

Moorview Care Limited

# Moorview House

## Inspection report

Station Road  
Robin Hoods Bay  
Whitby  
North Yorkshire  
YO22 4RA

Tel: 01947880490

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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?

Good 

Is the service well-led?

Outstanding 

# Summary of findings

## Overall summary

Moorview House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

This service also provides care and support to people living in 'supported living' settings, so that they can live in their own home as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

Moorview House is situated in Robin Hoods Bay near Whitby. The home accommodates and provides care and support for up to 16 people whose main needs are associated with a learning disability. Supported living services are based in the Whitby and Scarborough area.

Although the care service provides accommodation for 16 people, which does not meet the principles of registering the right support, it was clear it had been developed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

Inspection site visits took place on 29 March, 12 and 25 April 2018. At the time of this inspection, the service was providing support to eight people in the care home and 36 people in supported living accommodation.

At the last comprehensive inspection in August 2015 we found the service was meeting requirements and awarded a rating of good. At this inspection we found the registered manager and staff team had developed the service further to achieve an outstanding rating.

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

There was an extremely person-centred culture where staff displayed empathy and worked with people and their relatives to understand how to best support them. Life history documents had been developed and staff were encouraged to read these and update them when new information was discovered.

Staff anticipated people's needs and recognised distress and discomfort at the earliest stage. Staff were particularly sensitive to times when people needed caring and compassionate support.

Staff and management were enthusiastic and committed in helping people to become as independent as possible. They had fantastic relationships with a local charity who had funded many initiatives the service had to improve and promote people's independence.

The registered manager was proactive in ensuring people were able to access learning resources as soon as possible to encourage and promote independence. People has been able to achieve life time goals due to this approach and the resources made available.

Staff were highly motivated and offered care and support that was exceptionally compassionate and kind. Respect for privacy and dignity was at the heart of the service's culture and values.

The registered manager demonstrated clear visions and values and was passionate and committed to providing an excellent person-centred service for people and their relatives. These values were owned by staff who were equally committed and enthusiastic about fulfilling their roles and responsibilities in a way that delivered the best possible outcomes for people.

Admissions to the service were carefully considered and subject to a transition period that was suitable to the individual. The service ensured people were given the opportunity to choose where they wanted to live and who they wanted to live with.

Care plans were extremely person-centred and focused on individual needs and how this could be met. There was dynamic approach to care planning and involving people as much as possible.

Staff were continually looking at new ways in which they could improve people's lives. The use of technology had been embraced to enable people to fully participate in activities or hobbies they enjoyed. People were able to participate in a range of activities and outings that suited their individual preferences.

We observed staff consulting with one another in a respectful and highly collaborative way where individual experience and knowledge was clearly valued.

There were continuous high levels of constructive engagement with people and staff. People, relatives, professionals and staff were encouraged to provide feedback on the service at every opportunity with more formal satisfaction questionnaires being distributed annually.

The registered manager kept a reflective log on research, taught sessions and training they had attended so they could take control of their own learning and understand areas for improvement. This was then cascaded to other staff.

The registered manager had worked considerably hard to develop, discuss, promote and implement innovative ways of involving people in developing the service. Extensive quality assurance processes were in place to consistently and continuously monitor all aspects of the service.

Staff and management had high regard for the safety of people they supported. People were involved in developing a comprehensive and innovated approach to safeguarding.

The service was particularly creative in the way it involved and worked with people to understand their diverse circumstances and individual needs. Extensive discussions and relationship building sessions took place regularly between people, management and staff to ensure they fully understood a person's needs, wishes and goals.

Robust recruitment processes were in place. People who used the service were given the opportunity to participate in the selection and recruitment of staff.

Staffing rotas showed that consideration had been taken with regards to skill mix of staff, activities that were taking place and preferences of people. There was a flexible approach to staffing numbers to accommodate people's wishes and interests.

There was a strong emphasis on the importance of eating and drinking well. Staff focused on ensuring people understood the importance of following a healthy balanced diet.

Staff had received extensive training in areas the provider considered mandatory. Training was provided through a range of provision to encourage learning and development. People who used the service were actively involved in the planning, attendance and delivery of training.

Staff and management looked for different ways of ensuring people had a clear understanding of how equality and diversity affected their lives. Training was delivered which was specifically designed for people with a learning disability.

