

Moorview House Limited

Moorview House

Inspection report

Station Road, Robin Hoods Bay,
Whitby, YO22 4RA
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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 

Overall summary

This inspection took place on 27 August 2015 and was unannounced. At the last inspection 20 August 2013 there were no identified breaches of legal requirements.

Moorview House provides accommodation for people who require personal care for up to 16 people who have a learning disability and also is registered to provide personal care to people in the community. There were 12 people living in the home when we visited and 15 people were being supported through the domiciliary care aspect of the service. The home is a former private residence in the village of Robin Hoods Bay and is close

to local shops and transport links. There is a self-contained flat on the ground floor, two lounges, a kitchen and dining area. The home had a garden area with pond.

The service had a registered manager. 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 and

Summary of findings

associated Regulations about how the service is run. A deputy manager who regularly managed the day to day care supported the registered manager in the running of the home.

People told us they felt safe at the home and in the community. Risks were managed well and gave people freedom, yet protected them from harm. Staff were trained in safeguarding and understood how to recognise and report any abuse. Staffing levels were sufficient and flexible to support people with their care and enable them to pursue interests of their choice in the community. People were supported with their medicines safely.

Staff knew people well and were trained, skilled and competent to meet people's needs. Staff were supported and supervised in their roles.

The service had referred people appropriately for consideration under Deprivation of Liberty Safeguards (DoLS) and at the time of inspection there was one DoLS in place to protect a person and others around them from the risk of harm. Staff had been trained, and had a good understanding of the requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. People were empowered to make decisions and choices around their care.

People were supported to have a balanced and appropriate diet and they were involved in planning, shopping for and preparing meals.

People's medical and psychological needs were well assessed. The service had a positive approach to maintaining good health and wellbeing and people had access to health care services when they needed them.

Staff had developed positive, respectful relationships with people and were kind and caring in their approach. People's privacy and dignity were respected and they were supported to be as independent as possible in all aspects of their lives.

People told us they were very happy with the care and support they received, which was tailored to support them reach their goals. Care professionals told us that staff promoted people's involvement in their care and achieved exceptional results. Staff supported people to reflect on what they wanted from their lives enabled them to form goals. They explored with people the possible interests they may wish to follow and discussed skills they may wish to develop. People were encouraged and enabled to use technology and other aids to express their views.

The service was outstanding in the way that it placed each individual at the centre of their care and approached all planning from the point of view of the person. People were closely involved in the planning and review of their care and support and they were empowered to express their views in whatever way was appropriate to them. Daily routines were centred around people's preferences and the service was particularly flexible and responsive to individual choices. People were supported to lead fulfilling lives pursuing activities of their choice in the home and out in the community.

Systems were in place to assess and monitor the quality of the service and the focus was on continuous improvement. People and staff were actively involved in developing the service. There was strong leadership which promoted an open culture and which put people at the heart of the service.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe. People said they felt safe. Risks were managed in a way that promoted people's freedom while keeping them safe.

Staffing levels ensured people could follow their preferred routines and spend time out in the community.

Staff were safely recruited to ensure that people were protected.

People understood safeguarding and how to raise any concerns. Staff understood the safeguarding procedures and knew how to put them into practice.

People were supported to manage their own medicines safely.

Good



Is the service effective?

The service was effective. Staff were trained and supported to meet people's needs.

The registered manager had referred appropriately for assessment under the Deprivation of Liberty Safeguards (DoLS). Staff were trained in, and had a good understanding of, the requirements of the Mental Capacity Act 2005 and DoLS.

People were supported to make decisions and choices in relation to their care.

People's needs in relation to emotional and physical well-being were addressed and they had access to healthcare services when they needed them.

People's nutritional, emotional and cultural needs around food were met.

Good



Is the service caring?

The service was caring. People told us the staff were kind and caring. Staff had developed positive enabling relationships with people.

People's privacy and dignity was respected and maintained.

Good



Is the service responsive?

The service was responsive.

People received particularly individualised and person centred care which had been discussed and planned with them.

