

# Harbour Care (UK) Limited

# The Moorings

## Inspection report

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## Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Outstanding 

Is the service caring?

Outstanding 

Is the service responsive?

Outstanding 

Is the service well-led?

Good 

# Summary of findings

## Overall summary

### About the service

The Moorings is a residential care home providing personal care to five people at the time of the inspection. The service can support up to six people.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

The Secretary of State has asked the Care Quality Commission (CQC) to conduct a thematic review and to make recommendations about the use of restrictive interventions in settings that provide care for people with or who might have mental health problems, learning disabilities and/or autism. Thematic reviews look in-depth at specific issues concerning quality of care across the health and social care sectors. They expand our understanding of both good and poor practice and of the potential drivers of improvement.

As part of thematic review, we carried out a survey with the registered manager at this inspection. This considered whether the service used any restrictive intervention practices (restraint, seclusion and segregation) when supporting people.

The service used some restrictive intervention practices as a last resort, in a person-centred way, in line with positive behaviour support principles.

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

There was a very relaxed and welcoming atmosphere where people were supported by staff who were exceptionally kind and caring. Feedback about the compassionate and caring approach of staff was overwhelmingly positive. People were treated with dignity and respect in a way that truly valued them as individuals.

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

People were placed at the centre of the service and were genuinely involved in relation to all decisions about their care and the service. The service had a proven track record of providing exceptionally responsive personalised care and support. There were also significant improvements in the outcomes for people that had enhanced their well-being and lives.

There was a person centred culture that was driven by a motivated and committed staff team. They constantly looked for ways to improve the service and ensure people received the outstanding care they deserved. This motivation resulted in a whole team who were totally supportive and committed to providing high quality, individualised care. The staff team told us they were truly valued and respected. They were highly skilled, motivated and knowledgeable.

The service was exceptional at helping people achieve positive outcomes, building confidence, independence and helping develop people's life skills. There was an excellent range of activities and opportunities available to people. People had also been introduced to new activities which for those people were a significant achievement.

The service had provided exceptional and compassionate end of life care and took into consideration the needs of people who lived at The Moorings, staff and relatives.

The service was well-led. Since the last inspection, the registered and deputy manager had made many positive changes. The leadership and management were of high quality and there was an extremely committed and passionate staff team. The registered manager and staff team had a strong ethos and culture of delivering quality personalised care and support to people. Their systems to monitor, manage and improve service delivery and to improve the care and support provided to people were effective. Staff reported the strong commitment of the registered and deputy manager to the people and the service. They were always available, and they actively listened and promoted an open and learning culture.

The service was safe. Risks to people's health and safety were assessed and mitigated. There was a focus on positive risk taking. Medicines were managed in a safe way. The staffing levels were personalised to each individual and were flexible to support what people wanted to do at different times of the day.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was Good (1 December 2016). At this inspection we found the service had improved to Outstanding overall.

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Outstanding ☆

The service was exceptionally effective.

Details are in our effective findings below.

### Is the service caring?

Outstanding ☆

The service was exceptionally caring.

Details are in our caring findings below.

### Is the service responsive?

Outstanding ☆

The service was exceptionally responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was exceptionally well-led.

Details are in our well-Led findings below.

# The Moorings

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was conducted by one inspector.

#### Service and service type

The Moorings 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.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. The registered manager was also registered as manager for another local care home.

#### Notice of inspection

This inspection was unannounced.

#### What we did before inspection

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

### During the inspection

We spoke and or used a type of sign language with four of the people who used the service about their experience of the care provided. We spoke with seven members of staff including the registered manager, a senior support worker, support workers and agency staff.

We reviewed a range of records. This included two people's care records and their medication records. We looked at a variety of records relating to the management of the service.

### After the inspection

We continued to seek clarification from the registered manager to validate evidence found. We looked at training data and quality assurance records. We also received email feedback from one relative, the deputy manager, support workers and four professionals who regularly visit the service.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- One person used sign language and wrote down that they felt safe and another person told us they felt safe and could raise any concerns or worries with the staff team. Other people were very relaxed with staff and a relative told us they felt their family member was safe.
- The service had systems in place that protected people from abuse.
- The registered manager and staff could demonstrate they knew how to act if they had a concern about a person and where and how to report any safeguarding concerns.
- Staff had been provided with training on safeguarding adults.