Staff received regular and constructive supervision, observations of practice and appraisal. Focus had been emphasised on staffs' abilities and they were given opportunities to progress within their role.

Staff had excellent relationships with other professionals involved in people's care and support. People were at the centre of the service and fully, actively involved where ever possible.

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

Discussions with staff demonstrated they were extremely passionate about the people they supported, building effective communication and improving the quality of life people had.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

People were involved in developing a comprehensive and innovated approach to safeguarding.

Robust recruitment processes were in place. People were given the opportunity to participate in the selection and recruitment of staff.

Medicines were stored, managed and administered safely.

There was a flexible approach to staffing numbers to accommodate people's wishes and interests.

### Is the service effective?

Good ●

The service was effective.

There was a strong emphasis on the importance of eating and drinking well. People had been supported to understand the importance of a healthy balanced diet.

Staff received regular and constructive supervision, observations of practice and appraisal.

Staff had excellent relationships with other professionals involved in people's care and support. People were at the centre of the service and fully, actively involved where ever possible.

Staff and management had a clear understanding of the Mental Capacity Act.

### Is the service caring?

Outstanding ☆

The service was extremely caring.

Discussions with staff demonstrated they were extremely passionate about the people they supported, building effective communication and improving the quality of life people had.

There was a real person-centred culture where staff displayed

empathy and worked with people and their relatives to understand how to best support them.

The registered manager was proactive in ensuring people were able to access learning resources as soon as possible to encourage and promote independence.

### Is the service responsive?

Good ●

The service was extremely responsive.

Admissions to the service were carefully considered and subject to a transition period that was suitable to the individual.

Care plans were extremely person centred and focused on individual needs and how this could be met. There was a dynamic approach to care planning to ensure people were involved as much as possible.

People were actively encouraged to participate in volunteer roles to improve social interaction and gain knowledge and skills.

The use of technology had been embraced to enable people to fully participate in activities or hobbies they enjoyed. People were able to participate in a range of activities and outings that suited their individual preferences.

### Is the service well-led?

Outstanding ☆

The service was extremely well-led.

There was a particularly strong emphasis on continuous improvement and it was clear the provider and registered manager were striving to develop and improve the service wherever possible.

The registered manager had worked considerably hard to develop, discuss, promote and implement innovative ways of involving people in developing the service.

Extensive quality assurance processes were in place to consistently and continuously monitor all aspects of the service.

People, relatives, professionals and staff were encouraged to provide feedback on the service at every opportunity with more formal satisfaction questionnaires being distributed annually.

# 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 checked 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.

Inspection site visits took place on 29 March, 12 and 25 April 2018. The first day of inspection was unannounced which mean the provider did not know we would be visiting. The other two days were announced. The first day of inspection was conducted by one adult social care inspector and an expert by experience. An expert by experience is someone who has personal experience of using or caring for someone who uses this type of service. The experts by experience who supported this inspection had extensive knowledge of caring for people with a learning disability. The other site visit dates were conducted by an adult social care inspector.

As part of planning our inspection, we contacted Healthwatch and local authority safeguarding and quality performance teams to obtain their views about the service. Healthwatch is an independent consumer group, which gathers and represents the views of the public about health and social care services in England. We reviewed information we held about the service, including the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to tell us about within required timescales.

The provider sent us their Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used this information to help plan for the inspection.

During the inspection, we visited the registered location and four supported living services. We reviewed a range of records. These included four people's care records containing care planning documentation, daily records and medicine records. We looked at four staff files relating to their recruitment, supervision, appraisal and training. We reviewed records relating to the management of the service and a wide variety of policies and procedures.

During the inspection we spoke with nine people who used the service and three relatives to gain their views on the service provided. We were unable to speak with some people who used the service due to their communication needs. However, we used the Short Observational Framework for Inspection (SOFI) to observe staffs' interactions with people. We also spoke with ten members of staff including the registered manager, commercial director and training manager. We also spoke with two healthcare professionals.



# Is the service safe?

## Our findings

People told us, without exception that they felt safe. Comments included, "I am very safe. Staff look after me and teach me things I need to know." A relative we spoke with told us, "I have no worries about the safety of [person's name] at all. I trust the staff implicitly."

