

Mrs Linda Woodhead

Sherbutt House

Inspection report

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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?

Outstanding ☆

Is the service well-led?

Good ●

Summary of findings

Overall summary

The Inspection took place on 21 and 23 November 2017, and 10 January 2018 and was announced. At the last inspection, there were no breaches of regulation and the service was rated good. At this inspection the service remained good overall and had improved to outstanding in responsive.

Sherbutt House is a care home that provides accommodation and support for up to 19 adults who may have a learning disability. People in care homes receive accommodation and or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. There were 18 people living in the service when we inspected. We found the service had considered the national plan to develop community services for people with learning disabilities and/or autism - 'Building the Right Support'. This plan was introduced in 2015 and advises certain criteria that providers should meet when delivering good quality care, these are; quality of life, keeping people safe, and choice and control.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Everyone we spoke with described the service as extremely person centred with excellent staff that went above and beyond to meet people's needs. People continually received personalised care that was tailored to their individual needs. The service promoted engagement and encouraged people to build links with the wider community. People were extremely positive about their lives and told us about their holidays, trips to Cities, work within charity shops, local church groups and lunches out at local cafes. People told us they had made good friends and one relative said their loved one had a better social life since moving into Sherbutt House. Staff and relatives praised the service and its management. They spoke highly of the care and support they provided.

People's care and support needs were assessed using a holistic approach to ensure that their diverse needs could be met. Staff demonstrated the skills, knowledge and experience to care for people effectively and as they had chosen. Where people found it difficult to communicate their needs, staff used a variety of communication methods with them so that their needs were met.

Management were always available, supportive and worked closely with staff, people living at the service and their relatives. Families were invited to attend local events run by the service and able to share meals with them if they wished. People had the use of technology such as mobile phones, email systems and computer applications which enabled them to maintain contact with their families. People were supported by staff if they were unsure of how to use the computer.

All the processes and systems in place were governed by management that supported an inclusive person centred culture and celebrated people's individuality. These empowered people to access and build

relations in the wider community, live fuller independent lives and really engage with each other, their relatives, friends and staff in a way that brought a sense of satisfaction and well-being to everyone in the service.

People were consistently cared for by kind, caring, respectful and compassionate staff. They felt valued and that their thoughts and opinions were listened to. Staff were passionate about their role and had exceptional knowledge about the needs and preferences of people they supported. People and their relatives felt that staff, "exceeded their expectations" and, "would go to any lengths to help them." Staff were described as, "amazing" and, "kind and compassionate."

Staffing ratios were more than sufficient to meet everyone's needs, with some people receiving additional one to one support. People received their medication safely as prescribed and the records were of a good clear standard. Staff had been trained in the prevention of infection and there were sufficient staff employed to ensure the environment was well maintained, kept clean, safe and hygienic.

The service had effective quality assurance systems in place and welcomed external agencies to inspect and give constructive feedback to drive improvements in the service. The registered manager told us they always ensured that people were listened to and that their needs were always at the heart of everything management and staff did.

People were protected from the risk of harm by the systems, processes and practices in the service. Staff knew how to protect people and had been well trained. They knew how to report any potential concerns of abuse using their internal company structure and to outside agencies when required. The registered manager ensured that competent staff were recruited and retained, understanding the importance of on-going training and supervision to support them to carry out their roles.

People were supported as detailed in their care plans where they needed help with meals and drinks. They were involved in menu planning and could choose what they wanted to eat from a wide selection of available foods each day.

People told us they were very happy living at the service and one relative told us they could not ask for any more in respect of the services delivered. Complaints were dealt with effectively and processes in place to ensure lessons were learnt. The service spoke to people and their relatives about their end of life wishes if it was appropriate to do so and recorded the details in people's care files.

The service worked in line with other legislation such as the Mental Capacity Act 2005 (MCA) to ensure that people had as much choice and control over their lives as possible. People were supported to maintain their independence whilst staff ensured they were kept safe by minimising risks. Where people were deprived of their liberty for safety reasons the service had completed the appropriate forms and had authorisations in place to do so.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People were protected from any potential abuse by the services systems, processes and practices.

Recruitment procedures were thorough and ensured the right staff were employed to meet people's needs.

Medicines were managed and administered safely. Audits were regularly completed and lessons learnt shared with the team of staff.

Is the service effective?

Good ●

The service was effective.

Staff were supported to gain qualifications and identify specific training to deliver person centred care to people.

The service worked in partnership with other health professionals to ensure people's needs were met and annual reviews attended.

The registered manager and staff had a good knowledge of the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards (DoLS) and had applied them appropriately.

