

Hegarty Care Limited

McMorrow House

Inspection report

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Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Outstanding 

Is the service responsive?

Outstanding 

Is the service well-led?

Good 

Summary of findings

Overall summary

About the service

McMorrow House is a residential care home providing accommodation and personal care for up to 13 people with mental health conditions. At the time of the inspection 10 people were receiving support. The property is a large two storey building with individual bedrooms and communal living areas with a large garden to the rear of the property. The service also provides 2 flats for people to live independently within the property. The service offers 24-hour support.

People's experience of using this service and what we found

We saw excellent examples of how people were supported to remain safe at times when they were at significant risk. People used words like 'life saving' and 'above and beyond' to describe the support they received. Through robust safeguarding training and comprehensive policies, staff were able to keep people safe at times when their lives were in crisis.

The provider's robust recruitment processes for staff, along with the matching process, had exceptionally positive outcomes for people. Medicines were managed safely and people were supported to be as independent as possible with their medicines.

There was an open and transparent culture in relation to accidents and incidents and they were used as opportunities to learn and lessen risks. A comprehensive and empathic understanding of people who lived at McMorrow House, and their health conditions, enabled the registered manager to seek bespoke training to prevent incidents occurring.

People were supported to live healthier and more active lives in line with their wants, goals and aims. People had overcome challenges with addiction and self-harm and had embraced the support offered to them by the provider to achieve ambitions such as education and employment opportunities.

People's needs were met through robust assessments and support planning. We saw outstanding examples of when the service had worked with other healthcare professionals to achieve positive outcomes for people and to improve their quality of life. Staff had excellent knowledge and skills and the training made available to them ensured people's needs were extremely well met.

People were always supported to have maximum choice and control of their lives and staff always supported them in the least restrictive way possible and in their best interests; the policies and systems in the service always supported this practice.

People with complex health needs received care and support which was positive, consistent, and which improved their quality of life. The provider's ethos was nothing was 'off limits' and people were creatively supported to overcome barriers to achieve their aims and goals. Person centred care planning fully explored and mitigated risks through expert assessment and training.

The registered manager planned and promoted holistic, person-centred, high-quality care resulting in excellent outcomes for people. The values and culture embedded in the service ensured people were at the heart of the care and support they received. Staff told us they received excellent support from management and that they were extremely proud to work for the service. There was a very open and transparent culture and people were empowered to voice their opinions. Without exception, people told us the service was well-managed.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was requires improvement (published 24 August 2023) and there were breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection. We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively. The overall rating for the service has changed from requires improvement to outstanding based on the findings of this inspection.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Outstanding ☆

The service was exceptionally caring.

Details are in our caring findings below.

Is the service responsive?

Outstanding ☆

The service was exceptionally responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

McMorrow House

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection prevention and control measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by 1 inspector.

Service and service type

McMorrow House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. McMorrow House is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection. Also

people living at the home are often out and we wanted to be sure there would be people at home to speak with us.

What we did before the inspection

We reviewed information we held about the service, and we sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all this information to plan our inspection.

During the inspection

During the inspection we spoke with 3 people who used the service and 5 staff members, including the registered manager, deputy manager, senior carer and care assistants. We reviewed a range of records. This included 4 people's care records. We looked at 2 staff files in relation to recruitment. A variety of records relating to the management of the service, including audits, policies and procedures and training records were reviewed. We spoke with 2 professionals who work with the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse;

At our last inspection the provider failed to ensure that when risk had been identified, that action plans put into effect to mitigate those risks had been followed. The provider failed to support the service in their responsibility to safeguard people. This was a breach of regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulation 2014. At this inspection enough improvement had been made and the provider was no longer in breach of regulation 12.