It was clear that staff and management had very high regard for the safety of people they supported. People were involved in developing a comprehensive and innovated approach to safeguarding to ensure people had maximum choice and control over their lives whilst understanding potential and managing risks. A safeguarding training session had been delivered to people who used the service by an advocacy group which was specifically designed for people with a learning disability. This helped ensure people understood safeguarding, what it meant, the potential risks, how they were to be managed and the responsibilities of staff.

Case studies were used to help people identify potential risks and how these could be managed. For example, one person's goal was to be able to travel to college independently. They worked with staff to identify any possible risks and how these needed to be managed. An action plan was then developed which was agreed by the person. Records showed that over a period of time the person was able to manage the risk independently which resulted in them being able to reach their goal and travel to college independently.

Records showed that when safeguarding concerns had been raised, the registered manager had taken appropriate action such as reporting to the local authority. They also put action plans in place to prevent similar incidents occurring. Staff understood their responsibilities with regards to safeguarding. They were able to recall different types of abuse that they may encounter and what action they would take. Training records showed that all staff had completed appropriate safeguarding training.

The service was particularly creative in the way it involved and worked with people to understand their diverse circumstances and individual needs. Extensive discussions and relationship building sessions took place regularly between people, management and staff to ensure they fully understood a person's needs, wishes and goals. Because of this staff were able to develop positive and trusting relationships with people that helped to keep them safe.

Positive behaviour support plans were in place for people who displayed distressed behaviour. Staff followed positive support behavioural guidance specific to each person which advised distraction techniques and other measures to calm and help reassure the person. Detailed records showed this was used with some success. Support plans contained detailed information to show staff what might trigger the distressed behaviour and what staff could do to support the person.

Servicing certificates were in place where required. Personal emergency evacuation plans (PEEPs) were completed and contained up to date information. Regular checks of fire fighting equipment, fire doors, alarms and emergency exits were conducted on a regular basis.

It was clear the service proactively engaged with people to access and minimise risks in relation to the environment, premises and equipment. One person who used the service had taken a keen interest in daily/weekly maintenance checks and this had been embraced by staff. They had been encouraged to support staff to complete these checks and appropriate training had been completed by the person to improve their knowledge as to why these checks were of importance. One member of staff told us, "We are here to help people with their independence. It is important to us that people understand risks and why staff do the things we do – what better way to do that than encouraging people to participate so they too have the hands-on experience."

People were actively involved in the decisions about the staff that provided care and support to them. Recruitment processes in place meant that people could develop interview questions and sit on the interview panel if they wished. The registered manager told us how this approach was beneficial as they were able to observe how potential new staff interacted with people. Records showed that safe recruitment processes had been followed and appropriate checks had been completed before new staff begun working at the service.

During the inspection it was clear there was sufficient staff on duty to respond to people when required. Each activity or community outing had been risk assessed to determine the number of staff that would be required to support people safely. Most people required one to one support as specified by the funding local authority. Rotas demonstrated that people were supported by a regular team of staff who were familiar with people, their needs, likes, dislikes and preferences. One person told us, "I love [staff member's name]. They support me a lot and we do lots of things together. I like all the staff."

Staffing rotas showed that consideration had been taken with regards to skill mix, activities that were taking place and preferences of people. The registered manager told us, "It is not just a case of putting a name in a shift. There are numerous contributing factors that need to be considered and it is important that staff understand the potential implications if rotas are not planned precisely." To ensure staff understood the complexities of rota planning, all senior staff responsible for completing rotas had received rota training which had been developed by the provider and registered manager.

There was a clear system in place to monitor accidents and incidents and records showed the manager took swift action to prevent reoccurrences. For example, it was identified that four falls had occurred in a one-month period in the same area of the service. Closer examination showed these falls had all occurred within the same time period. Potential solutions were discussed with people and staff and it was agreed that an additional member of staff would be on duty at the specific times to reduce the risks. It was clear that people had been actively involved in this decision.

Medicines had been managed, stored and administered safely within the service. Medicine administration records (MARs) contained clear accurate information and had been completed when medicines had been administered. When people were prescribed 'as and when required' (PRN) medicines, appropriate guidance was in place for staff to follow. Records demonstrated that when people were prescribed psychotropic medicines (a medicine used to calm a person's mental state) these were used as a last resort. For example, the use of positive behaviour support and case studies to discuss episodes of behaviour with the person to prevent reoccurrence.

