis service would be at the forefront of my thinking in supporting new clients who are described to present with challenging behaviour. My recent and current relationship has revealed an opportunity to work intensively and has served to further embed my positive perspective (indeed admiration) of the relentlessly positive approaches inherent in all interaction I have with Chrysalis."

Another professional said, "I find that working with Chrysalis there is a big difference in managing people's behaviours, where some agencies will contact the social worker for the slightest thing, Chrysalis manage on a day to day basis, they know what they are doing. The staff are very well trained. "

The service had innovative and creative ways of training and developing their staff that made sure they put their learning into practice to deliver outstanding care that meet people's individual needs. The service had developed their own induction pack for new starters leading to staff receiving a 'staff passport'. This included a 'processes map' that helped to cross reference skills and abilities to individual goals for each staff member. Another initiative was a training programme for keyworkers and potential team leaders to equip them with the necessary skills for the role, such as timetabling and supervising staff.

Training given to staff was cross referenced to national qualifications so staff could readily demonstrate and transfer competency in key areas. The manager told us, "This mapping process reduces duplication and ensures staff time is utilised on new training opportunities. The transition to national qualification, such as Skills for Care, is then much more seamless process. It keeps staff more engaged and fired up for training when it's targeted like this."

The organisation employed a learning and training manager to oversee developing and sourcing training to ensure the needs of people they were supporting was well met by skilled, confident and knowledgeable staff. One staff member told us, "I feel really valued here. The support is second to none, there's always an open door or an ear to listen and the training opportunities have been great." We saw how staff training in a diverse range of different communication methods had allowed one person to make real choices about how they spent their money and managed their finances.

We saw that training of staff was based on current best practice and research. The provider had systems in place to ensure they had accurate and specific guidance about how best to support each person and to map these skills to people they supported. One member of staff said, "I feel the training is really good, it's very focussed on each person so we can really understand how best to give them the support they need." We saw how staff had travelled around the country to see projects and services that were identified as delivering best practice. These had included projects in the North West and North East of England and a scheme in Lincolnshire.

Chrysalis were affiliated to a number of national organisations and schemes to ensure they were knowledgeable on current best practice and research in supporting both people using the service and for staff training and development. As a result of several visits to projects around the country and through research the organisation was developing a guide on setting up supported living schemes. The manager told us, "We did a lot of research and visits but felt there was a real gap in the market for setting up and training staff in running really good supported living schemes. We are developing our own and plan to share this with commissioners of these types of services."

We saw that staff practice and competence was regularly checked and that people using the service played an active role in this process. People were given support and communication methods suited to their needs so that they played a meaningful role in staff development and recruitment. One new member of staff commented, "I've never had this style of supervision before as we ask people using the service to be part of the checks. It's a bit daunting to start with but it's much more valuable. You want to know if you're doing a good job and if you're not how to put it right."

We saw that training was classroom based and carried out face to face. The senior team told us that this was Chrysalis's preferred style of training, even though it was a much bigger financial commitment than e-learning. The training officer said, "We make sure that the training we give is of a really good standard and check that it is aligned to the Care Standards Act and to current best practice."

The manager identified the skills and strengths of the staffing team and utilised these for the benefit of people that used the service. We saw that senior managers were skilled at supporting staff to contribute to innovative ideas to improve the service. For example, we were told that a support worker came up with an idea to tell at a glance what training and level of skill each staff member had. This was taken up by the organisation and now each staff member had a coloured coded lanyard. A manager told us, "It works really well. You can tell who's a trainee, who's had moving and handling training, what level of positive handling training and so on." Professionals working with the agency also commented on how effective this system was. One saying, "They have a really innovative system to identify new staff and competencies with coloured lanyards I've not seen that before but have recommended it to other agencies."

Staff received a very thorough induction that was designed to meet the needs of the person they were to support and to meet the staff members own individual support needs. The induction pack had been designed by the organisation and included very detailed monitoring to ensure staff understood all the areas of their induction and training. This included a rating system using a traffic light system to highlight areas that required updates or additional support needs. This was termed a 'Processes map of induction and care certificate'. This involved observed practice with competencies signed off to ensure that people were both trained and felt confident in their abilities. One staff member told us, "I've never had such a good induction. I had a full week of classroom sessions, followed by shadowing, a work buddy to go to for day to day stuff, and lots of interest from the managers on how I was doing."