Is the service caring?

Good ●

The service was caring.

People's independence was promoted and staff were aware of their capabilities so they knew how to support or encourage people to do things for themselves.

People felt their opinions and views were valued and that they were able to lead happy and fulfilling lives in the way they had chosen.

People and their chosen relatives felt included in all aspects of their care and support, including decision making.

Is the service responsive?

Outstanding 

The service was extremely responsive.

Staff understood the importance of a holistic approach to encompass all aspects of people's emotional, physical and spiritual needs. Staff were passionate about providing non-judgemental support which empowered people to be themselves.

People were supported effectively and staff understood each individuals preferred method of communication. Staff took time and worked alongside people to improve their quality of life and promote independence.

Complaints and concerns were welcomed by the service and dealt with immediately.

Is the service well-led?

Good 

The service was well-led.

The manager was visible throughout the service. People and their relatives were confident the service was managed and run with a high level of expertise based on best practice and the management's experience.

Staff were supported and trained in all aspects of health and social care which supported the organisations ethos to deliver person centred care, whilst celebrating people's diverse needs. Individuals were supported to build strong relations within the wider community.

Effective quality assurance systems and processes were in place to support all aspects of service delivery. Management kept up to date with the latest information and communicated changes across the service.

Sherbutt House

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 three day inspection took place between 21 November 2017 and 10 January 2018 and was announced.

The provider was given 48 hours' notice because the location was a small care home for younger adults who are often out during the day; we needed to be sure that someone would be available to speak with us.

On the first day the inspection consisted of one adult social care inspector and an expert-by-experience, with a further two days attended by an adult social care inspector. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert-by-experience had knowledge and experience of caring for someone with autism and learning difficulties.

We used information the provider sent us in the Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We contacted the local safeguarding team and other health professionals that regularly visited the service.

During the inspection we spoke with eleven people using the service, one visitor and one relative, had discussions with three care workers, one senior care worker, the registered manager and business manager and observed interactions between care workers and people living at the service. We reviewed records, including training and recruitment for three care workers, four care plans and reviews, maintenance records and other documentation relevant to the running of this service.

Following the inspection we were contacted by three health professionals that gave us feedback about the service.

Is the service safe?

Our findings

We asked people if they felt safe and their comments included, "I feel safe and secure, I don't want to live anywhere else" and, "I feel safe." One person advised us, "I don't know" and one person that had difficulty communicating said, "safe here safe, happy all the time." Relatives told us, "[Name] is safe here" and, "I know [Name] is secure and kept safe."

Staff had excellent knowledge of different types of abuse and knew what to look out for and how to report both within the service and to external agencies. One member of staff said, "I would record everything and go straight to my senior" and another told us, "I would raise my concerns with my senior or the registered manager and if they were unavailable I would contact the safeguarding team direct."

All staff received safeguarding training and knew how to make referrals to the safeguarding team. Safeguarding incidents were clearly logged including evidence to support how decisions had been reached.

Accidents and incidents had detailed descriptions of the events leading up to them and actions taken, including referrals to other health professionals for guidance and support. For example, one report included the details of what had happened and actions the staff had taken to reassure the person. Information was recorded and updated into the care plan to ensure staff were aware when people's likes and dislikes changed. This meant that lessons were learnt and shared so that people's needs were reviewed in a timely way to avoid issues being repeated.

People were supported consistently by their keyworkers, who were responsible for managing their care and support needs. Care and support records and risk assessments were reviewed and updated to reflect significant changes when required. Risk assessments included details of identified hazards and measures to minimise potential risks. Changes were communicated in handover and in the staff communications book and appointments were arranged and people's daily schedules amended when this was needed.

The registered manager told us the staff team were flexible when covering rotas and they were aware and considerate of notice required should they need any time off due to sickness. We observed staffing levels were consistent, with plenty of staff available to meet people's needs.

One member of staff told us, "There are plenty of staff on duty and I really feel that this service exists for the clients and not for the business." The registered manager regularly reviewed staffing levels and updated changes in one to one hours to ensure staffing ratios were correct to meet people's needs. Charts were given to keyworkers to advise them about one to one hours or specific events on a daily basis for each person. This gave structure to both staff and people to ensure every person received some form of one to one interaction such as, an activity or event they had chosen.

We looked at the recruitment files of three members of staff, which included application forms with a full history of employment, identification documents, two employment references and Disclosure and Barring

Service (DBS) checks. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions. People living at the service had been actively involved during the recruitment process.