The registered manager told us they were part of the NHS England STOMP campaign (Stopping the overmedicating of people with a learning disability and/or autism). They had begun to develop easy read information regarding STOMP for people who used the service and a video had been developed for staff to view at each monthly meeting. They went on to explain that as part of their continuous improvement plan

they would be signing up to the STOMP pledge for social care.

All the services were visited were clean, tidy and well presented. People were encouraged to be responsible for maintaining their home environment and guidance was available throughout the services in easy read. Personal protective equipment such as gloves, aprons and hand sanitiser was readily available.

# Is the service effective?

## Our findings

Throughout the inspection people indicated by their body language, smiles and laughter that they were comfortable and well supported by the dedicated team of staff. Relatives and professionals told us, without exception, that the service was effective. Comments included, "The provider and registered manager do go above and beyond what is expected."

There was a strong emphasis on the importance of eating and drinking well. People were fully involved in meal planning and grocery shopping, taking nutritional advice into account. Staff were aware of people's individual preferences and patterns of eating and drinking and there was flexibility when needed or requested. We were provided with numerous examples of how staff had supported people to understand and follow a healthy diet and maintain regular exercise which included an A-Z list of healthy foods, 'Eat the rainbow' and a 'ideas for healthy snacks' which were all displayed in the dining area of the service.

The registered manager played a key role in instigating and implementing good practice with regards to nutrition. The registered manager had supported one person to attend a slimming club. Through encouragement and determination, the person had been successful in losing a large amount of weight which had a profound impact on their health. The person told us, "I can walk now which means I can go out to the shops and visit my relative. Staff help me with meals and I am so much happier now. Before I came to live here I couldn't even walk."

Staff had received extensive training in areas the provider considered mandatory. Training was provided through a range of provision including online, off site or face-to-face in a classroom setting, meetings and informal learning. In addition, staff were required to complete specialist training in areas such as diabetes and epilepsy some of which was delivered by relevant professionals. Staff told us they valued the amount of training they were offered and the ability to progress and improve their knowledge.

People were actively involved in the planning and delivery of training. During the inspection, we observed one person who used the service conducting a person-centred moving and handling training session to staff. The registered manager told us, "It is imported to us that people participate as much as possible in everything we do. [Person's name] is a different person since moving here and being able to participate in things such as delivering training has made a massive contribution." The person delivering the training told us, "I feel like I am valued as a person."

It was clear staff and management had a thorough knowledge of equality and diversity and looked for different ways of ensuring people had a clear understanding of how equality and diversity affected their lives. A person with autism had been sourced to deliver equality and diversity training to people who used the service. In one of the supported living services there was an 'equality and diversity tree' which had been developed by people who lived there. This demonstrated their understanding of how they should expect to be treated.

Staff received regular and constructive supervision, observations of practice and appraisal. These focused

on areas of improvement, how this could be achieved as well as acknowledging good practice and progress made. A number of staff had completed an additional qualification in Health & Social Care to improve their knowledge further.

Staff had excellent relationships with other professionals involved in people's care and support. Records demonstrated a clear audit trail with regards to professional input and improvements people had made in relation to health conditions.

People were at the centre of the service and fully, actively involved where ever possible. We saw documented evidence that meetings took place to inform people when professionals would be visiting so that it did not alarm people when strangers were in their home. Relatives and professionals praised staffs' attention to detail and swift action they took if they had any concerns regarding a person's health. Staff ensured people attended annual health checks, but also ensured people understood what the health check was for and the benefits.

At the time of this inspection, extensive refurbishment was underway. The registered manager explained that since the Registering the right support guidance had been published they had met with the provider to discuss plans for the service moving forward. The service had originally been two separate dwelling that over time had been joined. The provider had made the decision to separate the two dwellings and once work was completed they would re-register with CQC for eight bed accommodation rather than the current 16 beds.

Records showed this decision had been discussed with people, relatives, professionals and staff to gain their views before an outcome had been reached. Plans had been shown to people and one to one discussion had taken place to ensure they understood the proposed work and what impact it would have on them. One person told us, "I have been shopping and chose everything for my new bedroom. I could have whatever I wanted. I love my wallpaper and green cushions on my bed." This showed that the provider and registered manager was ensuring the new environment reflected people's individual preferences.

