

Richmond Fellowship(The) Moor View

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 

Overall summary

The inspection took place on 8th October 2015 and was unannounced. The service was last inspected in November 2013 and met with legal requirements.

Moor View is a nursing home in Halifax which specialises in supporting people with complex mental health problems. Many of the people who live at Moor View have previously been residents within long stay hospitals.

Moor View comprises of two main rehabilitation units; an 11 bedded unit for people who are more dependent on staff, on the day of inspection it had occupancy of nine. There is a second four bedded unit for people with more independent living skills with an occupancy of three.

There are also two bungalows for people who are able to live independently with a view to moving into the community and supported living. There were two people in the bungalow on the day of inspection. Moor view has a total of 17 beds and on the day of inspection there were 14 people living there.

There was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

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.

There was a strong and clear person centred culture in the service. People who lived there were treated as unique individuals. The vision at Moor View was that 'recovery is possible for every individual and that everyone has a right to participate fully in society'. This was shared by all the management team and staff. This enabled Moor View to provide a therapeutic programme of rehabilitation based on the principles of recovery and increased individuality and autonomy. This holistic approach enabled Moor View to help individuals develop skills and promote social functioning and self-ability within daily living skills. Management and staff worked together to maximise peoples experiences by promoting evidence based person centred care. For example the use of the 'Recovery Star' model (a recognised mental health tool) was used by the service to complete the assessments and plan support.

People living at the home felt there was enough staff to support them and they felt safe. We also found there were sufficient staff on duty at all times to safely support people with their needs.

People said their views were listened to and they were able to make changes and suggestions about the way the home was run. For example people told us they were involved in choosing what to grow in their own allotment and what activities to do on an evening.

People were well supported to develop independence in their daily lives. Staff worked hard supporting them with

daily living skills. People were involved in planning the care and support they needed. The care plan records were informative and clearly explained what support people needed. People were cared for by staff with awareness and understanding of their mental health needs. Staff received training in a range of mental health topics to support them in their work.

People were involved in monitoring the quality of the care they received. This was evidenced in a number of ways for example care plans clearly showed people were involved in planning what support they felt they needed.

People spoke highly about the qualities of the registered manager and their supportive approach with everyone. Staff also said they felt supported in their roles and they could always make their views known to the registered manager.

The home was run in an open and inclusive way. People who lived at the home were central to how it was run. For example, their views were included in how the home was decorated and maintained.

People were also able to go to the office at any time, make themselves a drink there, and talk with the staff.

Systems were in place which continuously assessed and monitored the quality of the service, including obtaining feedback from people who used the service and their relatives. Records showed that systems for recording and managing complaints, safeguarding concerns and incidents and accidents were managed well and that management took steps to learn from such events and put measures in place which meant they were less likely to happen again.

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.

Medicines were managed safely and people were given them at the times they were required. There was a system to support people to safely look after their own medicines if they preferred.

Staff completed risk assessments and developed risk management plans to minimise risks to people and staff.

The provider had a system in place to ensure staff were recruited safely and were competent to meet people's needs. There was enough staff to provide people with a safe level of care and support. Staffing levels were flexible and determined by people's needs.

People were safeguarded from abuse. The provider had an effective system to manage accidents and incidents and learn from them so they were less likely to happen again.

Good



Is the service effective?

The service was effective.

People's needs were met by staff who understood how to provide them with suitable support and assistance.

Staff were provided with training and support to ensure they were able to provide people with the care they required.

There was good management of people's physical health. People were supported to make choices to have a healthy diet.

People's healthcare needs were met and support and guidance was obtained from other healthcare professionals when required.

Good



Is the service caring?

The service was caring.

There was a strong person centred culture which put people first and was promoted by the registered manager and staff.

People said they had positive relationships with staff that were based on respect and shared interests and were treated in a caring way by all of the staff.

People were treated with dignity and their confidentiality was respected.

Regular community meetings were held where people's views were listened to and acted upon.

Good



Is the service responsive?

The service was responsive.

Outstanding



Summary of findings

The service was flexible and responded quickly to people's changing needs or wishes. Staff were aware of the diverse needs of patients and made positive attempts to promote cultural needs. There was good planning so that people could live independently and there were no delays in moving into supported living.