The service had disciplinary procedures in place and the provider followed their procedures, seeking advice as appropriate from their human resources (HR) department. Information was clearly documented with outcomes and advice. There was also a whistle blowing procedure and staff told us they would feel confident the registered manager would maintain their confidentiality should they need to use it.

Medicines support arrangements were safe. These covered administration, recording and disposal, checks of availability and protocols for specific medicines side effects, PRN Medicines to be taken 'as and when required' and the management of controlled drugs (CDs). Keyworkers scheduled regular medicines reviews for people they supported.

Regular audits were completed which identified any shortfalls in the running and management of the service, such as; medicines management, infection control, fire safety and general safety around the premises. In addition, external contractors and agencies carried out annual inspections. Feedback was shared with all staff so that lessons could be learnt and working practices improved.

People's human rights were considered in all aspects of their life and staff had a good awareness of how to support people's individual and complex needs. For example, staff understood the importance of maintaining personal relationships. The staff knew who was important to each individual, taking into account their life histories, cultural and religious backgrounds and sexual orientation. The service provided access to local events to enhance social activities for all people taking into account their individual preferences and interests.

Policies and procedures were regularly reviewed and contained detailed information to support and guide staff when meeting people's care and support needs.

Personal emergency evacuation plans (PEEP's) for each person contained detailed information about the assistance people needed to evacuate the premises safely. Designated fire wardens assisted with the smooth running of monthly fire drills. These included different scenarios to challenge staff when evacuating people to safety.

Infection control measures were in place, such as antibacterial hand wash and staff had access to personal protective equipment (PPE) such as aprons and gloves. We spoke with the staff responsible for completing laundry tasks; they knew each person and could tell us which items belonged to them. We saw people's rooms and communal areas were clean and well maintained. Systems were in place to ensure the environment was regularly monitored for safety and hygiene. The registered manager completed daily and monthly checks around the premises for safety and hygiene. We could see that issues were documented and actions to resolve them recorded.

The premises were secured by fencing and a locked gate with keypad access.

Is the service effective?

Our findings

New staff completed a twelve week induction programme, which included working towards the Care Certificate whilst getting to know the people living at the service. The Care Certificate is a minimum set of standards that social care and health workers work to. Duty managers were allocated to each shift and all were trained to NVQ Level three in Health and Social Care. Training deemed essential by the service was completed by staff annually or six monthly, including; fire and evacuation, food hygiene and nutrition, moving and handling.

Training to manage behaviours had been completed by staff, who were confident in their abilities in this. Staff had excellent knowledge around body language and signs to look out for. This ensured early minimal interventions and distraction techniques could be used to manage them. During the inspection staff worked tirelessly to engage people in a positive way at every given opportunity. We saw people walking in the garden and staff engaged with them as they walked by, people responded and laughed with them.

People told us they felt staff had the right skills and knowledge to meet their needs. One person told us, "People look after you, I like that" another person said, "I like all the staff, and everyone is nice." One relative told us, "I cannot imagine anywhere that would cater for [Name or person]'s needs better than here. This is their family." They told us prior to coming into the service the person had not been managing on their own and forgetting where they were going when out in the community. They commented, "Here [Name of person] goes out with staff."

Training records confirmed that care workers had received training in understanding the requirements of the Mental Capacity Act and the Deprivation of Liberty Safeguards (DoLS). The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The DoLS require providers to submit applications to a 'Supervisory Body' for authority to deprive people of their liberty. The registered manager had made appropriate applications where it was deemed that a person was being deprived of their liberty. They scheduled renewal applications so they were submitted within the specified timescales.

People were supported by staff who asked for their consent before carrying out any care or support. One member of staff told us, "We know everyone really well, we ask their permission and always talk them through the care and support being provided." We observed staff asking people for their consent and allowing them time to make decisions or choices about what they would like to eat, activities they wanted to do and whether they were ready to take their medications.

Staff supervisions were carried out monthly to ensure their performance could be monitored and included observations. Staff were encouraged to identify additional training needs, such as autism, diabetes and alternative communication methods. Supervisions encouraged self-reflection to continually improve practice. Annual appraisals had been completed. People living at the service were asked for their views on how they were supported and if anything could be improved. We saw that this information was acted upon and people's views, such as suggestions for daily menu's, activities and events were taken on board.

Staff felt supported and advised, "There is always someone about if you need to talk to someone, everyone is approachable and easy to talk to." We observed the registered manager had an open door policy for both staff and people living at the service to speak with them if they needed to.

Keyworkers were given daily reports to complete for the people they were supporting. They contained guidance on tasks that needed to be completed. In addition keyworkers completed daily notes and night staff had a nocturnal shift report to complete. This comprehensive recording of information communicated each and every aspect of a person's care and identified any issues so referrals to health professionals could be made.