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. Where people lack mental capacity to make 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. The registered manager and staff had a good knowledge and understanding of MCA and DoLS and actively supported people to make their own decisions wherever possible. Where people lacked capacity, meetings had been arranged with relevant professionals, people and relatives to ensure decisions were made in the person's best interests. Throughout the inspection we observed staff obtaining consent and where appropriate, consent forms had been signed by people.

People were encouraged to write in their own care notes to record how they felt their day had gone and what had been important to them. 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.

Where people moved between services, staff at the service were proactive in ensuring information about their care needs followed the person wherever they went. Hospital passports were in place for each person who used the service and contained relevant up to date information.

## Is the service caring?

### Our findings

We received overwhelmingly positive feedback when we asked people, relatives and professionals if they felt the service was caring. One person told us, "I love all the staff." A relative said, "Staff are nothing short of outstanding. The effort they put into ensuring people can be as independent as possible is amazing."

Staff and management were enthusiastic and committed to helping people become as independent as possible. The provider and registered manager had worked hard to build fantastic relationships with a local charity who had funded many initiatives the provider had to improve and promote people's independence. The provider had employed a qualified trainer and a learning 'hub' had been built, which allowed people who used the service to attend several days a week to achieve accredited training. The registered manager was proactive in ensuring people who used the service were able to access these resources as soon as they joined the service. This enabled people to start working towards their goals as soon as possible.

We were presented with a variety of case studies which demonstrated the profound impact achieving such qualifications had on people. For example, one person had completed a range of training qualifications over a two-year period. Because of this, they had been able to secure employment with a local firm and reach their life long goal of visiting their favourite football ground independently. Another person had been able to develop their daily living skills, knowledge of bills and finances and moved into supported living accommodation.

Consideration was also given to situations which reduced people's ability to remain independent. One person who used the service had been declined an electric wheelchair due to their poor health condition. Staff had worked with the person alongside other professionals over a number of months to improve their health. As a result, the person had been re-assessed and an electric wheelchair had been ordered. The person told us, "It means so much to me. I am grateful to the staff for encouraging me and seeing my potential. The electric wheelchair will mean I can consider looking for employment, which is a massive goal of mine."

There was a strong, visible person-centred culture. Staff were highly motivated and offered care and support that was exceptionally compassionate and kind. We observed positive interactions between staff and people during the inspection. Staff approached and responded to people as individuals, tailoring how to do this based on their in-depth knowledge of the person. This meant we observed meaningful relationships based on trust and mutual respect and staff demonstrated a real empathy for the people they cared for. Consideration was given to people's interests and hobbies to ensure where possible they received support from staff who had similar interests.

Respect for privacy and dignity was at the heart of the service's culture and values. Staff ensured they safeguarded people's dignity and tried to avoid any situations which might cause them emotional discomfort. For example, when people needed assistance with personal care, staff escorted people to the bathroom, closed the door and waited for the person to tell them when they needed further support. Throughout the inspection staff respectfully reminded people when the way they communicated with

others was unacceptable. Staff directed people to dignity and respect information which was displayed at the service and asked them to consider why it was not appropriate. This approach was very effective and allowed people to understand the implications of their actions.

People were supported to maintain personal relationships. It was clear staff understood who was important to people and encouraged them to maintain those relationships and have regular contact with them. One person told us, "I have a girlfriend and I asked her to marry me." The staff member responded by saying, "Yes you did and we helped you pick out a ring." The person smiled as they proudly showed a picture of their future wife.

The registered manager explained the importance of helping people maintain and build relationships with relatives. They told us, "We have been able to help a relative re-build a relationship with a person who uses the service. Staff have provided support to the relative as well as the person. We have helped the relative understand the person's needs and how they like to be supported. It has worked really well and the person visits them on a regular basis now. The person is proud to talk about their relative now and looks forward to their visit."

Records demonstrated advocates had been sourced when needed. Advocates help to ensure people's views and preferences are heard. We saw evidence that advocates had been involved in best interest decisions and kept up-to-date with any concerns. This ensured people's rights were protected.