- People were exceptionally safe. Staff received comprehensive safeguarding training and knew how to report incidents. Policies and procedures in place supported this.
- The provider ensured vulnerable people were protected. Following our last inspection, the provider and registered manager had worked together and with people living at McMorro House to formulate innovative policies and practices that helped to ensure a safe environment. This included an innovative way for people to share their concerns confidentially and people helped to formulate new policies around visitor to their home. People told us they felt safe with the measures taken and staff we spoke with agreed this had been achieved. One said, "Management have been so supportive, things have definitely changed for the better."
- Staff had time to spend with people, this had allowed positive and trusting relationships to develop which encouraged people to raise their concerns which had produced exceptional positive outcomes for people. For example, a person's care plan demonstrated how they could approach staff when they felt the need to self-harm prior to doing so. A staff member told us, "[Name] used to self-harm and tell staff after, now they feel safe enough to talk to confide in us when the emotions start."
- McMorro House provided safety with outstanding success. We saw excellent instances whereby the service had received and responded to emergency referrals. These referrals were at times when people were in crisis situations within the community and required a place of safety. For example, one person's previous care placement had broken down due to behaviours of frustration and self-harm. The person was at risk of becoming homeless without the support of McMorro House.
- A professional working with the service said, "The home has taken referrals that would have otherwise resulted in hospital admission or even detention of people under the Mental Health Act (MHA)." This meant people were protected from unnecessary admission to medical facilities and received prompt support for their conditions.
- Staff went above and beyond to support people and protect them from harm. We saw examples of staff supporting people when out in the community and using personalised talking therapies to keep people safe from self-harm.

Assessing risk, safety monitoring and management;

- Positive risk-taking strategies ensured people had maximum choice and control over their lives, including those with protected equality characteristics. Comprehensive risk assessments and management plans were developed with people to ensure their complex health needs were met, supported consistently and safely.
- Staff received and utilised their training in Positive Behaviour Support (PBS) to ensure the safety of those with complex needs and behaviour that puts either themselves or others at risk of harm. For example, staff worked with one person who had previously put themselves and others in danger, to improve their road safety awareness so now they were independent outside the home.
- Staff were exceptional in supporting people to break down their barriers and supported them to take positive risks. For example, a person had started college and was working with staff to meet their aim of making the journey on their own each day. Previous attempts to support this person had been unsuccessful. This demonstrated that provider and staff showed empathy and had an enabling attitude to support people in their lifestyle choices.
- One person had approached the registered manager to change aspects of their care plan surrounding alcohol consumption. The registered manager was exceptional in supporting the person to fully consider the possible outcomes from their decision. After a period of time the person came back to the registered manager and said, "Thank you, what we discussed made sense and I want to leave my plan as it is, I feel good now."
- The provider included people who used the service in assessing and minimising risks to the environment and equipment. One person routinely assisted staff in completing fire safety checks as part of their role as fire officer and made recommendations for improvement as part of the review.

Staffing and recruitment

- Robust staffing and recruitment processes ensured staff were recruited safely. People were at the heart of the service and the provider ensured people were involved in all aspects of recruitment and reviews.
- People were encouraged and supported to write questions for interviews and for those people who wished to, they were involved in the interviewing of prospective care staff. This gave people the opportunity to ask questions that were important and meaningful to them.
- The provider used a robust matching process which enabled the person to make the decision about which staff member became their keyworker. A keyworker is a staff member who primarily works with the individual and reviews their care plan with them. This had exceptionally positive outcomes for people.
- Staff told us the provider went above and beyond to develop and source training that met peoples needs. One staff member said, "By working with the registered manager and [name] we were able to get training specific to their needs to fully understand on support them".
- This comprehensive method of recruitment and aligning of keyworkers with people had ensured successful placements from the start. One person said, "From the second I moved in I felt at home, I had never had that feeling before. I have a family now with the staff here."

Using medicines safely

- Medicines were administered, recorded and stored safely. Staff worked creatively with people to closely involve them in the management and administration of their medicines. This included methods to support people to gain independence and confidence around self-administering their own medicines.
- The service had consulted best practice guidance in relation to medicines management and had developed their policies and procedures around this with outstanding results. For example, a person had a history of addiction to pain medication. Through meaningful support, encouragement, and positive communication this person had overcome their addiction and delighted at asking their GP to remove this medicine from future prescriptions.
- The provider had signed up to an initiative called Stop Over Medicating People (STOMP). This is an NHS

England national project to reduce the use of psychotropic medicines. Staff kept robust records of care which were analysed to find other ways of helping people, so they needed less medicine, or none at all. For example, staff collected, and analysed data which they presented to one person's GP, achieving a reduction in the amount of medicine the person was taking.