Staff provided one to one hours to support GP and hospital appointments and holidays with other people who lived at the service. One person told us, "Staff ring doctors for me, I have a rash on my shoulder and staff are helping me." People were supported to attend their annual health checks, such as those with the learning disabilities nurse.

People were supported to eat and drink enough to maintain a balanced diet. Staff encouraged people to participate when preparing meals they had chosen to eat such as, a dinner of pork and vegetable casserole cooked in the slow cooker. Staff ensured people were included and situations adapted to suit their preferences. One person told us, "The food is good - I had tomato soup and fruit." We saw one person left their lunch and the member of staff asked them if they would like a sandwich which they accepted. Menus catered for all different types of dietary needs such as, diabetes, high calorie and low salt options or alternatives to maintain low cholesterol levels.

One member of staff told us, "We have one resident under the Speech and Language Therapist (SALT) and they have special beakers and cutlery to use. [Name of person living at the service] needs staff to sit with them whilst eating as they have been assessed as a high risk of choking." This showed us that staff had a good awareness of health professional's recommendations and worked with them to accommodate people's current needs.

During the inspection process we received concerns from health professionals which included transitions between the home care and residential services. We discussed these concerns with both the registered manager and the local authority responsible for assessing and commissioning the service. The care worker we spoke with agreed that one person may benefit from advocacy support and they agreed to explore these options with the relatives and staff at Sherbutt House.

We looked at documentation around transitions and how these were managed. We found that prior to transitioning the service arranged visits to the new accommodation supported by regular staff that knew people well. People living at the service were consulted about when they would like to move and staff supported them in their move to new accommodation. Staff provided regular reassurance to support throughout transitional periods.

Staff encouraged people to personalise their living space, which supported their needs, preferences and

emotional well-being. For example, some people had participated in decorating their own rooms, including choosing colour schemes, bedding, and furniture. People's bedrooms were homely and personalised. For example, some had colourful drapes and night lights to create a sensory and calm environment.

Is the service caring?

Our findings

Staff were compassionate and motivated about how they cared for people, taking a holistic approach to fulfil people's emotional, physical and spiritual needs. Staff were kind and showed empathy towards the people they supported as well as each other. We saw people laughing and joking whilst engaging in conversations, which created an atmosphere that was welcoming, calm and happy.

Feedback from people visiting the service consistently told us that staff were knowledgeable and kind. One letter from a relative advised, "Staff are very caring here, there is nothing negative and they know [Name of person living at the service] very well. In the summer the staff put on a 'garden party', there was music and dancing, hot dogs, ice cream and everyone had a lovely time." A relative had complimented the service advising that staff were "exceptional." They told us that whilst they had been away on holiday, "It was our late mother's birthday and [Two staff names] took [Name of person living at the service] to buy flowers to put on my mother's grave. Where else would do that?" One member of staff told us how a person living at the service liked particular songs. They had bought a CD for the car and learnt the songs so they could sing along with them when they took them on outings.

Staff demonstrated a strong and visible person centred culture. They told us, "We are like one big family" and, "We are always looking at ways to help people express their own opinions." People felt that staff understood them and supported them to express their points of view independently. Records showed us that people were actively involved when making daily decisions about their care and support. For example, staff kept people active and motivated by creating an inclusive environment where people felt safe to discuss issues openly. Staff encouraged people living at the service to respect others views or differences of opinion.

Staff cared for and valued people. They asked people what they would like to do each day, listened and accommodated people if they wanted to change arrangements and supported people to choose and plan holidays in the UK and abroad at least once a year, sometimes more. Staff were visibly inspired by the people living at the service and told us, "It's great on holidays seeing people's personalities really coming out, it's something they all look forward to and [names of people living at the service] love them."

Visits to family and friends were supported and visitors to the service were welcomed, staff knew the importance of allowing people privacy to communicate with their loved ones alone. Records and observations showed us that staff were creative when ensuring people had accessible, tailored and inclusive methods of communication in line with the governments Accessible Information Standards (AIS). The AIS was introduced to make sure that people with a disability or sensory loss are given information in a way they can understand. Pictures and photographs were used to communicate with one person, easy read formats were utilised and another person used several different methods to communicate. Staff were patient and took the time to find out people's preferred method of communication at the time they wanted to express themselves.

People were given opportunities to interact with those receiving home care services from the provider as

many were close friends. Records of communications from relatives told us they felt involved and valued their relationships with the staff at the service. They felt staff consulted them about all aspects of their loved ones care and support. For example, one person had struggled to manage their money budget and they advised, "Here the staff phone me and tell me they are going to take [name of person] out to buy clothes."