People were involved in planning their care and were supported to receive individual care based on their needs and preferences.

Comprehensive assessments of people's needs were carried out on admission to Moor View and revised as needed by a Multi-Disciplinary team approach.

Care plans were in place to address people's needs and risks identified and these were reviewed regularly. Staff followed best practice guidance when providing care and treatment.

Care plans were evidence based and referenced the particular guidance that provided the rationale for therapeutic interventions.

People knew how to make a complaint and said they were supported to make their views known. The provider had a proactive complaints procedure in place that was easy to use.

Is the service well-led?

The leadership and management of the service was outstanding.

The registered manager promoted a strong person centred culture which was supported by the deputy manager and a committed multi-disciplinary team.

The registered manager ensured this was consistently maintained. There was strong emphasis on continual improvement and best practice which benefited people and staff.

There were robust systems to ensure quality and identify any potential improvements to the service.

The registered manager promoted an open and transparent culture that encouraged continual feedback. There was excellent leadership at all management levels and a culture of and commitment to continual improvement and innovation.

Good



Moor View

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection was unannounced and took place on 8th October 2015. The inspection was carried out by one inspector.

On this occasion we did not ask the provider to complete 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. Before the inspection, we reviewed all the information held about the provider including statutory notifications. Notifications are information about specific important events the service is legally required to send to us.

During our inspection we spoke with five people who lived at the home. We also spoke with the registered manager, deputy manager, and three members of the nursing team. We spent time looking at records, which included three people's care records and daily notes, menus, staff rotas and six recruitment records and records relating to the management of the service.

Is the service safe?

Our findings

Every person we spoke with told us they felt safe at the home. One person said, “This place is safer than being in your own home.” Another person said, “I feel safe with all of the staff.”

Staff were observed providing people with safe care and support. For example, staff helped people who wanted assistance in the kitchen with their meals.

Staff understood what abuse was and about the different types that can occur. They also knew how to report an allegation of abuse. Records showed and the staff said they attended regular safeguarding adults training to help them understand how to keep people safe from the risks of abuse.

A copy of the provider’s safeguarding procedure was displayed in a shared area for people to read. The procedure clearly set out what actions were to be followed if an allegation of abuse was made in the home. These included the contact details for the Care Quality Commission.

The staff knew that whistle blowing meant to report to someone in authority about alleged dishonest or abusive activities in the workplace. The whistle blowing procedure was up to date and included the contact details for organisations staff could contact and safely report concerns. Staff training records confirmed staff had completed recent training on to ensure they were aware of current practice around keeping people safe.

People’s medicines were managed safely and they were supported to take them at the times they needed. All medicines were stored securely and at safe temperatures. Medicine records also clearly showed when people had not been given their medicines and the reasons why not. Staff told us they received training so they could administer medicines to people in a safe way. Training records confirmed that all staff had been on this training; this aids all staff members to monitor the therapeutic effects and any side effects. for people and offer informed support.

The registered manager held monthly meetings with the Pharmacist to discuss and medication concerns and to

review any changes in medication. Any advice from the pharmacist was passed to staff such as administering iron tablets three times daily as opposed to administering just once a day.

We met people who told us they were looking after their own medicines. They told us the staff supported them to do this. They said staff helped them to remember when to take their medicines and to ensure they took the right quantities. This demonstrated how people were assisted to receive their medicines safely. Records showed that a full audit of medicines, including people’s Medication Administration Records (MAR), were audited each week. When people were self-medicating an audit took place three times a week. The application of prescribed topical creams/ointments was clearly recorded on a body map, showing the area affected and the type prescribed. Records were signed to show that the medicines had been applied at the correct times.

The staff who administered medicines were patient and explained to each person what their medicines were and made sure they understood what they were prescribed for.

Medicine records contained guidance information for the staff to give people their medicines in a safe and correct way. Information about the management of medicines was easily accessible by staff and guidance was available which described safe dosages and how to recognise any adverse side effects.