The provider told us, and training records confirmed, that new staff went on to undertake the 'Skills for Care

Certificate' to further increase their skills and knowledge in how to support people with their care needs. The Care Certificate was introduced in April 2015 and is a standardised approach to training for new staff working in health and social care. This was frequently supplemented by internal and external trainers. A further initiative was to develop a mentoring scheme with training given to more experienced staff to offer a mentor and buddy role to newer members of staff by monitoring their performance through shadowing and by observing practice. One staff member who was a mentor told us, "I love this role. It's great seeing new staff grow and gain confidence. And it's helping me with new skills too."

Where people had complex needs we saw that the staff who supported them had received specialist training in how to provide their care. For example, staff training in positive behaviour support (PBS) for people who may at times challenge the service meant that restraint was only used as a last resort. The organisation had a policy in place to instruct staff on the use of restraint and it being a last resort after all other measures had been exhausted.

The manager and staff team were part of a national initiative 'Transforming Care Agenda' to promote and offer positive behavioural support. The manager told us, "We play an active role in positive behaviour support (PBS) training and exchange network. We changed to this style of supporting people as the focus and outcomes were so much more positive leading to people engaging and being part of their local and wider communities. We have seen great results already. We are active in PBS national conferences and play a lead role in the north east forum group." We heard how one person was now playing a very active part in the community and volunteering in a local café due to the interventions and support of staff. This meant that people experienced a level of care and support that promoted their wellbeing and meant they had a meaningful life.

There were champions in the service who actively supported staff to make sure people experienced good healthcare outcomes leading to an outstanding quality of life. The organisation had two internal moving and handling specialists, a bespoke key worker training package, and training specific to people being supported, such as 'How to successfully manage a tenancy'.

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 Mental Capacity Act 2005 (MCA). We checked whether the service was working within the principles of the MCA and we saw that they were. The 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.

The management team and staff were fully aware of their responsibilities under the MCA and of the requirements to obtain people's consent for the care they received. We found that staff received relevant training and when staff had identified that people's mental capacity may be limited, staff understood they had a responsibility to request further support for people. One member of staff told us that the more experienced members of staff had received training to complete mental capacity assessments, however all staff showed a great understanding of the process. We saw that detailed capacity assessments had been completed with detailed guidance for staff to support people to make choices where they were able to. Staff carefully considered whether people had the capacity to make specific decisions or provide consent in their daily lives and where they were unable to, decisions were made in their best interests. Staff were fully aware of the restrictions that were in place for some people and understood their role to comply with these requirements and provide safe care for people.

We saw that staff confidently made use of the Mental Capacity Act 2005 and used innovative ways to make sure that people were involved in decisions about their care so that their human and legal rights were sustained. One person was given support by using various communication methods using symbols and cards. Careful consideration was also given to the timing and the person's mood when assessing capacity and when asking questions. For this person the setting had to be just right, they had to be calm and staff had worked out times of the day that suited this person better for working on care plans and support needs.

People's nutritional needs were assessed and regularly monitored. People had different dietary requirements which were handled sensitively and with input and control from the people they affected. For example, one person had decided they wished to lose weight to help improve their health and staff supported them to understand how they could do this. When people required the support of nutritional professionals, help was sought from those professionals. For example, referrals to dietitians or speech and language therapists were made when necessary.

People were able to decide on what meals they would like and information about people's meals was presented in ways that people could understand, such as food guides. This helped people to see the foods they could or couldn't eat, and provided ideas for people about what foods could be replaced with.

People's healthcare needs were monitored and care planning ensured staff had information on how care should be delivered effectively. We were told one person did not enjoy visiting the doctors or hospital but staff had worked with them to be honest about when they were feeling unwell and they worked together to ensure they got the healthcare support they needed, when they needed it. To prepare this person for a hospital admission the staff had developed a story book that was read with the person frequently prior to the visit. This helped greatly to reduce their anxiety and the medical procedure could go ahead and they received the treatment needed. Another person told us they were very independent in managing their own healthcare and usually required little support from staff to maintain this.

Staff were knowledgeable about people's health needs and staff were vigilant to people's changing health needs, particularly when people were unable or reluctant to communicate their needs. Due to the strong relationships staff had built with people who used the service, they were able to identify signs and non-verbal communication methods that people were not feeling themselves and were able to support people to get the help they required.

Is the service caring?

Our findings

People were treated with care, compassion and great kindness. People consistently commented on the caring approach that the staff provided. One relative said, "We all have a strong bond with the staff. They're very nice." Another person loved the support the staff gave them and said, "They [the staff] have got to know me really well." Staff often commented that their role was "more than just a job" and this was evident in the warmth, endearment and commitment staff showed to people who used the service.