- One of McMorro House's values is independence, and this shone through with how they supported people with their medicines. For example, even though staff administered medicines for a person, they had altered a medicine administration record (MAR) chart to make it more accessible for the person to sign their own paperwork. This promoted their independence.
- Where people could not be independent with their medicines staff creatively encouraged and increased their independence in other ways. For example, people were encouraged and supported to learn the time their medicines were due and to request them from staff at the appropriate time, rather than staff simply administering them on a schedule. This encouraged people to develop an increased sense of ownership of their own medicine management arrangements, whilst still ensuring medicines were administered safely.

Learning lessons when things go wrong

- The service positively promoted an open and transparent culture in relation to accidents, incidents and near misses. People were included in outcome reviews and helped to formulate lessons learned. For example, we saw reports and competency checks completed with staff that gained and assessed peoples feedback as part of the process.
- We saw lessons learned and feedback from other professionals were discussed in numerous forums such as team and resident meetings, supervisions and with communication with relatives.
- The registered manager emphasised how they didn't wait for things to go wrong to learn lessons, they said, "The people who live here teach me something new every day, we strive to learn about their complex conditions and how it effects them personally, that way we can seek the training we need to support people and prevent things going wrong as much as possible."

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- There were no restrictions on people welcoming visitors to their home and the home followed current guidance.
- People living at the home had been involved in creating the new visitor's policy. People told us this meant they felt safe when people visited the home.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question good. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs and wishes were consistently met through exceptionally comprehensive assessments and by staff continually researching and following best practices..
- The registered manager was exceptional with including people in reviewing, discussing and choosing their most appropriate form of care. For example, people had been supported to access latest talking therapies to support them with their aims and goals as an alternative to medicines.
- People were encouraged and supported to create 'STAR plans' which had been devised jointly by staff and people living at the home. STAR stood for, situation, task, action and result. Using this method people set individualised tasks, planned how they would do them, completed them and then reviewed to see if they had achieved their desired outcome.
- We saw numerous examples within people's care plan which demonstrated this method had supported people to complete goals such as activities like hiking and baking and ambitions such as enrolling in college and volunteering.
- A professional who worked with the service told us, "People have been supported from a crisis point in their life to now having a quality of life, that is meaningful and fulfilling. People's outcomes have surpassed my expectations, and this is down the continued and consistent care people receive. Mental Health is hard there is no set 'rules' when it comes to best practices as everyone's symptoms are unique. The outcomes show the dedication and commitment of staff."
- A person living at McMorro House told us, "Staff always help me achieve my goals, nothing is a challenge we work together to find a way to achieve things."

Staff support: induction, training, skills and experience

- People were supported by staff and carers who had excellent knowledge and completed training which enabled them to deliver high-quality care and support to people with complex and sometimes challenging needs.
- The registered manager sourced training specific to people needs. For example, staff had received a type of specific training that helped them to understand the root cause of one person's behaviours. This training, and the support from staff based on that training, has resulted in the person making sufficient progress to enable them to access therapeutic support.
- Staff supported a person with trauma to understand their reactions and emotions to people around them. By creating a safe environment, the person was able to explore building trusting relationships with staff which removed their fear. This dramatically reduced period of behaviours that caused distress and anxiety within a very short timeframe.
- The registered manager took pride in describing how staff had overcome barriers such as stereotyping of

people and the conditions they lived with. Staff proactively focused on how mental health conditions effected the individual and training was adapted and tailored to their needs.