Assessing risk, safety monitoring and management

- The service was safe because people were supported by a motivated team. Safe practice was seen as a result of knowing people really well, along with what each person was capable of and how staff could support them to remain safe.
- Risk assessments were in place to reduce the risks to people and clear guidance was provided. For example, there were clear and easy to follow positive behaviour support risk management plans for one person who presented some challenges to other people when in the community. Staff were knowledgeable as to how they needed to support the person at these times and had received the training they needed to keep the person and others safe.
- There continued to be an empowering culture that encouraged positive risk taking so people could try new experiences both at home and in the community. People were supported to live their lives as they chose.
- There were systems to keep people safe in the case of emergencies. There was 'easy read' information posters so people could understand safety procedures.
- The environment and equipment was safe and well maintained.

Staffing and recruitment

- The staffing levels were provided in a personalised way to support people to lead the lives they wanted. All the people living at the service were funded for either one to one or two to one staffing. For example, for those people who had two to one support in the community, they had this support planned around their activities and the times they preferred to do them. Such as going to the cinema or pub in the evenings or going to a night club.
- The management team pro-actively kept people's needs and staffing levels under close review with their funding authorities. Where people needed more or less staff support this was clearly recorded to aid bodies that funded people's care to make sure people received the right funding and staffing support.

- There was a stable staff team and low staff turnover. People benefited from a staff team that knew them very well. Where agency staff were used, people were familiar and comfortable with them. For example, one person had previously been very reluctant to be supported by any staff other than those they knew very well. During the inspection they actively chose to be supported in the community by a regular agency member of staff. This showed they were comfortable with the agency staff on duty.

#### Using medicines safely

- People were supported to take medicines by trained staff who had been competency tested in how to administer medicines safely.
- Medicine Administration Records were complete and contained no gaps in administration.
- There were arrangements for the safe delivery, storage and disposal of medicines.
- For people prescribed medicines 'as and when required' staff had a good understanding of when it was appropriate to administer these and this information was contained in support plans.

#### Preventing and controlling infection

- People were involved in the management of controlling infection within the service. People took part in household tasks to keep the service clean, tidy and free from odour. People either independently or had some staff support to do their laundry.
- Staff promoted good practice when in the kitchen and people were asked to wash their hands prior to commencing any food preparation.

#### Learning lessons when things go wrong

- Accidents and incidents were used as an opportunity to learn, develop and improve. Documentation confirmed that when incidents occurred, robust processes were put in place that successfully ensured the incident did not re-occur where ever possible.
- Lessons learned, and incident and risk management were discussed in monthly team governance meetings. There was also web-based incident reporting system which was monitored by the provider's operations director and quality lead. This meant that both the registered manager and the provider had an overview of any incidents and learning could be shared across services.

# Is the service effective?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has now improved to Outstanding. This meant people's outcomes were consistently better than expected compared to similar services. Feedback described it as exceptional and distinctive.

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

- There was a holistic approach to assessing, planning and delivering care and support. People's assessments and care plans were highly personalised and unique to the person to make sure staff had the best information to care and support them in their preferred way. For example, one person who had a long history of complex rituals and behaviours had a care plan that included lots of photographs and maps of the places they liked to visit. This was so any staff member supporting the person could take them to these places and the person was able to reassure them self and manage their anxieties. This had meant the person had started to trust and relax with the whole staff team rather than a few trusted few members of staff. This also included regular agency and bank staff.
- The most recent people to move in to the home came from residential school settings. There was a significant amount of work put in by the staff team to ensure a smooth transition to the home. This included working with the person, family, school and health and social care professionals.
- People were given the opportunity to make choices and be involved in the day to day planning of their care. Staff used communication methods that the person understood to help them make decisions and participate in planning their care. For example, one person put together their plan for each day by writing it on a board and using photographs.
- One person used sign language and with the staff member who was the day's sign language champion chose a sign/word of the day. Since there had been a focus on signing, people's communication had significantly improved, and this meant they were able to express themselves more.
- Wherever possible, people were supported to be themselves and to live their lives as they wished. This included them being provided with support to consider all aspects of their gender, age, sexual orientation and disability. The staff team also worked pro-actively with people's parents to support them with acknowledging people's age, rights and wishes. Staff had appropriate training which included equality and diversity training.