Staff had an empowering and empathetic attitude to support people and their personal development. Staff had a detailed knowledge of the people they were supporting and understood when it was appropriate to offer additional support and guidance, and when people needed to assess and resolve situations with little support or gentle guidance. The attitude and motivation of staff to see people flourish was shared by a team approach which genuinely put people at the heart of everything they did. This strong commitment to providing people with person centred care and support was evident in every aspect of care provided by the staff, and it was evident from care records that this attitude and the efforts staff went to was maintained at all times. For example, staff explained that there were occasions when they did not rush to intervene when people were trying to do things for themselves. Staff told us that people were learning to regain or maintain skills for independence.

Staff showed genuine interest and concern in people's lives and their health and wellbeing. One staff member told us about changing her shift so that the person she was supporting, who had become unwell could have continuity of care and so that communication with health professionals was "water tight during this period." A healthcare professional also told us of another occasion when staff members had volunteered to 'see a situation through to the end,' when this meant them managing a challenging situation until 11pm at night.

People valued their relationships with the staff team and there was a nurturing relationship between people and staff. People told us staff were very friendly and always respectful. Staff knew what was important to individuals in how they were supported. One relative told us, "Apart from their professional expertise, the staff have always bonded extremely well with my [family member], who is very fond of them. We all particularly appreciate their great sense of humour."

People felt listened to and were encouraged to express their views and to make their own choices, using methods that were appropriate for each individual. Staff used innovative methods for people to be able to do this. Each person's communication needs were supported in their own individual ways. Some people used props or objects to help communicate their needs, other people used picture boards and the 'now and next' method to communicate and understand, and other people required staff to be patient and truly listen to how people were expressing themselves. We observed that people were given choices in every aspect of their support, from where they wanted to be in the room, to the support they were given and how they wanted this to be provided. Staff showed such understanding of each person and did all they could to enable them to make their own decisions.

People were treated with dignity and respect. Staff were fully guided on the actions of people and did not rush people to respond, or take any action until the person was clearly ready to do so. Staff were able to demonstrate how they supported people to receive their personal care without compromise to their privacy or dignity, for example by ensuring that people had meaningful activities and opportunities to develop such as working at a local horticulture centre and a local whole food shop.

The manager recognised the importance and value of good advocacy for people and valued people's opinions and feedback. People were supported in a number of ways to express their views and one of these included the use of advocacy services. The service was encouraging and open to actively recruiting internal advocates for people.

Is the service responsive?

Our findings

People using the service told us, "The staff are great. They help me go to places I like. I do things I want to." One relative said they were completely happy with the service they received and felt their relative's needs were being met fully.

A healthcare professional who worked with the service told us the provider and staff were totally focused on providing individualised care of the highest standard. They told us, "Chrysalis produces real results." Another external social care professional told us, "Chrysalis provides people with a whole range of activities with a really 'can do' attitude. Nothings too much effort and it is the people they support who decide what they do and when they do it."

People and their relatives were involved in agreeing and deciding their care needs. Relatives told us that someone from the service came out to talk to them, and the person using the service, about what care was needed. One relative said, "I was involved in the assessment and the care plan was done with [other professional], myself and the manager." Records we looked at showed that people and their relatives had been involved in assessing and agreeing their needs and how they wanted to be cared for.

We saw that people's care was planned in a way that reflected the individual care they needed. We saw that care plans were detailed, personalised and reviewed regularly, so that people had the opportunity to make any changes to their care needs and comment on how the service was supporting them. The assessment included understanding people's backgrounds, histories and what was important to them including their views, preferences and aspirations.

People were fully involved in the care planning process and their voice was documented throughout their care plans. Each person had their own unique person centred plan which reflected their interests and likes and dislikes. For example, people had been supported to follow interests such as horticulture and the environment by working with local groups on environmental projects and in the organisation's own garden and allotment. This had helped to broaden people's knowledge of nature and take an active part in the care and preservation of it. Other people had been supported to access educational opportunities and follow interests such as creative arts. People were given the opportunity to express themselves through visual arts of painting, sculpture, photography, and ceramics through the performing arts with drama workshops.

Staff had an excellent understanding of people's social and cultural diversity. Everyone that we spoke to and the evidence we gathered reflected that people pursued their own interests and activities regularly within the community. For example, some people went to the cinema, shopping, to the theatre, went fell walking, horse riding, and cycling.

People were supported to identify their short term, medium term and long term goals and dreams and there were clear plans in place to help people achieve this. For example with the support and guidance from the staff one person had gained skills with handling money and interacting with people by working in the organisation wholefood shop in the local town. The manager told us, "The shop is a social enterprise

venture and gives people valuable work experience and accredited qualifications." The person was extremely proud of the progress they had made and what they had been able to achieve. People lived active, social and inclusive lives and this had a very positive impact on their health and wellbeing. The providers shared with us a number of success stories where people had been supported as individuals to achieve their own personal goals. People themselves also enjoyed telling us about the achievements.