Staff worked flexibly to ensure support was tailored to meet people's individual needs and preferences and which considered the care people may require in the future.

Staff were outstanding at providing people with as fulfilling lives as possible both in the home and in the community. People were supported and encouraged to give their views and contribute ideas. They were listened to and staff acted on what they said.

Staff had excellent, responsive relationships with carers and others who were involved in the care of people at the home and in the community.

Outstanding



Summary of findings

People knew how to raise complaints and had an easy read complaints procedure. People's complaints were acted upon and the service learned from them to improve the care people received .

Is the service well-led?

The service was well led. People and staff were actively involved in developing the service.

There was strong leadership and systems were in place to monitor the quality of the service.

There was an emphasis on continuous improvement and development of the service.

Good



Moorview 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 inspection took place on 27 August 2015 and was carried out by an Adult Social Care inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. They made observations and spoke with people and visitors. The inspection was unannounced.

Before the inspection the provider did not provide a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. This was because the provider had not yet received a request for a PIR from CQC. We reviewed the information we held about the service, such as notifications we had received from the registered provider. We planned the inspection using this information. We saw

that the service had produced a comprehensive range of information about the service which they would use to complete the PIR and we looked at this during the inspection.

On the day of the inspection we spoke with eight people who lived at the home, the registered manager, the deputy manager, an assistant manager, a senior care worker and two further care workers. After the inspection we also spoke with two relatives of people who were supported in the community through the personal care aspect of registration, three health and social care professionals about the service.

We spent time observing the interaction between people who lived at the home and staff.

We looked at some areas of the home, including some bedrooms (with people's permission), communal areas, the laundry room and office accommodation. We also spent time looking at records, which included the care records for four people who lived at the home and two records of people who received personal care and support under the domiciliary care support part of the service. We looked at the recruitment, supervision and appraisal records of three members of staff, a full staff training planner and other records relating to the management of the home.

Is the service safe?

Our findings

People told us they felt safe living in the home. They described measures that were in place to keep them safe which they said had been discussed and agreed with them. For example, one person told us, “Yes I feel safe, I have keys to my room to keep everything safe, I keep my money in [a safe place] and I get it when I want.” A visitor told us, “Absolutely [safe] they wouldn’t be here if it wasn’t. I call in at all sorts of times and I have never seen anything to worry about.” Regarding medicines, a relative told us, “They keep on top of medical issues.” Another person told us, “They recruit brilliantly, I don’t know how they keep on doing it, they have utterly amazing staff.”

Care plans provided guidance for staff on how to manage situations to ensure the safety of each individual as well as other people who may be present. Staff told us about how risks were managed which reflected the information seen in the records. We found staff had a positive attitude to risk taking, which allowed people to take risks safely while maximising their independence. For example, we heard that people engaged in a wide range of activities including horse riding and going out where there was road traffic. We spoke with one person about a plan to increase independence around taking unaccompanied trips. We heard from staff about a risk plan which addressed one person’s deteriorating mental capacity. This increased the level of support for them so that they could safely continue to visit a local church and go shopping in the village.

Risk assessments gave advice on how to identify areas which may create a potential for harm. We saw that staff supported people to manage individual risks by working with them in a way that protected their dignity and placed them in control, for example, by using aids such as an emotion chart. We discussed restrictions in place around an aspect of care with one person. They told us this had been agreed with them and they understood why the restrictions were in place.

The registered manager and deputy told us that safeguarding was discussed with people at house meetings and there was evidence of this in minutes we saw. Staff we spoke with had a good understanding and knowledge of safeguarding. Staff knew people well and were able to describe the individual changes in people’s mood or behaviour and other signs which may indicate possible abuse or neglect. They understood the procedure to follow

to pass on any concerns and felt these would be dealt with appropriately by senior staff. Staff were clear they would have no hesitation in reporting any concerns and were aware of whistleblowing procedures and how to use them. Staff told us they had received safeguarding training, which the training plan records confirmed.