Staff told us they had been on health and safety training in a number of areas. The training records confirmed staff had attended training courses including fire safety, safe moving and handling, and food hygiene.

Learning from incidents and investigations took place and this information was used to update people’s care where needed. Staff said that any incidents were discussed openly within the home to ensure everyone was aware of what had happened and what improvements had been made. For example if someone’s mental health fluctuated and caused them to feel unsafe. Actions were identified to provide people with increased support.

Risk assessments were in place for people in case their mental health deteriorated. These included information about early warning signs, how risks could be minimised

Is the service safe?

and the actions to be taken to keep people safe. Other risk assessments were in place for smoking in bedrooms. These set out how to keep people safe as well as to protect other people.

There was a system in place to ensure new staff were suitable to work at Moor View. The newly recruited staff records showed that the required checks were undertaken to make sure that staff were suitable to work at the home.

These included evidence that staff members had a Disclosure and Barring Service (DBS) check carried out on them. The DBS help employers make safer recruitment decisions to prevent unsuitable people from working with vulnerable adults. Written references were also obtained and an employment history. This was to ensure that potential new employees were suitable to work at the home.

Everyone we spoke with told us they felt there was enough staff to meet their needs and provide personalised care and support with activities. We observed that staff were always present when people spent time in the communal areas and people who were spending time in their rooms were checked regularly. This was confirmed by our findings. When people asked staff for help or assistance this was

immediately provided. Some people needed one to one support due to their mental health needs and this was provided. The registered manager said staffing numbers were assessed and adjusted if needed on a frequent basis.

There was staffing information confirming that staff numbers were worked out based on the needs and numbers of people. This was to ensure there was always enough staff to effectively meet people's needs.

The premises were free from obvious hazards in all of the areas we viewed. People told us they felt the environment was safe and comfortably maintained for their needs.

All the staff had taken part in a fire drill in the last year to make sure they understood what to do to keep people and themselves safe. Each person had an up to date personal emergency evacuation plan (PEEP).

Environmental checks had been done regularly to help ensure the premises were safe. These included, fire safety equipment and emergency lighting electrical testing and fridge and freezer checks. The registered manager monitored and analysed all accidents and incidents and reported these to the provider for further analysis. This would ensure any learning was identified and adjustments made to minimise the risk of the accidents or incidents occurring again.

Is the service effective?

Our findings

Everyone we spoke with told us how well supported they were with their mental health needs by the staff. Examples of comments included, “They seem to know exactly what support I need and they are brilliant,” and, “The staff have helped me build up my confidence it’s the best place I have ever been to.”

Another person said. “It’s a really good place” and, “They spend a lot of time talking to you they really help me and if I need anything they get it sorted straight away.”

space

One person was supported by staff to plan how they spent their day. Another person was assisted to buy and prepare their food for the day. The member of staff used a sensitive and encouraging manner. One member of staff told us, “I like working with people and seeing them make progress with their living skills.”

People told us about the system of self-budgeting where they were given a budget to buy their own food. Everyone was positive about this practice because they said it helped them to be more independent. In order to enhance people’s confidence and self-esteem an innovative shop+cook evaluation form was completed. This comprised of the person evaluating what went well with shopping, what went well with the cooking. People were asked to score their satisfaction with the cooking overall on a scale of 1 to 10. People were also asked: what went well? What do they need to work on? How satisfied with your cooking skills today? And how satisfied with your food are you today? This enabled the staff to help people to plan the next shopping trip and cooking. This innovative way of self-assessing enabled people to build up their confidence and self-esteem and gain independence and a better quality of life.

The registered manager said staff offered people support and guidance about healthy eating. There was information displayed in the kitchen about advice and suggestions for buying and cooking healthy meals. The staff told us this information was to assist people in menu planning.

People went in and out of the dining rooms and kitchens and prepared themselves drinks and snacks. People were able to choose what they had to eat and drink. We saw that Moor View had a five star rating for food hygiene from August 2014.

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).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. The registered manager was able to demonstrate their knowledge and understanding of the MCA and awareness of the legal changes widening the scope of DoLS. We saw the provider had a MCA and DoLS policy and MCA / DoLS information was available at the home. There was good recording of discussions in people’s notes regarding their capacity and assessments of capacity. Where staff had concerns about a person’s behaviour and decision making the person’s capacity had been assessed and recorded.