People who used the service told us that it was responsive to their needs and wishes. They said their support was planned to meet their preferences and that if they requested changes these were agreed wherever possible. Health care professionals said that the provider would act on any issues and suggestions they made in order to provide a good service for people. One health care professional told us, "From a professional point of view they [the provider] are really good. They are fair and will deal with any issues that we raise with them." This ensured people received a responsive service that was flexible to their changing needs.

People were supported to maintain relationships with their families and friends and to create new relationships with people with common interests. One person said, "I can go and meet my family when I want. No problems. The staff help me to do what I want to do, when I want to do it." Another person told us, "I can visit home or have my family visit me. It's up to me."

We saw that people were empowered and encouraged to decide who they would like to share their home with. When new people were considering using the service, people already using the service were able to interview them to ensure they would feel comfortable with them. The service focussed on ensuring people's individual needs were respected and people could trust those around them. As a result of this approach, people had been supported to create new friendships.

People said they had no complaints about the service. People told us they felt confident to raise any concerns with the manager, or other staff members. One person told us, "If I had a complaint I'd talk to the manager. The staff always remind me not to bottle things up." There were easy read guides available for people to help them understand and the manager showed an open and transparent approach around complaints, encouraging people to let a member of staff or themselves know if they were unhappy with any aspect of their care.

Is the service well-led?

Our findings

The service had a registered manager (manager) who had registered with the Care Quality Commission in July 2014. Chrysalis are a registered charity and limited company governed by a board of trustees. The manager holds the position of chief executive.

Without exception people using the service, staff and relatives could not speak highly enough of the way the organisation was run and the approach of the manager. External professionals and Chrysalis staff told us the manager was an excellent role model who actively sought and acted on the views of people. We saw how this was demonstrated in the ways the organisation had been developed and how a positive culture made a real difference to people's lives.

An external healthcare professional told us, "There is no doubt that the key driver for this quality is underpinned by the standard set by [name] manager. She never fails to follow up client need, with realistic and justifiable contact with external services; and she transparently models, or if necessary directs, the expected professional behaviour necessary to staff to produce great outcomes for people." Another external professional said, "The leadership demonstrated by [name] manager, and within the senior team at Chrysalis, produces real results and make a huge difference to peoples' lives." All the professionals we contacted said that the agency was very well run and the systems, training and person centred approach meant that the service was very effective in supporting people whose behaviour could be described as challenging.

People consistently commented on the positive impact the service had made on their lives and how they had changed for the better. The organisation demonstrated a desire to promote social cohesion locally being committed to local initiative's such as keeping vulnerable people safe and promoting safe havens. The organisation had developed strong links with local police to provide vulnerable people using the service with strong networks and a local awareness of any additional support needs they may need. They were members of Safe Places Scheme and worked with local police in raising awareness on hate crimes and inappropriate use of social media.

People were supported to develop extensive social and community networks that gave them many opportunities to speak up and voice any concerns. The organisation had been awarded funding to develop booklets to support family carers to know their rights and another booklet that was an easy to use guide on healthy eating with recipes and ideas to promote healthy living.

We were told by the manager that the mission and values of the organisation are as follows, and this was also on the organisation website: 'Our mission is to provide dynamic opportunities to enrich the lives of adults with learning disabilities in a friendly and supportive environment. This is achieved from a basis of mutual respect, understanding of each person's needs and a commitment to encourage individual's to reach their full potential.' We saw how this was borne out across the inspection.

Without exception there was a person centred approach to everything the service offered and how the

service was run. The culture and direction of the service put people and their choices at the forefront of the service and people were able to have a say about matters that could have an impact on them and the support they received. The manager understood and valued the contributions people made. People using the service were encouraged and involved in the recruitment process, supporting the management to interview potential candidates and spending time with potential candidates to ensure they had the correct values and ethos to meet people's needs.

We saw numerous examples of innovative and creative ways of engaging and empowering people. For example the creation of Chrysalis Wholefoods Shop, which the manager told us, "The shop and café is a social enterprise in Wigton town centre, that provides a platform for the individuals we support to gain recognised qualifications as well as gaining valuable work experience. People have really flourished and grown in confidence working here. We are hoping to expand on eBay soon and this will open up further opportunities for people to experience."