## Is the service responsive?

### Our findings

Professionals we spoke with told us the service was pro-active and responsive to people's needs. One professional said, "Staff are always on the ball. They know people inside out and they really do support them to achieve as much as possible. Nothing is ever seen as unachievable." A relative told us, "[Person's name] has never been so active. They are in such a better place with their health conditions and constantly telling me what they have been up to. It is nice to see that they are proud of their abilities."

There was a genuine person-centred culture where staff displayed empathy and worked with people and their relatives to understand how best to support them. Staff had developed 'life history' documents and were encouraged to read these and update them when new information was discovered. The registered manager and staff understood the importance of learning about a person's life history and difficult situations they may have faced. One member of staff told us, "A person's history makes them the person they are today. We have found potential triggers to anxiety from exploring people's life histories. We have numerous examples of reduced anxiety and reduction in medication because of this approach." A person who used the service told us, "They (staff) know me better than I know me. They help me when I feel down. They know just what to do."

Staff anticipated people's needs and recognised distress and discomfort at the earliest stage. During the inspection, we observed staff's interactions with people. They offered sensitive and respectful support when it was needed and it was clear they knew the people they supported well. Due to this, staff were aware of potential triggers and signs that people were becoming distressed and were highly effective in using distraction techniques to de-escalate such situations. Clearly recorded distraction techniques were also available in people's care records.

Staff were particularly sensitive to times when people needed caring and compassionate support. We were provided with a case study which had been completed by a person who used the service, with support from staff, following a period of anxiety whilst visiting relatives. Staff had discussed this period with the person to help them explore the causes, how this could be managed better in the future and what further support they required from staff. It was clear this had a positive impact on the person as they had recorded in their own case study how they had used the advice and guidance from staff to manage similar situations which resulted in positive outcomes.

Staff were extremely passionate about the people they supported, building effective communication and improving their quality of life. Staff spoke with empathy and enthusiasm as they explained future activities planned, improvements people had made with their health and well-being and the positive impact the care they provided had on people. For example, one person who was now able to participate in busking in the local town. When they joined the service, they had a keen interest in music, singing and busking. Staff had worked with the person to help them manage and combat fear and emotions to allow them to become involved with the local community and pursue their passion for music and performing. A variety of learning materials had been used by staff to ensure the person had a clear understanding of potential risks and how these should be managed. The person told us, "I go every week and I call in the pub for a pint on the way

home. Staff have helped me be able to do it and they always ask me 'keeping safe' questions before I leave."

Staff ensured care plans contained person-centred information and focused on individual needs and how these could be met. There was a dynamic approach to care planning and involving people as much as possible. Each plan had a section where people had written what was important to them, how they wanted to be supported and what people appreciated about them. Care plans were produced in easy read format, to ensure people could fully understand the content and contribute as much as possible.

Each person had an allocated keyworker who arranged monthly care plan review meetings. Goals that people had set were also reviewed to monitor progressing and any additional support that was needed. One person proudly showed their care plan and told us, "This is all about me in here. I say what I want and the staff write it down. I check it to make sure it is right."

As well as working towards goals to secure employment, people were encouraged to participate in voluntary placements to enable them to develop their skills and become actively involved in the local community. Photographs of people participating in volunteer work were displayed around the services. Staff told us this approach had a profound impact on people's confidence when out in the local community and they were always looking for volunteer opportunities for people. It was clear this approach had a positive impact on people and their lives. Some people who enjoyed volunteer work had built the knowledge, skills and confidence they needed to seek and achieve employment.

Another person spoke proudly of their ASDAN qualifications and that they were now able to make refreshments safely due to the guidance and support they had received from staff. During the inspection they were seen to approach people and staff asking what refreshments they would like. Once the person had prepared them, this was commended by staff who gave praise and reassurance to the person. Their beaming smile indicated they were proud of their accomplishment. They told us, "ASDAN help me learn how to do that. I know how to keep safe and the dangers in the kitchen." ASDAN is an education charity and awarding organisation that provide flexible and engaging programmes and qualifications that help people develop skills for learning, work and life.