The registered manager and staff understood about Deprivation of Liberty Safeguards (DoLS) and knew what to do to ensure they would be used appropriately.

The registered manager told us that one DoLS application had been made in the last year and was in the process of being assessed. This person’s family was involved in any best interest decisions, along with an advocate and the care co-ordinator. This person’s needs were also being reviewed by the commissioners. There was also DoLS guidance information available to help inform staff to make a suitable DoLS application when needed. Staff told us about a recent course they had attended about mental health and how to support people with complex needs. The staff said they had found the training useful as it had

Is the service effective?

helped them understand more about people's complex mental needs. Training records confirmed the staff team had been on recent training about a number of mental health related subjects.

New staff completed an induction training programme. The staff induction was completed over a four week period and new staff received training in mental health issues, medicines administration, mental capacity and safeguarding adults.

New staff shadowed more experienced staff to learn the way the people at the home preferred to be cared for. Learning and development included face to face training courses, e-Learning, coaching and workbook assessments. Staff felt the training increased their confidence. Staff told us, "The training is really good. The manager is very keen for us to do training and you can always ask for more training if you need it," and, "Excellent training, better than anywhere I have worked in the past." Staff confirmed that additional training was provided to enable them to meet people's individual needs. For example staff had asked for training in challenging behaviour and the registered manager was seeking training in line with NICE guidelines.

Each member of staff had a personal development plan and some staff completed a relevant qualification such as National Vocational Qualifications in care at level 2 or 3. Staff completed essential training courses, such as moving and handling, Mental Capacity Act, infection control, safeguarding, information governance and fire safety. In addition staff completed best practice courses, such as communication skills, person centred support, Recovery Star training and the Wellness Recovery Action Plan training. All the courses equipped staff to think imaginatively about how to support each person to enhance their quality of life.

The registered manager and staff were committed to promoting people's health and wellbeing. Each person had a personalised physical health support plan. This set out their specific physical health needs and provided guidance for staff about how to monitor and improve people's health. The registered manager and staff actively supported staff to make sure people experienced good healthcare and led meaningful lives. Staff monitored people's individual's weight and blood pressures on a weekly basis, any significant gain or loss in weight was monitored and a GP referral sent. For example one person had put on a significant amount of weight, so following discussions with the individual and GP a healthier diet was introduced along with a regular morning walk with staff. Another person wanted to go on a daily walk to help their physical wellbeing which they were supported to do.

The staff said the registered manager met with them for regular one to one supervision meetings. They said the purpose of the meetings was to help them improve and develop in their performance at work. This helped ensure staff were properly supported and supervised in their work.

Records confirmed that staff had regular one-to-one supervision sessions and were properly supported at work.

Staff worked closely with the local epilepsy nurse specialist in order to be able to respond quickly to changes in people's epilepsy patterns and reactions to medicines. This approach had helped one person to become more independent and monitor their own epilepsy and move into supported accommodation.

People were supported to attend health appointments and staff were quick to seek advice where there were any concerns about people's health.

Is the service caring?

Our findings

People we spoke with had very positive views of the service and the caring approach of the staff.

One person told us; "They just seem to sense when you feel down, every one of them is so caring and we all get on really well." Another person said; "The staff look after us and they are always here to support you, it's outstanding."

People were supported by kind and attentive staff. The staff were patient and caring in their approach. They encouraged people to build up their confidence and to be more independent. One person explained how staff supported them to shop for clothes and personal items;

"They have been brilliant and take me where ever I need to go, and they help me with everyday things getting my confidence up." Another said, "They take me out for nice walks and help me make shepherd's pie."

People told us they felt supported by all of the staff and the registered manager. Each person said they had their own key worker among the team. They told us their key worker's role was to give them extra support and one to one assistance with activities of daily living if needed.

Staff knew the people they supported and their needs very well. This was demonstrated in multi-disciplinary team meetings; we saw records of this and observed this in individual discussions between staff and people.