One person told us, "I enjoy socialising with my friends" and another person spoke to us about how the staff helped them do their physio exercises, making them feel good when they were having a bad day.

People communicated in different ways and staff understood them well. A person with sensory impairments and whilst colouring told us, "I like to colour things and I like the staff." People were supported by staff to communicate using picture cards, white boards and photographs. One person interpreted their own sign language and received outside support from the Speech and Language Therapist (SALT). Prior to living at the service this person had difficulty communicating and only started to speak after a period of time living at this service. We saw a communication diary in this person's room that recorded daily interactions with other people. This supported partnership working with health professionals to show the positive progress that had been made. Staff recorded new methods of communication that worked well so everyone had awareness.

People were involved in their care planning process together with relatives they had chosen to support them. We observed staff working with individuals and making sure they had enough information to make informed choices. One person was confused about whether their family was visiting, we saw staff reassured them and discussed the days they normally visited them. This gently reminded the person of the last meeting they had with their family and arrangements that had been made. The person appeared happier for knowing when their family would be visiting again.

Staff were passionate about supporting people's diverse needs and told us how they listened to people's views and opinions, and embraced them to celebrate their individuality. The registered manager told us each person had their own keyworker. Where people had a preference for a particular person this was accommodated as it was felt that stronger relationships were built on mutual trust and respect. This enabled people to achieve their aspirations and live their lives as they had chosen to.

An equal opportunities policy was in place which stipulated the aims of the service as, 'To ensure our residents live in an environment where the diversity of people is celebrated and respected and where they are free from discrimination and prejudice. Staff were trained in equality, diversity and to deliver person centred care which promoted dignity, respect, choice and independence. The registered manager introduced different topics to discuss with staff on a monthly basis, recently they had discussed stress, how it affects work and life balance and preventative measures that can help to manage and maintain a healthy way of life.

Staff were knowledgeable about people's capabilities and promoted their independence as much as they could. We observed staff assisted a person by peeling back the top of a yoghurt pot, and then encouraged them to do the rest for themselves which they did. Another person was supported to change their bedding, making sure they completed any tasks they were capable of doing themselves. Staff understood the importance of allowing people time to do things for themselves and information was recorded each day.

People were supported to make their own preferences and choices One person told us they had bought their own cereals and regularly went to the market to do their own shopping, they showed us what they had

bought which included a radio, TV times magazine and some fruit. Another person did not like to go out shopping and had chosen to set up a Next Directory account so that staff could support them to shop online for their clothing. People made requests for specific information or pictures to be printed from the internet. For example, one requested a printout of some butterflies and staff accommodated this. People that were not totally independent or lacked capacity had adaptations in place, such as door sensors, bathroom sensors and lifeline pendants so staff could be alerted should assistance be required.

The registered manager told us that some people had mobile phones to maintain communications with their families and this was actively prompted and encouraged by staff for those that may forget to use them. Laptops were also available to use for communicating with friends or relatives outside of the service. Staff ensured people were connected and speaking to their relatives or friends before respecting their privacy and leaving them alone to talk.

One of the staff had taken on the role of 'Dignity Champion'. A champion's role is to promote and raise awareness, in this case for dignity in care. This member of staff had taken time to fully understand their role and educated other staff to treat people in as dignified a way as possible. All staff without exception knew the importance of maintaining people's dignity and respecting their wishes. Staff told us, "We keep doors shut and knock on doors before entering."

Some people were supported by an independent advocate. Independent advocates help people to communicate their own voice, giving them as much control as possible over their own lives. They stand alongside people and speak on behalf of those that are unable to do so for themselves. The registered manager told us that they worked with a couple of advocacy services in the area and information was available for people and their families should they need them. However, the majority of advocacy services had been organised through the local authority for those that already had them.

Relatives and staff felt that everyone knew the importance of maintaining confidentiality, staff received training so they were aware of professional boundaries and to ensure confidential information was not divulged to any third parties. People's records were securely maintained to ensure the service complied with the data protection act and upheld people's confidentiality.

Is the service responsive?

Our findings

People received an extremely person centred service that was tailored and responsive to meeting their needs. People were consistently at the forefront of all care delivery.