The registered manager told us it was extremely important for people to be given the opportunity to choose where they wanted to live and who they wanted to live with. For some people who once lived in the residential setting, but had moved to supported living – it was evident they had been consulted when choosing an appropriate property. One person told us, "I went to see a house in Scarborough, but I didn't like it so I didn't go. They (the registered manager) found another house in Whitby so I went to see it and it was perfect for me so they arranged for me to move in." The registered manager explained how the person transitioned into the new accommodation over a period of months to ensure they did not become overwhelmed with the change.

Admissions to the service were carefully considered and subject to a transition period that was suitable to the individual. For example, one person moved from a hospital setting. Staff worked for a long period of time with the person in the hospital setting before day visits to the service took place. The registered manager told us, "For some people moving into the community is a massive change. It has to be managed appropriately and every single need of the person must be considered. For some people a transition period could take up to six months. It takes as long as it takes."

Staff continually looked at new ways they could improve people's lives. They had embraced the use of technology to enable people to fully participate in activities or hobbies they enjoyed. For example, a hand-

held tablet allowed one person to play and access music whenever they wished. A computer was available with internet connection so one person could watch videos that were of interest.

Staff were passionate about supporting people to access local events to enhance social activity. People were actively involved in the local community and regularly attended coffee mornings at a local church, music sessions, local clubs such as drama and special events. During the inspection two people were seen making Easter bonnets ready for an Easter service and party at the local church. Discussions with people evidenced that they were fully aware of the planned activity. One person told us, "I think I might win the bonnet competition. I have done mine pink because that is my favourite colour."

Each person had an activity planner which was individualised to meet their personal interests and goals. Throughout the inspection people were supported to participate in a variety of stimulating activities and outings that suited their individual interests which included the opportunity to attend day centres, work placements and outings into the community. The flexible approach to staffing levels meant people's wishes could be accommodated. For example, one person had chosen not to attend a day service that day. At lunchtime they decided they would like to go for a walk to the local shops to buy their favourite snacks. This was accommodated by staff without hesitation.

People told us their interests were acknowledged by staff. One person said, "I really like trains. I have my favourite cup that has a train on and I often go to Whitby to see the steam trains." Pictures of this adventure were displayed in the service, along with other photographs which captured the level of activity people enjoyed.

Throughout the service we saw the use of Picture Exchange Communication System (PECS). PECS allows people with little or no verbal communication to communicate using pictures. PECS had been used on all doors to inform people what the room was. Easy read guidance was also on display in appropriate areas. For example, in the toilet we found easy read hand washing guidance, which one person pointed to and stated, "Don't forget to wash your hands."

It was clear people had been consulted and supported to make decisions around support they would like to receive at the end of life. Care plans were in place and were presented in a way people could understand. They had been personalised to ensure they contained information which was of importance to the person.

As with all other documentation, the complaint procedure was also displayed in easy read format. People had a personal copy, which was available in their care plan. They told us they knew how to make a complaint. One person said, "I speak to staff if I am not happy. They tell me what they will do about it and I say if I am happy with that." The registered manager was keen to learn from mistakes to ensure the risk of them reoccurring was minimised and they had systems and process in place to support this practice.

## Is the service well-led?

### Our findings

People, staff, relatives and professionals spoke with high praise for the management team. One member of staff told us, "I have never experienced management as supportive as they are here. I cannot thank them enough for the opportunities, support and guidance they have given me." A professional we spoke with told us, "The service is extremely well organised and responsive to people's and staff's needs. Nothing is ever too much trouble for the management team."

We observed staff consulting with one another in a respectful and highly collaborative way where individual experience and knowledge was clearly valued. Focus had been emphasised on staffs' abilities and they were given opportunities to progress within their role. Staff we spoke with told us they were offered endless opportunities to develop. An 'aspiring manager' training course had recently been developed and had been highly effective in demonstrating to staff what they could strive to achieve. The registered manager told us, "We truly value our staff. The aspiring managers training just gives them a better idea of what the role entails. Some staff have excelled in the training and it has been a real confidence booster."

There was a particularly strong emphasis on continuous improvement and it was clear the provider and registered manager were continuously striving to develop and improve the service. The provider had recently developed and delivered an 'Good to Outstanding' presentation. The presentation was used to involve each and every person who used the service and staff to establish what areas they could improve. The registered manager described the presentation as "aspiring and showed a real sense of a Moorview community and a commitment from the provider."