The staff showed an insight and understanding of people's range of mental health needs.

Staff told us about some of the ways they used to support people when they felt particularly upset. They said they used a calm and consistent approach and made sure they offered plenty of time to listen to people when they wanted to talk.

Staff spent time to make sure they understood people's wishes and respected them. Staff recognised the importance of self-esteem and diversity for people and supported them to develop their own personality. Staff supported people to shop for their own clothes, do their cooking and promote their independence. People were encouraged to be creative and express themselves. Staff promoted one person's self-esteem, as they were very good at art. They encouraged this person to display their artwork for everyone to see, they also encouraged them to take part

in painting a mural on the wall. This was entitled 'Talk to me about'; people then added branches that were important to them such as 'what makes me smile?', 'what helps me to relax?' what was the highlight of your day? What is your favourite memory? Underneath the tree is written 'Like branches on a tree, we all grow in different directions. Yet our roots remain as one'. On the tree each person had placed a painted handprint to show their growth and to indicate their recovery pathway.

We saw one person who used the service did not speak English as their first language. The care plan for this person was written in English and Vietnamese to enable them to participate in the development of their plan. Signs throughout the building also had been written in Vietnamese. Taking the person's communication needs into consideration enabled them to grow and recover in a holistic way and feel part of the recovery culture. They told us they felt part of the home and were able to contribute to their care and improvements in the home.

One person was helped in gaining a positive relationship with voices by research carried out by the team. All team members at Moor View convened on a quarterly basis with an external psycho-social intervention practitioner. People were discussed in this forum and individual means of progression were identified which were then discussed with the person. In one of these sessions staff were introduced to a new psychological approach entitled 'The Maastricht Approach'. This approach enables people to learn to cope with their voices and thus benefit from psychological and social interventions. The Maastricht hearing voices interview is a tool that enables the people to explore their own experience and create some emotional distance from the voices. This information then enables an individualised treatment plan to be developed.

People were actively involved in care planning and risk assessments. Most people had copies of their care plans. Care plans were written in clear and accessible language.

People's individual activity programmes were reviewed regularly and individuals were encouraged to give feedback on what they did and did not like. Changes to their individual plans were made to the programme in response to this.

Is the service caring?

There were weekly community meetings for people who lived at Moor View and staff to discuss the general running and make decisions about the arrangements for the week ahead. These minutes were readily accessible for everyone to read and were displayed on the notice board.

People who lived at Moor View had their own key to their bedroom doors that they were able to lock. This helped them to have privacy. People told us the staff respected their privacy and always knocked on their bedroom doors and waited for a response before entering.

When we spoke with people who we met in the office, the staff made sure they had enough privacy to see us alone if they wanted. The staff offered to leave the room where we were talking to people.

Staff said they spoke with people about their likes and the way they wanted their care to be provided. They said that care plans were written based on what people told them and they provided information about the way people

wanted to be cared for. This was evidenced in the care records we viewed: people chose what time they got up, when they went to bed, and how they wanted to spend their day.

The training records confirmed that the staff had been on equality and diversity training. The staff understood what equality and diversity was. They explained that it meant respecting people's rights and choices. The staff also said they aimed to ensure they treated everyone as an individual. For example staff told us they supported people who wanted to practice their faith while they lived at the home.

Information was displayed on a notice board so that people were aware they could request the assistance of mental health advocacy services. This independent service was to support people to raise any issues they had and communicate these to the registered manager.



Is the service responsive?

Our findings

People were well supported to gain confidence and develop independence in their daily lives. The people we spoke with told us they were assisted by staff to build up confidence with daily living skills. One example was that one person was supported to gain part time employment while at the home. The provider runs an employment support service which is based in Kirklees and this gives people the opportunity to gain experience. For example, this enabled one person to successfully gain some voluntary work with a local charity shop.

The ethos of Moor View was to 'Make Recovery a Reality'. For example one person had progressed from being monitored on 15 minute observations for his epilepsy and mental state to living in a bungalow. This person was now able to monitor their own epilepsy and was looking forward to moving into a house in Halifax. Moor View had developed external links with a local University and had two occupational Health Students on placement with a view to employing one full time. The provider had plans to develop more independent living accommodation so people who used the service could be integrated back into the community prior to living on their own; there was a clear pathway for recovery from the moment people entered the service.