- There were 'champions' in the service who actively supported staff and carers to make sure people experienced a high-quality service leading to a better quality of life. Champions, who had received additional training held responsibility for many areas including; safeguarding and positive behaviour support.
- There was an engaging and proactive support and appraisal system for staff. Staff told us this fostered open communication where they could give feedback as well as receive it. People were encouraged and supported in creative ways to give feedback. For example, there were machine-readable optical images that contained information (QR codes) around the home to allow people and staff to leave discrete feedback about staff performance.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to maintain a healthy and balanced diet as independently as possible. We saw many outstanding examples where people had improved their diet, lifestyles and management of health conditions which had significantly improved their lives.
- For example, a person had an aim regarding weight loss and had achieved consistent results. Another person had been supported to learn about and make food choices that promoted their wellbeing and helped them manage their diabetes. This had resulted in a reduction in medicine needed to control the person's blood sugar.
- Another person was supported to maintain their own food budget and cook all their own meals. This had a significant, positive impact on the person whose confidence had grown immensely.
- People decided to set a menu weekly and meal choices were decided as a group. People were actively encouraged and supported to cook meals to enhance their skills and promote independence. Mealtimes were an opportunity to socialise as a supportive group.
- One person said, "Mealtimes are great, we sit around the dining table, just like one big family."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were exceptionally well supported to live healthier lives. Outcomes for people were positive, consistent, and often exceeded expectations, with people's quality of life having greatly improved.
- The provider had accessed and funded therapeutic services to support people with their mental health needs. People had been supported to attend programmes to help them with addiction which had been extremely successful. The registered manager explained how people received additional support to help them recognise and acknowledge feelings and emotions, and enable people to talk about them prior to people reverting to expressing themselves through self-harming behaviours.

Adapting service, design, decoration to meet people's needs

- People's environment reflected their individual preferences. We saw carers had gone above and beyond to enable people to design their bedrooms to their own choice and preference.
- For example, a person took pride in showing us their room and explained how staff has supported them to design and purchase items. This included building bespoke ways to display personalised collection items such as Lego models.
- People feedback to the provider that posters around the home discussing things like health and safety processes, detracted from the homely feel. People designed a notice board area to keep these documents and were supported to redecorate the service as they chose. There was an abundance of personal photos displayed chosen by people depicting activities they had taken part in.

Ensuring consent to care and treatment in line with law and guidance

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 MCA 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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA.

- People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.
- Staff were skilled and confident about using the MCA especially at times when people were in crisis or experiencing effects of their conditions, such as hallucinations. Staff ensured people were still offered choice and consented to their care.
- Practices regarding consent and records were actively monitored and reviewed to improve and encourage people to want to make their own decisions. Everyone we spoke with told us they were fully involved in making their own decisions.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection we rated this key question good. At this inspection the rating has changed to outstanding. This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

Ensuring people are well treated and supported; respecting equality and diversity

- People were exceptionally well supported and cared for. Staff knew people exceptionally well. We observed very positive interactions between people and staff; people were distinctly positive and proud of their home.
- We saw meaningful and positive practices when people did hit crisis points. For example, we saw evidence of staff staying up all night with people whilst awaiting medical help and staying with people if they were to stay in hospital for any period of time. This provided significant reassurance and continuity for the person and ensured all the person's needs continued to be met.
- One person said, "I'm proud to live here, it feels like home. Staff support me in every way to do what I want to do."
- All people were supported to lead their lives in their chosen way. The protected characteristics of the Equality Act 2010, such as age, sexual orientation and gender, were embraced rather than treated as barriers to people leading their lives in their preferred way.
- For example, people had been supported to explore their gender identity. The registered manager had sought meetings for a person to attend and additional training for staff. Other medical professionals were included and sessions such as voice therapy had been sought for the person to fully explore and understand their identity. Voice therapy helps people adapt their voices to achieve communication patterns that match their gender identity.
- Staff were particularly sensitive to times when people needed caring and compassionate support. One person said, "I trust staff and the registered manager, and I can talk to them day or night about anything. I have never had that before."

Respecting and promoting people's privacy, dignity and independence

- Privacy, dignity and respect was at the heart of the values of the service and staff were encouraged to develop people's self-esteem; to enable them to live the life they desired. People were exceptionally well supported to be independent.
- Staff supported a person with life skills to be fully independent with their personal care. To help the person complete this privately, and in their own time, reminder posters were placed in their bathroom. This ensured the person's independence and promoted their dignity.
- Staff were dedicated to providing opportunities for people to make choices. The provider ensured there was an annual holiday and people delighted in deciding on a destination. People had recently returned from Blackpool and had made photobooks to record their activities.
- Where people had different aspirations, this was encouraged and supported. For example, 1 person

wanted to go on an aeroplane for the first time rather than the annual holiday. Staff supported the person to plan and book a long weekend in Ireland, which involved a flight in an aeroplane.