Staff spoke with us about people's diverse needs, and how they understood people's beliefs and values. They empowered people to be themselves and make their own decisions. One person came to the service with a health issue affecting their appearance. Staff researched this and suggested alternative options to the person and their family that they may not have otherwise considered. Staff told us this had a profound effect on how the person felt and boosted their confidence. One relative had complimented them and advised, "There has been such a change in [Person living at the service]'s quality of life since coming to live at Sherbutt House." Our observations and communications with people living at the service showed us they felt an enhanced sense of wellbeing and staff worked together to ensure they received an exceptional quality of life.

The service celebrated people's diversity, creating an inclusive service that encouraged people to truly be themselves. Staff supported one person that liked to dress up and wear jewellery. They took them shopping to choose nice colourful outfits that fitted their bubbly personality. Another person was identified by staff as needing to build road safety skills. Discussions took place and the person expressed a wish to become more independent when crossing roads. The staff identified a professional team of people that worked alongside staff at the service to build up this person's road safety skills. This facilitated them in becoming more independent as they had chosen. The same practice was adopted and used successfully with another person. This demonstrated that staff would go the extra mile to find ways to support people to take risks and promote their independence.

People were involved in making decisions and planning new projects. For example, developing a large grassed area into a vegetable allotment. A garden shed had been donated by the local community. The person in charge of the allotment told us they involved people with, planting flowers and vegetables, serving lunch outside and that people enjoyed a hot chocolate with marshmallows and cream. These opportunities developed new life skills and learning for people. Staff told us they had seen marked differences in people's physical and emotional health due to the benefits of working in the fresh air.

The service built excellent links within the community, and supported people to build good relationships with local people. This supported people in feeling valued. One person was excited to be going shopping. They told us, "I want to see the charity stand and I am looking forward to Christmas" and another person said, "I like to clean my room myself, I like to be tidy. I like going on the bus to Beverley." People enjoyed the variety of daily activities and being able to choose what they do and when. Staff supported people to work as volunteers within the local community and assisted them to make applications for work using the company laptop. They supported people to connect to the internet and use Skype to make calls to their family and friends. Skype is software you can use to make video and audio calls and exchange chat messages from a computer. Staff could also use the laptop to complete online training.

Team meetings were productive and encouraged reflective practice, staff shared their own experiences and knowledge of how best to support people's needs. Some people living at the service had more complex needs and this helped the staff team to work together to improve people's outcomes. For example, one person was having their medications reviewed and during this period displayed behaviours that were not normal for them. Advice from health professionals was sought and recorded, staff kept in regular contact to share information each day. When a distraction technique or different approach worked the staff shared with the team using a communications book and verbal discussions at handover. This had a huge impact on the person living at the service, their behaviours settled and medication levels could be managed.

Staff worked with people and their relatives to ensure they contributed to the assessment, care planning and review process. Changes to people's needs were monitored and care plans reviewed monthly or earlier if there were significant changes to a person's needs. Visiting health professionals told us that the service provides person-centred care and support that achieves positive outcomes. For example, they told us, "For one of my clients who has dementia, they are flexible. They accommodated a move from independent supported living (ISL) into the residential home. This was requested because they were finding it difficult to get on with other people. The service supports them well around risks and staff work hard to allow as much independence whilst in the background taking the necessary precautions."

People were consulted and included when making any decisions and staff thought of creative ideas to help them when decisions were more difficult. Staff told us, "Two [names of people] wanted to go on holiday, but this was not financially viable for them. So we chatted to both [names of people] and they both decided they wanted to see a show instead. We looked at several different shows that were available and in the end we supported them to plan a trip around the show with their preferred keyworkers supporting." Staff told us, "We receive training specifically designed for individuals. One person's dementia progressed and we received training around their behaviours, how they presented and how to support them in the least restrictive ways." Another advised, "We worked in partnership with health professionals to develop a bowel massage for [name]." This demonstrated excellent partnership working with other agencies to improve the overall quality and standards of care provided.

Staff worked alongside health professionals to support people's needs, such as dieticians, chiropodists, clinical psychologists, doctor's surgeries, dementia specialists and learning disability nurses. Appointments and annual checks were recorded and scheduled each year by the keyworker responsible.

It was recognised that people responded well to consistent keyworkers. For example, one person preferred a member of staff for personal care and another to support them with activities. One person told us they used to travel to York on the bus independently until they could no longer manage to do this alone (due to reduced cognitive functions); staff now travelled with them so they could continue visiting places they were familiar with in a safe way. Another person loved to dance and staff supported them in finding some classes for this at the local community centre which they attended regularly. Staff paid particular attention to detail and knew what people liked to do with their time. This had a huge impact on how people felt and people told us how happy they were living at the service. Some people were sat knitting and when we spoke with them they told us, "I like living here, I am good at knitting" and, "I like staff and they like me." Another person said, "I like living here, staff are kind and they care about you. It's a nice house, I have a nice bed to sleep in and I like meeting people."