Our observations and discussions with people and staff showed there were sufficient staff on duty at the home to meet people’s needs and keep them safe. Staffing levels were also sufficient to meet the needs of people supported in their own homes. The deputy manager said there was a consistent staff team, staffing levels were monitored and were flexible to ensure people received support when they needed it. Staffing levels were planned in relation to people’s needs, and may for example mean that more staff were on duty over a weekend or evening if people had more outings or activities planned then. Staff told us the staffing levels enabled them to support people to lead active lives in the community and follow their interests safely. This was confirmed by our observations during the inspection and the staffing rotas we saw.

We looked at the recruitment records for three members of staff. Each applicant completed an interview process which tested the applicant’s knowledge, values and behaviours. The recruitment process also included taking into account feedback from people who lived at the service. We saw essential checks had been completed for each member of staff such as two references and a Disclosure and Barring Service check (DBS), (this is a check to ensure that the service does not employ people who are known to be unsuitable to work with vulnerable people). Staff confirmed this recruitment process had been followed.

We examined the way in which medicines were managed. We saw that the home had a policy on the safe handling of medicines. Staff told us they followed this. All staff received safe medicines handling training and this was up to date. Senior staff regularly assessed their competency to ensure their practice remained safe. Where people received a personal care service, medicine records were kept in each person’s home and in the main office.

The home used a monitored dosage system with medicines supplied by a local surgery. We saw that medicines, including controlled drugs were recorded on receipt, administration and disposal and that the recording

Is the service safe?

for a chosen sample was accurate with correct coding used. Medicines which required refrigeration were stored appropriately and we saw that medicines were dated on opening when required.

All people who lived at the home or who received a personal care service which included support with medicines had a photograph attached to their individual medicine record which was to reduce the risk of administration error. Any allergies and history of adverse reactions were recorded to protect people.

All medicines including those which were in packets were regularly audited and any anomalies in recording were addressed with staff in one to one sessions and in meetings. We saw examples of medicine audits. The deputy manager and staff explained how the results of audits were used to support staff to improve the safety of their practice.

Medicines which were to be administered as needed (PRN) were recorded and accounted for according to the medicines policy.

People told us that they were regularly involved in the review of their medicines. Records of care reviews confirmed this. Staff told us that reviews were to ensure medicines were suitable and safe for current needs. When we spoke with staff they were knowledgeable about individual's needs around medicines and what risks were associated with this.

We found the premises were well maintained, clean and the risk of cross infection was minimised by suitable procedures. Staff were also able to confirm that they carried out safe infection control practice and their training in this area was up to date. People who received the service and staff told us that any maintenance works were dealt with quickly and effectively. We saw safety records and maintenance certificates were up-to-date. Emergency and untoward incident procedures were in place to protect people from harm.

Is the service effective?

Our findings

People told us that they enjoyed their meals, one person said, “The food is good, I like to do the food shopping and I like to help to cook.” A visitor told us that staff “really know what they are doing,” and that they appeared well trained.

Staff told us they received the training and support they required to carry out their roles. They said the training was comprehensive and confirmed they received regular updates. There was a detailed induction, training and development programme planned for the year. The training plan showed the training staff had completed and identified when updates were required. Staff had received core training in subjects such as first aid, infection control, fire safety, food hygiene, medication, moving and handling and learning disabilities. We also saw training had been provided to meet the specific needs of the people who used the service, such as types of dementia, epilepsy, diabetes, multisensory prompts and total communication. Total communication training focuses on a wide range of methods, such as observing body language or observing gaze patterns to ensure people are supported to communicate effectively. Multisensory prompts training includes consideration of all the senses to support effective communication.

Staff told us about their induction which they described as very good and that they spent time shadowing more experienced staff. They told us that their induction allowed them to get to know people’s needs well and meant they felt prepared and confident when they first worked unsupervised.

Staff told us that they received supervision every two months and annual appraisals and we saw detailed supervision notes in staff records. Staff were knowledgeable about the needs of the people they supported and knew how these needs should be met.

The Care Quality Commission monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. DoLS are part of the Mental Capacity Act 2005 (MCA) legislation which is designed to ensure that any decisions are made in people’s best interests.