Supporting people to express their views and be involved in making decisions about their care

- People were exceptionally well supported to express their views and given support to make informed decisions about their care. As described in safe and effective there was use of QR codes and keyworker support. The provider also supported people to assess advocacy services where required to ensure they were supported to make decisions.
- There were very detailed personalised activity plans within people's care plans. Every person had been fully involved in creating person-centred activity plans, documented in a format they could understand which clearly demonstrated how people liked to spend their time.
- Staff were highly skilled and creative in developing ways to improve people lives. For example, a person struggled to ask staff for support. Staff embraced the person's love of science fiction to facilitate communication and the person would place a specific picture on their bedroom door if they required support.
- One person living at the home told us, "Staff are always asking my opinion, nothing is too much trouble, they make time for me and the things I want to do."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question good. At this inspection the rating has changed to outstanding. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- McMorro House's primary principle was "Care should be shaped around the service users' unique needs and circumstances." Care plans reflected this, and we observed positive, meaningful person centred conversations between people and staff.
- Staff used innovative and individual ways of involving people and their family and friends in their care and support plans, so that they feel consulted, empowered, listened to, and valued. Examples included anonymous feedback, multimedia messaging, memos, virtual meetings and pictorial graphic cards.
- People fed back that documents used to record behaviours of distress felt negative, like a record of something they had done wrong. The registered manager worked with people to design and create new records that people felt comfortable with. This tailored approach meant people were comfortable discussing and recording aspects of their care.
- People's care plans were consistently comprehensively reviewed, and health and social care professionals were involved. Where people had individual goals, staff worked with people to fulfil these. For example, people were supported to attend college. This had inspired others living at the home and staff were supporting them to attain functioning skills such as Math and English to support their applications.
- One person had been supported to embrace responsibility for managing their diabetes. Staff had researched and discussed mobile phone accessible software for the person to use to help them track their carbohydrate intake to maintain their blood sugars. This had led to a reduction in medicine as well as the person being fully independent whilst attending college.
- We saw exceptional examples of how people were supported to achieve their personal goals. One person wanted to move to supported living and was supported by staff by moving into the self-contained flat within the home in preparation for this. This ensured the person had the skills and confidence to achieve their goal.
- Where people had different aspirations, this was encouraged and supported. For example, 1 person wanted to go on an aeroplane for the first time rather than the annual holiday. Staff supported the person to plan and book a long weekend in Ireland, which involved a flight in an aeroplane. Another person been supported to attend activities out in the community after being placed with a keyworker. Previously the person had not wanted to interact or leave the home.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were exceptionally well supported to establish, build and maintain relationships. Actions by the management team and staff truly enriched people's lives as well as making a significant difference to people enabling them to reach aspirations and fulfil wishes.

- One person told us about their life before living at McMorrow House and how they had had minimal contact with their family. They had been supported to overcome barriers and now had a meaningful relationship. They said, "I see them all the time now, my family here [McMorrow House] gave me my family back."
- People expressed a wish to start dating, however felt nervous about going out 'clubbing' because they felt people stared at them. The registered manager supported people to find and attend a monthly nightclub where they felt comfortable. One person found the support to be successful.
- A person living at the home had expressed a wish to visit places in the community. The staff worked together with the person to develop a robust plan and source the most appropriate mobility aid. The person could now visit the community independently

End of life care and support

- Although at the time of inspection no one living at McMorrow House received end of life support, conversations about death and dying were embraced by staff when people needed to talk about the subject.
- Staff were particularly skilled at comforting and listening whilst people explored and come to terms with their emotions. Staff supported people to develop continually changing care plans to support their conditions and mental health.
- One person said, "I have been in some very dark places and didn't want to be here, staff listen to me and that helps. Now I have a home and a family here and I no longer want to leave."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The provider was exceptional at meeting people's communication needs. Documents were readily available in easy read format and signage within the home supported this.
- Staff knew people extremely well and had developed creative ways for people to discreetly ask for help. For example, one person had a keyring with small emoji cards attached. They could show staff a certain emoji card when they needed help. This had encouraged the person to seek help with their emotions rather than trying to deal with them alone.
- Many people at the home had overcome barriers to social relationships through creative communication styles supported by staff. Examples included letter writing and poetry to enable people to communicate freely and openly.