Life histories helped staff to understand people's backgrounds and support them to do things they enjoyed. One person had always enjoyed visiting a specific charity shop and the staff supported them to maintain visits there whilst living at the service. Another person liked to wear flowing long skirts and staff at the home

helped this person to shop and find the types of skirts they loved to wear. For people with no close families staff took an active role to ensure they received one to one interactions regularly and were thoughtful of what normal family life should be like for them. Gifts were bought for all people living at the service to mark special occasions. This meant that people felt part of a family unit, created meaningful interactions and ensured that no one was excluded. Information about people's life histories was utilised when planning activities, events, holidays and forming links in the local community. For example, one person enjoyed baking and with support from staff; dinner parties were organised, incorporating different themes from around the world. Music groups were run in the afternoons and coffee mornings included the sale of items cooked by people living at the service. These staff bought for a small fee raising £100. The proceeds were added to the resident's fund which allowed enough monies to buy musical equipment people had wanted to learn to play. These included; tambourines, a keyboard and a guitar for people to use.

Outside garden areas were utilised for summer parties. These were based on themes decided by the people living at the service. For example, 1980's where everyone dressed in rock and roll outfits and 1940's where a candyfloss machine, ice cream van and a singer had been invited. Staff told us, "People love to dress up and have a party, its great fun. Everyone enjoys themselves." Staff told us, "We support people to keep in contact with their relatives and friends. We ask which people we should invite. We are very welcoming and always have a good turnout to our events."

People were supported to visit day centres and attend annual reviews of their care and support needs. The service completed their own 6 monthly reviews. Communication between services was open enabling staff to immediately address any change in needs. For example, one person used to have an issue with the transition from the day care centre back to the service. The registered manager knew that this person liked a particular film star and so waited for their return with a printed poster for them. We were told this worked really well and dissipated any anxieties that had built up during the journey home.

Records showed us that regular meetings were held for people to raise concerns and make suggestions. The registered manager showed us the rota for the day based on what each person wanted to do with their time. They felt this gave both people and staff structure to work to and a record of each day's events to include in the handover to the next shift.

We asked a relative if they knew how to complain, they advised, "I was given a leaflet and an email address that I could use for any correspondence, but who would complain here? My [Name of person] wants to stay here for the rest of her life. The whole place is relaxed." The service had not received many complaints, but had several compliments from people's relatives and friends. Easy read formats of the complaints process were readily available. Complaints were passed to the registered manager to investigate; they were acknowledged and written outcomes given to the complainant with an apology where appropriate. A process was in place to share any lessons learnt during staff meetings.

The registered manager told us that people were given the option to discuss their advance wishes which were clearly documented in their care plans. They worked together with other health professionals to ensure people were comfortable and provided with respectful and dignified care. Staff advised, "We respect people's wishes and try to make their final days happy and peaceful. We liaise closely with GP's and communicate changes to the staff team daily. Time and patience is important so they are not rushed. There are various stages to acceptance and it's about helping residents through those steps, including their families." The service had awareness that some families may want to fully participate and others may want the service to take more of a lead role keeping them updated.

Is the service well-led?

Our findings

One person said, "I like the staff here, they look after me." Staff told us that the culture within the home was open and transparent. They trusted the management in supporting them to deliver the right care and support to people to enable them to lead happy and fulfilling lives. Staff were aware of the visions and values which had been embedded in daily practices, putting people at the heart of everything they do.

There was a clear management structure in place, staff were clear about their roles and knew who to consult if they had any concerns. The registered manager had delegated various champion roles to staff; such as; infection control and equality and diversity. This promoted awareness of different topics and improved quality within the service. Staff told us they felt valued for their contribution, morale was high and interactions between staff were helpful and considerate of everyone's needs.

The registered manager and staff told us that progression was encouraged within the company and the duty manager roles had been created to delegate responsibility across the teams. Staff were keen to learn and develop their management skills and were fully supported to do this. All staff had a high level of job satisfaction, a strong sense of loyalty and commitment to the company and the people they were supporting.

Staff were encouraged to challenge practice and looked for ways to make improvements. They assisted people to come forward with any ideas and ensured they were trialled and tested before becoming a part of the policies and procedures. For example, wounds that district nurses managed and dressed had their measurements documented. Staff had obtained people's consent to take a picture so that the healing process was recorded. Distraction techniques used for individuals that were known to have positive results were shared with the rest of the team or discussed during meetings and supervisions. New questionnaires had been introduced to check competencies and included questions for each of the five Key Lines of Enquiry (KLOE) inspected by the Care Quality Commission.