The registered manager and staff had a good knowledge and understanding of MCA and DoLS. Records showed that staff had received training in MCA and DoLS and this was updated regularly. The deputy manager was aware of the

latest judgement issued by the Supreme Court in respect of DoLS. This judgement widened and clarified the definition of deprivation of liberty and therefore had implications for all adult health and social care providers. The deputy manager told us they had applied for standard DoLS authorisations for two people living in the home. One application was awaiting an outcome, and another had been granted for a period of one year. The deputy manager told us that some people had fluctuating capacity and we saw there were comprehensive mental capacity assessments in place which recorded this and any decisions made in people’s best interests under the MCA.

A senior member of staff told us that they had worked with people around consent for photographs and sharing information. We saw that people had signed their consent and that the service had recorded the conversation or communication about consent with people. People had suggested that they wrote in their own care notes to record how they felt their day had gone and what had been important to them. The service had supported people to do this. We saw examples of where people had highlighted the most significant aspect of their care during each day, what they thought about their day and what they wanted to happen next. Staff also recorded in daily notes how consent was obtained for care, such as whether a person nodded for yes, or if staff interpreted body language.

People told us the food was good and described how staff supported them with meal planning and preparation. During the inspection we saw people making their own drinks and snacks and chatting with each other about what they were going to have for their meals and who was doing the shopping. Dietary needs were recorded in people’s care plans.

We observed lunchtime in the care home. Half an hour before this a staff member showed people a menu with photographs on it to assist people to make a choice. This was helpful as it reminded people about lunch time and they were able to make a choice when it was relevant to them. There was a wide range of choices and one person who did not prefer any of the choices was assisted to make something different. People were supported with setting and clearing the table when they wanted to, and there was a rota in place so that those who wished to be involved had the opportunity to do so. We observed that staff were encouraging to people who were not enthusiastic about eating, and for those who wished to eat later this was made

Is the service effective?

possible. The meal time was a pleasant experience with staff and people who lived at the home chatting happily. Staff told us that when they worked with people who received a personal care service, planning a well balanced diet which met their particular needs was often a key part of the person's care plan. We saw detailed care plans around eating and drinking for people who were supported in the community in this way.

Staff told us people were supported with accessing health care services such as GPs, dentists and opticians. This was

confirmed in the care records we reviewed. The deputy manager told us they liaised with the GP surgery to make sure people's annual health checks were completed. The records we saw showed people were supported to access other health care professionals as required. For example, we saw input from the Speech and Language Therapy team (SALT), a diabetes nurse, mental health specialists and learning disability services.

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Is the service caring?

Our findings

People told us that staff were kind and caring. One person told us, "I love it here, it's friendly, I love the staff, they are good." A visitor told us, "The staff are brilliant, they are always around and approachable. I pop in several times a week and I'm always made welcome." People told us that staff listened to them and helped them. They said staff supported and encouraged them to do things for themselves and we saw this throughout the inspection.

Relatives of people who were supported in the wider community told us that staff were caring and thoughtful. One carer told us that staff were "completely fantastic, always patient, always kind, yet always working within a framework of understanding and keeping boundaries." They added that their relative was included even the most complex decisions at a level "they could relate to."

We spent time with people in the communal areas and observed there was a happy atmosphere and people were comfortable and relaxed around staff. There was laughter between people as they chatted with one another and staff. We saw staff encouraged people to express their views and listened with interest and patience to their responses. We saw staff were highly skilled in communicating with people, discussing choices with them and giving them time to consider the options before making a decision.

Care plans showed people were actively involved in decisions about their care and people we spoke with confirmed this. People talked with enthusiasm about their lives and their plans for the future. From conversation with them it was clear they had played an active role in determining how their support and care was delivered. Our discussions with people reflected the information we found in the care plans.