Improving care quality in response to complaints or concerns

- The provider was proactive in responding to any concerns or complaints raised. People were given information about how to complain and people told us they were confident any concern would be listened to and acted upon.
- The provider provided meaningful opportunities for people to provide feedback or raise concerns such as care reviews, resident meetings, and surveys.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements;

At our last inspection the provider failed to ensure the quality, confidentiality and leadership of the service. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection enough improvement had been made and the provider was no longer in breach of regulation 17.

- Following our last inspection, the provider, the nominated individual and the registered manager had worked together to ensure the core values of the service such as privacy and rights were now at the forefront of the leadership team. Staff and people told us the atmosphere of the home had changed for the better.
- One staff member said, "Changes have been really effective, I no longer have concerns. I have confidence that the changes will be continued."
- The registered manager promoted an open and honest relationship between staff and management supporting an open culture. Staff received regular feedback about their performance and were encouraged to request any additional training they felt could benefit people they were supporting. One staff member said, "I couldn't ask for more, the support is fantastic."
- The registered manager and staff were extremely knowledgeable about their roles and the expectations of them. People and their wellbeing were truly at the heart of the home. One staff member said, "Behaviours people display are a form of communication and it's my role to understand that communication not for people to change their behaviours."
- There were comprehensive and robust quality audits in place which involved people and their feedback. This ensured people were safe whilst they pursued their aims and ambitions resulting in people truly believing they could reach their aspirations.
- Performance management processes were effective and reviewed regularly. The registered manager described how people were encouraged to give feedback about their keyworker. Staff told us this feedback helped them develop and build stronger relationships with people which improved outcomes.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Continuous learning and improving care

- The provider's visions and values ensured people received outcomes which were exceptional and distinctive. People and staff said it was well led, people were at the heart of the service, and they were extremely proud to live and work at McMorrow House.

- By using a holistic approach, the service had achieved outstanding outcomes for people. Everyone had seen a reduction in the amount of one-to-one supervision they required. People had been supported to reduce their medicines due to improved lifestyles and knowledge. This meant people were more active and independent.
- People had seen a reduction in incidents of self-harm. For example, a person who regularly self-harmed had experienced a period of 9 months without incident. Another had wrote a poem about how staff had saved their life and helped them want to live again.
- People were supported with their educational needs and wishes. We saw excellent examples of how the staff had successfully enabled some people to attend college which had inspired others to embrace their own dreams and ambitions.
- People had excellent support to undertake activities, hobbies and interests. Staff used innovative ways to enrich people's lives and make them feel more meaningful through the use of activities that would enhance their quality of life. These included activities such as hiking, cooking, photography.
- The provider went above and beyond to ensure person centred care was delivered. For example, the provider made available investment and financial support which ensured people got timely support when needed and did not have to wait on long waiting lists that could potentially be damaging for people's progress, especially for therapies and external support that hugely benefitted people.
- The registered manager encouraged feedback and we saw numerous 'you said, we did' examples such as changes in paperwork, activities, menus, outings, and care planning. Demonstrating the provider truly wanted to continue to improve and learn.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The provider went above and beyond to ensure people were fully engaged using the service and that equality characteristics were at the forefront of peoples care and decision making. This included personalised communication methods as described earlier in the report.
- People had been supported and encouraged to embrace their diversity. The provider had worked hard to overcome social barriers and stereotyping so people could live and experience their lives in their chosen way.
- There was an extremely open and transparent culture that supported equality and inclusion. People were empowered to voice their opinions through many different forums so that their voice was heard. This allowed the service to monitor, reflect and develop based on people's experiences.
- We saw through exceptional collaborative working with other professionals and organisations such as the charity MIND, people who used the service were kept safe and experienced positive outcomes. As evidence throughout the report the home had an enormously positive impact on people's lives. This was also reflected in the positive feedback we received a social worker who said, "I can't recommend them highly enough."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider understood and acted on its duty of candour in an open and honest way.
- The registered manager had a thorough understanding of the regulatory requirements of their role. They ensured relevant agencies were notified immediately of any incidents that could affect people's safety and well-being. We saw evidence of the upskilling of the deputy manager to deputise in the registered manager absence ensuring the service was never at risk of not adhering to their requirements.