There was a strong emphasis on continually striving to improve. The manager was committed to continuous learning for herself and for care workers. She had ensured her own knowledge was kept up to date and was passionate about providing a quality service to people. In addition to a level 5 in management and leadership and the registered managers award the manager had obtained a Master's degree with a specialism in best practice in supported living (SL) schemes and quality monitoring in these settings. Staff and the manager had visited schemes across the country to gain ideas. This was in anticipation of expanding the service into this area. The manager told us that she felt there was a gap in the market for a guide of how to set a SL scheme up from scratch and had started to develop one.

Chrysalis worked in partnership with other organisations to make sure they were following current practice and providing a high quality service. For example the organisation had made numerous links with forums and networks that shared best practice in this and other areas, such as Learning Disability England Housing and Support, 'REACH standards in Supported Living', and the Transforming Care Agenda Team locally. Regionally they contributed to the North East forum for Positive Behavioural Support. These were all networks for promoting and driving excellence in the field of learning disability.

The staff were confident that the service was well-led and they felt sure of the management systems in place. One member of staff said, "The whole service is very person centred orientated. It's brilliant." Staff confirmed that there was a no blame culture at the service and the management were always keen to learn if any improvements could be made. One staff member said, "We are a strong staff team and it is a very positive environment where the client always comes first. If you achieve, it is celebrated. If you don't, we look to develop. There is always a drive to try new things and to do things better." Another staff member said, "We are frequently asked by management to come up with ideas and solutions to problems. You do feel like you have a real say."

The infrastructure of the organisation was robust with good office space that included training rooms and a range of office space. The manager said, "We see staff as one of our biggest assets and invest in them." We saw the organisation had developed roles such as training officer and quality officer. A person who had a specialist background in housing had been employed recently to assist in the expansion into supported living service. The organisation planned developments carefully to ensure that these were always done well and to high standards. For example they used an external legal consultancy firm for specialist advice.

The provider recognised the value of retaining good staff and had numerous initiatives and policies to promote staff well-being and development. A recent policy had been a family friendly staff policy that took into account the caring responsibilities that staff may have and offered additional support and time off for

certain situations.

The provider had developed their own support structures for staff such as the 'Progression and Mentoring' schemes and a support workers passport card that detailed key contact numbers. The induction programme had been designed in-house and developed using areas of best practice but with additional bespoke areas added in for each staff member and for each person that was being supported. For example some staff had received training on the use of eye pointing for one person for whom this was their preferred method of communication. The organisation actively sought ideas and encouraged staff to contribute to the running and development of the organisation, such as the staff lanyard scheme which had been identified by professionals as an example of good practice.

The service had innovative ways of communicating with staff who worked in the community to make sure they were informed of changes, know about best practice and could share views and information. For example a recent change in working patterns was being considered and the organisation organised several road shows for staff to attend in different venues and at different times over 12 weeks to allow as many staff as possible to be consulted. The feedback from these road shows was analysed along with other methods, such as staff surveys to support and respond to staff concerns. Additionally an independent consultant was used to help restructure and designed the future of the organisation with a focus on people using the service.

Safeguarding was central to the support given to people and both people who used the service and staff were extremely knowledgeable in this area. This ensured that people were comfortable to raise concerns and any allegation was investigated thoroughly, with any lessons learnt put into practice to ensure people were kept safe. For example, following the outcome of one incident the organisation carried out a full analysis which included the organisation's board of trustees. This had resulted in amending policies and procedures as well as updating training, to reduce the likelihood of a reoccurrence. Training in safeguarding was also extended to people using the service and to the board of trustees. This was identified by a care professional as an example of good practice.

Staff were very knowledgeable about the Care Quality Commission's role and the areas that we inspect. We saw that development plans and training had been mapped to the key lines of enquiry (KLOE's). These are characteristics of good practice set out under each of the five key questions we assess: is the service safe, effective, caring, responsive and well-led?

Both the organisation and the manager demonstrated a real passion for providing really high quality care by putting people at the heart of all they do. The manager told us how they had high expectations of staff and gave them as much support and training needed to provide a really high quality service to people. The staff records we looked at showed that care staff were frequently observed carrying out their duties to check they were providing care safely and as detailed in people's care plans. This helped the managers of the agency to monitor the quality of the service provided.

Comprehensive quality assurance systems were in place which involved management, members of staff and people who used the service. All parties understood the importance of these systems and the role they had to play to completing them with integrity. For example the organisation had developed a policy index tracker which used a risk rating system to prioritise review dates of policies to ensure that staff were fully updated and briefed according to current best practice. The audits ensured the service provided excellent individualised care through changes to work patterns and reviews of people's care packages. Some care packages had been so successful that they had been reduced as a result of making people more independent and requiring less staff support.