We found staff were skilled at enabling and promoting people's independence in all aspects of their lives. This was evident from our observations as well as people's care records we reviewed. We saw staff recognised and valued people as individuals. Our discussions with staff showed commitment to maximising each person's potential. One staff member told us, "We want to make sure people have all the choices they can have, and we think ahead to make sure this can happen." They gave an example of one person who because of their behaviour, may not always have smart clothes available but would be disappointed if this meant they were unable to look smart for an outing, so in consultation with them the service kept a separate supply of smart clothes for such events. Staff told us they worked with people around developing their independence and working with self-awareness. Another staff member told us, "We focus on what people can do, and the people here can do a lot."

Health and social care professionals we spoke with agreed that staff enabled people to lead active, fulfilling and meaningful lives. A health care professional told us that staff had developed trusting relationships with people and were continually looking at how they could improve and make people's lives better.

People told us staff treated them with respect and maintained their privacy and dignity. We saw staff were respectful in their interactions with people who lived in the home, as well as each other. People were proud of their rooms and had often chosen the décor and furnishings. We saw staff discreetly and sensitively brought matters to people's attention, for example if clothing required adjustment or if they were speaking in an inappropriate manner.

People told us they were supported to keep in touch with family and friends through visits and phone calls and we saw this recorded in the care records.



Is the service responsive?

Our findings

People told us they loved living at the home and indicated through what they told us that they felt the home staff listened to them and supported them the way they preferred. They said staff involved them in all aspects of their care and that they took part in a wide range of fulfilling activities according to their choice. One person told us, "We go out lots, I help in the garden. It's drama tonight and then the pub, sometimes we go out in the car to see shows." Another person said, "Basically I have a choice about everything, I just decide what I want, sometimes I watch TV or read but sometimes I like quiet."

A relative told us, "[My relative] is always off somewhere, they were off to Scarborough and on a steam train the other day. It's lovely because when I come to visit there are always interesting things to talk about. Their speech has come on a lot since they came here and [staff] are teaching them to tell the time."

We spoke with three relatives of people who were supported by staff through the personal care aspect of the registration in the wider community. They told us that staff were, "brilliant at what they do. They have a great intuitive understanding of my [relative's] needs and we have really helpful and thoughtful conversations." Another relative told us, "Staff have really constructive conversations with [them]. They do not say things must be done, but explain things in a way so that they can make the most considered choice by themselves."

Another relative told us that the work staff had carried out had made a huge positive impact on the person receiving care in the wider community. They told us that staff took a long term view and had regular conversations about the future, tailoring support as needs changed and creating goals in conjunction with them as part of a team. They said that as a result of the work staff were doing, "their manners are improving, they are listening better and not interrupting so much which helps them to form and maintain relationships." They said that the service was, "Completely brilliant, it is such a relief to have something so amazing and so local. It has transformed [their] life and our lives too, very much for the better."

Another relative told us, "Our main care worker is absolutely magnificent. They have researched so many things to increase their understanding it's unbelievable and

they have involved [my relative] at every step. Some of the things they do are pushing [my relative] beyond their current comfort zone, but it has all been done slowly and with [them] very much in control of how it all happens." They added, "They ask me questions all the time and they really listen to what I say, it's a real partnership."

We saw written records of when the registered manager and the deputy manager had taken note of people's needs in the community and had developed the personal care side of the service as a result, with people benefiting from support within their own homes or in houses owned by a charity. They had also researched particular health conditions so that care could be tailored to each individual for both the people who were supported in the home and in the community.

We saw the care plans for people who needed this were in an easy read format which made them accessible and people told us that they read and contributed to their plans. We looked at six people's care records. Four records were for people who lived at the home, and two were for people who were supported in the community through the personal care registration of the service. Each file had an 'All About Me' part of the plan, which included photographs of the person throughout their lives doing activities with the people who were important to them. We saw that people enjoyed looking at their photographs and were happy to engage with staff as they recounted experiences. Each plan had a section where people had written down what was important to them, how they wanted to be supported and what people appreciated about them.

People who did not write or read were supported to complete a visual diary using self adhesive pictures. People who required communication aids were supplied with them, for example, a talking aid and an ipad to assist them to express themselves. Staff described using singing with people to support them to express a view, sign language such as Makaton and using the skills in observation they had learned in their total communication course. For example, people were also involved in decisions through staff reading body language, facial expressions, gesture and tone of voice. Staff emphasised the importance for some people in using short, clear sentences so as not to confuse people and to support them as much as possible to express a view.