We saw that staff considered National Institute for Health and Care Excellence (NICE) guidelines when making treatment decisions. People's care plans were evidence based and referenced specific NICE guidelines, provider policies and best practice. Each care plan was based around 'The Wellness Recovery Action Plan' or WRAP. This is a model based on evidence based practice; each individual had a workbook that looked at their individual needs and included things such as 'how would you describe yourself' and 'things that might help me each day.'

People's needs were assessed and their care and treatment was planned and delivered in line with their individual support plan. Information in their care records was detailed and identified their preferences and personal wishes. This included daily routines, food choices, interests, hobbies and what was important to them. People's interests, aspirations and diverse needs had been recorded. Actions

were clearly explained that set out how to provide people with the care and support they preferred. Some people who used the service had their care plans written in an easy to read format in order to help them understand.

Regular handovers took place between shifts enabling effective sharing of essential information. We observed a handover discussion. Staff handed over important information about people including changes in medication and risks.

We saw evidence of relatives who were fully involved in helping to identify people's individual needs, wishes and choices and how these should be met. Where people required additional support we saw that relatives were involved in regular reviews of each person's care plan to make sure they were up to date. People's individual plans were reviewed every three months or sooner if their needs changed and they were provided with support that met their needs and preferences.

Each person's individual care and activity plans were based on a detailed profile of the person and assessment of their needs. This provided in depth information about the person's background and social history, relationships that were important to them, their abilities and methods of communication. People's support needs and how to meet them were set out in a written plan that described what staff needed to do to make sure personalised care was provided. Examples included a pen picture that included 'Till I am a 100years old', and a goal that said 'I want to decrease my negative self-talk and build my positive experiences using my coping skills'. Another section included 'what are my personal goals', 'positive aspects of my life' and 'how would I describe myself'. This enabled individuals to plan ahead on their recovery pathway and challenge their own negative thinking. It enabled individuals to grow and become more independent as well as increasing their quality of life and self-esteem.

Moor View offered an integrated pathway for people so that they were able to progress from a more sheltered and supported environment to a more autonomous way of living in a bungalow.

People were able to personalise their bedrooms with their own belongings, such as posters, wall coverings and a games console. People were able to securely store their possessions in their bedrooms.



Is the service responsive?

People told us they had been fully involved in writing their care plans and had signed them in agreement. Some people had chosen to use a 'recovery star chart'. This highlighted aspects of the person's life which were going well and those they found harder to achieve. People told us this system helped them to build up their confidence and to learn methods of coping with their particular mental health needs.

One person said they had been supported to move to the home from another service. They said they were given opportunities to visit the home and to see what they thought of it. This showed how people were supported to make the right choices for themselves about whether to move to the home or not.

Staff supported people in a calm and attentive way when engaged in activities with them. People who lived at Moor View were encouraged to join the local library and details of this were found on the notice board. People who lived there had wanted to set up a gardening group, and now had their own allotment where they grew their own fruit and vegetables such as rhubarb and raspberries. People then baked/cooked with the fruit they picked with help from the chef who helped them decide what to make.

The people we met confirmed there were house meetings held regularly in the home. People told us this was a useful way to make their views known about the services. People also explained they were encouraged to discuss things that mattered to them and raise concerns if they had them. No one we met had any concerns about the service when we visited.

The provider had a system in place to ensure that complaints were properly investigated and used to improve the service. The complaints procedure was written in an easy read format to help people understand the process and make their views known. Each person had been given their own copy of the procedure and there was also a copy on display in a shared area of the home.

The people we spoke with knew how to make a complaint.

There had been no recent complaints made about the home. The registered manager told us there was a comments and suggestions box in the front hallway so that people could make comments. One person had made suggestions about the beverages that were available. Action had been taken to properly address the concern that had been raised.

Is the service well-led?

Our findings

The service was well run and the registered manager had empathy and was very caring and understanding. One person said; “The manager is always supportive and consistent with us.”