There was a strong sense of community; people had been supported by staff to build relations within the wider community. For example, one regular taxi driver brought a chocolate orange for someone's birthday because they knew how much they enjoyed them.

The registered manager had signed up to receive updates from; skills for care, dementia friends, autistic society and the Care Quality Commission (CQC). They used the fundamental standards toolkit and had an external company that was contracted to inspect the health and safety aspects of the business. The inspection for health and safety had been completed within the last 12 month period and included sending updates of health and safety or employment law changes. Monthly emails were sent to staff and newsletters completed which outlined any changes in best practice or legislation. This helped to drive improvement.

The company's leadership and management policy stated, 'Management and quality, competence and development of managers will be a key priority in the running of the organisation.' The registered manager had achieved a level four certificate in Health and Social Care. They attended annual and six monthly refresher training and delivered training internally to the staff team on subjects such as, The Mental Capacity

Act (MCA).

Staff told us that the service was managed effectively to promote equality and inclusion. Comments from staff included, "The registered manager makes sure there is additional staff on in between shifts so we can focus on outings for people and do more with them" and, "[Registered manager] has always inspired me to do more and with their support I have been given opportunities to progress within the company structure." Another staff member advised, "We are a good team and we all get on well with each other. [Registered manager] is brilliant; as soon as you walk in she drops everything to listen to you. It makes us feel very well supported" and, "Many staff have been here a long time, we all know exactly what has to be done and we work well together, everyone does anything, and everyone helps each other."

The registered manager held monthly meetings with people living at the service. Duty managers met monthly to plan the staff meetings. The director of the company held regular managers meetings which were attended by a duty worker on a rotational basis, the duty manager then relayed information to the other three duty managers. Meetings were documented and available to read in the staff offices, this meant that all staff had an awareness of any issues or changes taking place. Staff felt if they raised concerns these would be dealt with promptly by senior members of the team and management.

Systems were continually changing and new processes being introduced to improve the service. New questionnaires had been introduced to check staff competencies and included questions for each of the five Key Lines of Enquiry (KLOE) inspected by the Care Quality Commission.

Monthly observations to check staff competency were carried out by senior staff or the registered manager. For example, medicine audits identified errors and included why errors had been made, actions taken and looked for similar patterns with other staff to ensure they were not repeating the same practices. Environmental health audits/checks covered hand washing and whether food probes had been used to check temperatures before serving hot food. Outcome and actions required from these were noted; the observer and staff signed each document. When errors had been identified these were talked through during staff meetings and during individual discussions. This also encouraged staff to report any concerns to their managers and created an open and transparent culture within the service.

The registered manager completed monthly audits and also delegated daily audits to other senior members in the team. Regular audits were also carried out by external bodies, such as; Boots Pharmacy who had recently carried out an audit two months prior to the date of this inspection. This ensured the smooth running of services and highlighted any areas that could be improved.

Quality monitoring systems were in place and regularly reviewed, these included checks on; infection control, medicines, daily notes and food hygiene. In order to drive improvements the service actively pursued people's opinions and asked staff for their participation in all aspects of service delivery. For example, one person communicated better using the written word. This was discussed with relatives and a communications book put in place for that person. The registered manager was passionate and inspiring and staff told us they were, "Approachable, open and transparent." The registered manager regularly observed staff to check competency and to ensure staff had confidence when carrying out their roles. They walked around the service each day engaging with staff, relatives and people living at the service. They checked records, read through the communications book and reminded staff about people's appointments or that family were visiting. This showed us that the registered manager was visible and knew what was going on in the service.

Policies and procedures were regularly updated and supported staff. For example, one of the aims of the organisation was to 'eliminate unlawful discrimination both in its employment and practice and in the delivery of its services'. Staff were aware of this policy and what was expected of them in relation to reporting any concerns of a discriminatory nature.

The registered manager told us they felt supported by the owner of the business, who visited them every three months and was available for daily calls if additional support was needed. The senior management team also organised annual events to build relations and share best practice or lessons learnt.

The company organised various incentives for staff such as; Tesco vouchers for those with no sickness absence within a six month period or more. Staff attended team building exercises and received bonuses at Christmas.

Regular meetings were held to engage both staff and people living at the service. Staff supervisions incorporated the visions and values of the service. For example, staff talked about current workloads and any things that had gone well or needed to be developed – this incorporated the visions and values of the service and guidance on how to incorporate them in practice.

The registered manager understood their registration requirements and responsibilities and notified us of important changes or events that had happened in the service.