Is the service responsive?

Creative ways of involving people in the wider community had been developed, both through the domiciliary side of the service and the care home. An example of this was in how staff maintained a supportive yet unobtrusive presence when a person who lived at the home visited local shops and areas of interest so they could offer support if and when this was required. Another example, was when they worked closely with a person who was supported through the personal care registration to manage their emotional wellbeing. This included following detailed risk plans, and adopting a consistent approach across the staff team to ensure this person was enabled to gain in independence and to have reassuring and secure challenge to their behaviour if it became inappropriate or unsafe.

Staff supported people from both the care home and those who received support through the personal care registration to attend meetings where they could give their views in the way they felt most comfortable. This involved people attending meetings alongside staff at the home or in another service they travelled to. At the meetings they were supported to speak out to a team of fellow service users, staff and managers. Before the meetings staff assisted them to prepare by deciding questions with them they would like to ask and then working with them to express these on the day. People told us they expressed their questions verbally or indicated that they used pictorial prompts or an iPad to show staff what their views were. People told us they felt “pleased and glad” and that they felt “special”. They said that staff listened to them they would do what people suggested. When we asked people if they felt what they said was important and mattered to staff they said they did. They also told us that their suggestions had been taken on board. For example, their choices of outings had been put into place, where the group would like to go on holiday and in one case a person had told staff how they wanted to be supported to go shopping and this had been acted on so that they felt listened to.

Care plans focused on people’s strengths and provided detailed information about the care and support people required from staff to achieve their goals. Daily records showed how support was given in accordance with the care plans. Monthly reviews were detailed and monitored people’s progress in achieving their goals.

Our discussions with staff showed they were continually looking at new ways in which they could improve people’s lives. We had a discussion with a person who lived at the home around how the home had adapted a part of the living accommodation to suit their needs. They told us this had prevented a placement breakdown and that they now felt very comfortable with their level of privacy and involvement with staff and others.

We noted that the home managed the care of some people whose physical and emotional needs were complex and which could mean there was the potential for conflict with each other. Staff told us that they were well aware of these potential problems. They told us and records showed that situations were skilfully and proactively handled so that people could live together with a minimal risk of feeling intimidated or unhappy.

A health care professional told us they felt the service was very good at providing individualised care and maximising people’s potential. They believed this was the case both with people who lived at the home and with people who were supported in the wider community. They told us that the service put each person in the centre of their thinking and this had resulted in a “fantastic quality of care.” A health and social care professional told us, “They make it look easy, when it is anything but; they successfully manage some very complex interactions and care needs.”

The registered manager had taken note of best practice research and was enthusiastic and proactive about offering care in an innovative and person centred way. For example, through the personal care aspect of their registration they worked with people in their own homes and used a house owned by a charity to offer people support to develop their life skills. This included practical skills such as planning, shopping for and cooking meals, completing domestic chores such as cleaning and laundry and planning entertainment. It also included such areas as discussing and working with emotions, personal relationships, managing health and supporting people with decision making. Staff told us they provided person-centred care and understood what this meant. Our observations, conversations with people and our examination of records all confirmed this.

Each person had an activity planner within the home and for people supported in the wider community which was individualised to meet their personal interests and goals. People told us they could choose how to spend their days



Is the service responsive?

and were supported by staff to access activities and pastimes of their choice. We heard that people were actively involved in the local community using public or other transport. People spoke enthusiastically about their lives and it was clear from speaking with staff that they had supported people to develop and follow interests through providing them with appropriate information. They had also supported them to form goals which were achievable and which gave them a strong sense of personal fulfilment. We heard for example, about work opportunities, swimming, cooking, gardening and assisting with the running of the home. One relative of a person supported in the wider community told us that they had recognised that the person had a talent for photography and had researched where this person could be involved in a class to develop their skills. On the day of inspection we saw people enjoying hanging out washing, feeding the fish in the pond and going out to collect prescriptions with a member of staff. Five people regularly attended a local adult training centre and at the end of their day they enthusiastically spoke to staff who listened with interest about what they had done.