The registered manager demonstrated clear visions and values and was passionate and committed to providing an excellent person-centred service for people and their relatives. These values were owned by staff who were equally committed and enthusiastic about fulfilling their roles and responsibilities in a way that delivered the best possible outcomes for people.

People, relatives, professionals and staff were encouraged to provide feedback on the service at every opportunity with more formal satisfaction questionnaires being distributed annually. Feedback from satisfaction surveys demonstrated that people and relatives were extremely satisfied and grateful for the level of support they received with every aspect of their lives. People and relatives confirmed that the registered manager listened to and acted upon any views without hesitation. There was a strong sense that the communication between the registered manager and people, relatives and staff was open, enabling and supportive. One relative told us, "[Registered manager] is on the ball 100%. There has never been a time when I have not been able to approach them to discuss anything at all. They are just a friendly person who sees the best in everyone."

We found the registered manager was continuously trying to improve the service and the quality of care provided. They kept a reflective log on research, taught sessions and training they had attended so they could take control of their own learning and understand areas for improvement. This was then cascaded to other staff. They were passionate about ensuring the service continuously developed and set standards

which were high but achievable. One member of staff told us, "I always remember [Registered manager] saying to me 'if it's not good enough for your mother, father, brother, sister, children then it's not good enough for the people we support. That has stuck with me and is a value I will always follow."

The registered manager had worked considerably hard to develop, discuss, promote and implement innovative ways of involving people in developing the service. Areas such as additional training for people who used the service, actively trying to encourage people to participate in helping maintain a safe environment and the development of the ASDAN training hub were initiatives the registered manager had worked hard to develop and ensure they continued to be effective.

The registered manager and provider were consciously working within the guidelines of the 'transforming care' agenda. One key ambition of the transforming care agenda is to significantly increase housing options for people to enable them to access the right home and the right support. The registered manager told us, "We have such brilliant relationships with a local charity. If we feel someone is ready to move into supported living, we contact them and they will find a property that is suitable to meet their needs. We are very lucky but people should have the right to decide where, how and whom they live with." The main aim of the service was to empower people to live fulfilled lives in a way they wanted. One professional said, "People are certainly empowered at Moorview. Management are continuously looking at ways they can enrich people's lives and help them work towards being independent. They are a pleasure to work with."

Extensive quality assurance processes were in place to consistently and continuously monitor all aspects of the service. The provider was keen to invest in the use of technology to enhance the access and availability of monitoring tools. As a result, the commercial director had developed a computer software package that was specific to the needs of Moorview Care. This allowed the service to closely analyse trends or patterns that may be occurring so they could react and put control measures in place as soon as possible. The computer software package was due to be further developed so it could be accessed remotely by all staff and people who used the service.

The registered manager was supported by a team of service managers who were responsible for the day to day running of specific services. The registered manager ensured they visited each service at least once monthly to conduct an unannounced visit and ensure appropriate quality monitoring had been completed. The registered manager told us, "I have excellent communications with all the service managers. There is nothing I do not know. They all send me a daily and weekly update to ensure I always have the most up to date information.

It was clear the registered manager and commercial manager knew people who used the service very well. Throughout the inspection people approached them without hesitation and we observed friendly banter throughout.

Following discussions with staff it was clear they were motivated by and proud of the service. There were consistently high levels of constructive engagement with people and staff from all equality groups. Staff meetings were an opportunity for staff to contribute their views and they told us the registered manager consulted with them respectfully and often made changes following their suggestions. The day-to-day values and culture of the service were highlighted at handovers, supervision and in monthly staff meetings. One member of staff told us, "We receive constructive criticism when it is needed but it is always presented in a way we understand and can learn and develop from." Resident meetings also took place, which people who used the service took full control of and this allowed people to discuss matters which were important to them.

We saw how the service excelled at working in partnership with other agencies who had input to people's health and social care. We looked at a number of complementary emails and letters that had been sent into the service praising staff and the management team. Comments included, "I have never seen [person's name] looking so well. They are like a different person" and "I am not sure staff truly appreciate the positive impact they have had on [person's name] life."

The registered manager was clear where they could source valuable information and guidance when needed. They received news and bulletins from reputable sources and regulatory bodies. Information was then shared amongst the team and displayed in staff areas of the service. They were fully aware of the Accessible Information Standard and ensured information was displayed and presented to people in a format they could understand.