Another comment was; “He is brilliant and cares for all of us.” One person said

“He (registered manager) is for ever helping you, really nice man, asks if he can do anything to help every day and asks if I have any problems he’s great.”

The culture of the service was open and transparent. There was excellent leadership at all levels and this fostered a culture of continual improvement and innovation.

The provider had a clear vision and values that were person centred and focussed on people having the opportunity to be part of their local community and promoting inclusion. Staff knew about and understood the values of the organisation, which were valuing people, caring safely, integrity, working together and quality. They were enthusiastic about the work they did. We saw examples of the values being put into practice throughout Moor View.

Staff were able to explain to us what the provider’s visions and values were for the service. They told us the main value was to provide personalised care and to treat everyone as a unique individual. The staff told us they made sure they followed these values when they supported people at the home.

Staff told us there were regular team meetings. The minutes of recent meetings showed staff were able to raise any issues that mattered to them. Staff also discussed the needs of people at the home and how to ensure they were providing effective support.

Staff told us, “I enjoy working here, the support is outstanding and if I have any concerns I speak with the management team.”

The service was very responsive to feedback from people and offered meaningful opportunities to influence service design and delivery. For example being involved in what activities people wanted, a new art and well-being group

and how the service could be decorated. There was a strong culture of service user’s involvement across the service which was motivated by a committed multi-disciplinary team approach to care.

People could give their views about the service through an annual survey and residents’ meetings, and where shortfalls or concerns were raised these were addressed. Things such as an art group were set up following interest from people. A Tuesday baking group was established and refurbishment of some rooms had started.

An annual survey was carried out with people at the home, families and professionals involved in their care being all being asked their views. We saw that this information was reviewed and acted upon where needed to make improvements. There were no concerns or actions identified after the most recent survey that was carried out.

The registered manager told us they wrote a regular monthly report on the quality and safety of the service. The reports were sent to the provider who visited every two to three months and had walk rounds to check the quality of the service. Where actions were needed an action plan was devised for the registered manager to follow. For example, some people had made suggestions as part of this process about the system for self-budgeting and these had been addressed to improve the service.

The registered manager used direct observation, along with weekly practice meetings to help staff develop their practice. Staff spoke highly of the registered manager and said that they were always accessible and approachable.

Staff at all levels were within the organisation were encouraged to share good practice ideas and problem solve. The open and progressive culture of the service and effective teamwork meant that people received continually improving support.

Staff told us the registered manager and the provider were very supportive and showed they were committed to supporting their employees through learning and development. Additional training had been obtained in order to contribute to the development of best practice.

The registered manager said they kept up to date with current practice in mental health care by attending meetings and provider forums with other professionals

Is the service well-led?

working in mental health care. They also told us they shared information and learning from these meetings with the staff team and read journals about health and social care topics.

People told us they were regularly asked for their views of the service by the registered manager and other staff. One person said; “We often have house meetings.” Action had been taken in response to people’s comments. For example, the system for self-budgeting had been revised and updated and the home’s refurbishment plans were put into place.

A senior manager undertook health and safety, and care audits regularly. The records viewed showed that environmental health and safety checks were undertaken regularly. Action was taken where risks were identified. For example, the kitchen had been refurbished following a health and safety audit.

A senior manager visited the home at least once a quarter and met people and staff. They wrote a report every time they visited. They made the registered manager aware of any actions that were needed after their visit.

The registered manager had addressed these recommendations after the last visit, for example having the floor replaced in the entrance as it looked shabby and dirty. Also replacing one missing pull chord in a person’s room.

There was a strong emphasis on continually striving to improve the service for people.

The registered manager and senior staff carried out regular audits of all aspects of the service and to review the effectiveness of the support people received. The provider made sure actions were followed through, monitoring action plans following audits through area management meetings and by in practice development meetings.

The registered manager received consistent support from the provider and told us that the resources required to drive improvement were readily available. The registered manager ensured staff had all the information they needed and were kept up to date with any changes through weekly practice development meetings and monthly staff team meetings. The effectiveness of the provider’s support was evident in the excellent teamwork we observed.