Staff offered ASDAN accredited training for people who used the service, (ASDAN is a nationally recognised training programme set up for all learners to develop their personal and social attributes). People were proud to show us certificates they had achieved for courses they had been involved in.

People told us that they attended music and movement sessions in a nearby village hall when they chose to, and that they had strong connections with Whitby Disability Action Group. Wherever we observed people within the home, staff were skilfully supporting them to direct their activities within the home and to reflect on their actions.

Care records showed that everyone supported by the service had regular individual and group meetings with staff where activities, events and holidays were discussed. One person who lived at the home told us they had recently been to stay in a caravan and were looking forward to planning their next holiday.

People who lived at the home knew how to make complaints and who to go to if they had concerns. People told us the names of senior managers they would go to if they felt their concerns had not been dealt with. We saw people had easy read copies of the complaints procedure. One person told us, "We have meetings and my care manager comes, I sometimes complain but they always sort my problems out." The deputy manager told us there had been a small number of recent concerns raised. A relative of a person who was supported in the wider community told us that any concerns were worked through, listened to and they were kept informed of any outcomes. We saw that concerns had been recorded with a plan in place to address each issue.

Is the service well-led?

Our findings

People told us that they felt the service was well led. One visitor said, “[The registered manager] is on the ball. It’s really well run.” Another person told us, “[The deputy manager] is lovely, very supportive, it’s well organised and maintained.” Another person told us, “I get to say what should happen, and that’s important to me.”

The service had a registered manager in place. Staff told us how the ethos and values of the service promoted a culture of openness and transparency and this was confirmed in our observations and discussions with people and staff. We saw people were actively involved in developing the service in a number of different ways. We saw minutes from house meetings and service user group meetings where developments at the home were discussed. People we spoke said they had contributed to discussions about their care and plans for improvements.

We found the home took a pro-active approach in keeping commissioners updated about the outcomes for people whose care they funded. Health and social care professionals told us that the staff were knowledgeable about individuals. They said that any changes in care needs were quickly communicated to them and they were asked for their professional opinion. They said the service had a thoughtful and positive approach towards care planning.

Staff were positive about the leadership and management of the home. They told us they were encouraged to share their views about the service and how it could be improved. Staff said they were supported in their roles through regular supervision and staff meetings as well as more informally on a day to day basis. Records we saw confirmed this. One staff member said, “This is a strong, close knit group of staff, we work well together. Staff and management have mutual respect for each other.” Staff said the organisation promoted their growth and development and described their training, support and progression to posts of increasing responsibility. One member of staff told us, “I began as a care worker and have learned so much in this role. I have specific responsibilities and am a senior care worker now.”

Staff understood the scope and limit of their role so that they were clear when they needed to refer to a more senior member of staff and when they had responsibility to make decisions for themselves. This meant that people benefitted from well organised and accountable staff.

The organisation’s vision and values emphasised respect for each other, put people at the heart of the service and focused on people’s abilities, growth and development. Our discussions with staff and people, our observations of life in the home and how care and support was planned and delivered showed these values were apparent in practice.

Systems were in place to monitor and improve the quality of the service through a variety of audits carried out by the deputy manager and senior management team. The audits we saw identified any actions required. A senior member of staff showed us plans for auditing across all the key question areas covered by CQC and this was being put into place.

Electronic surveys following the key questions of safe, effective, caring, responsive and well led had recently been sent out to all people who were involved in people’s care, including people and their families, health and social care professionals and any other people who had experience of the service. People were also encouraged to make their views known in any other way they wished. People’s views had been acted upon and a number of suggestions about outings, holidays, meals and entertainment for example had been taken on board and acted upon.

Records showed there were systems in place to monitor and review safeguarding concerns, accidents, incidents and complaints. The deputy manager showed us records of incident reporting. Senior staff reviewed all incidents which ensured that the organisation had an overview of incidents occurring in the service so any trends could be identified and addressed. Any lessons learnt were shared across the staff team.