Staff support: induction, training, skills and experience

- Staff undertook a twelve week induction. This included a mix of electronic on line learning and face to face training. Staff had also received specific training to enable them to support people.
- Each new staff member was allocated a mentor and buddy. This meant new and agency staff adopted the culture and worked to the standards set by existing staff members. This was evident in the way newer staff supported one person who could become unpredictably unsettled. Staff followed the person's positive behaviour support plan with confidence and the person quickly settled.
- One staff member fed back to us about having a mentor. They wrote, '[Staff member] took me under their

wing and helped me tremendously as they understood I had never worked with challenging behaviour. [Staff member] was there whenever I needed advice and not once judged me for being naïve. This welcoming is something we ensure every person receives when they come as a new staff member, bank or agency'.

- Staff told us they were very well supported with regular supervision sessions and annual appraisals. Supervisions and appraisals were detailed, thorough and allowed staff to reflect on their roles and encouraged and supported them in their development and learning. Agency and bank staff also had supervision sessions to make sure they were part of the team, felt supported and to identify any learning needs.
- New staff received monthly supervisions. The registered manager told us this was, so they could identify any support needed at an early stage. This had helped with the development and retention of staff.
- The management team placed a huge emphasis on staff getting the right training to care for people and working with the right professionals to embed best practice. Health professionals were extremely positive about the skills of the staff and the impact this had on the quality of care provided. A health care professional fed back to us, 'The staff team as a whole have taken on board initiatives set out by us but more importantly have developed their own care plans which have been excellent.'
- Staff told us, and records showed that after any incidents with people they were always given a debrief and the opportunity to have a break if they wanted. Staff told us this support from managers and their colleagues was invaluable.

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

- People were fully involved and help to plan their meals with staff. People's religious or cultural diets were respected. Some people chose to eat and prepare their meals together, so they planned the menu together. Where people chose to do this, staff made sure foods were purchased that respected people's religious beliefs. For example, one person's religious views meant they could not eat some foods and they wanted to eat the same foods with everyone else so suitable alternatives were bought.
- People were relaxed in the kitchen and helped themselves to food and drinks. Some people chose to help with their food preparation.
- Extremely innovative methods and positive staff relationships were used to encourage people who had difficulties with eating and drinking. For example, one person had lost a significant amount of weight due to a medical condition and ritualistic behaviours. Staff worked with multiple health professionals to devise a specific positive behaviour support plan to enable the person to retain prescribed fortified drinks. This was so their body was able to and had time to absorb the nutrients. This plan took considerable time and creativity by the staff. This resulted in the person gaining over 16 kg, an overall improvement in their health and them ceasing ritualistic behaviours they had been doing for most of their life.
- The person's consultant psychiatrist fed back to the service, 'Having seen many behavioural interventions over the years it is clear to me that these are not as straightforward as they may initially appear and actually implementing them requires a great deal of care and skill. The amount of work to set it up and get everyone on board is huge and the attention to detail in [person's] behavioural plan was so impressive. I work across many teams and encounter a lot of different staff and I can tell you that the work you've put in with [person] is really outstanding.'
- People's weights were monitored with their permission and they were referred to the dietician if there was any significant weight loss or gain. We received very positive feedback from the dietician about the staff's skills and knowledge and understanding of people. They also commented on the staff's commitment to follow through on advice and plans and to make timely referrals.

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

- Since the last inspection a new kitchen had been fitted and the shared communal areas had been

refurbished. The lounge and conservatory were comfortable and homely and reflected the personalities and age group of the people living at the home. People had been involved in choosing the décor, colours and furniture.

- A member of staff was employed to keep up with general maintenance and repairs across the provider's homes in the local area. People had a very positive relationship with this staff member and often asked them to go out with them on community activities.
- People's bedrooms were highly personalised and included items and belongings that were important to them. They were involved choosing the décor and furniture for their bedrooms. One person told us they had chosen the colour and new sofa for their bedroom. Another person told us they had spent time with the provider's maintenance staff member to plan and design their bedroom before they moved in. They had included a kitchenette in the design, so they could improve their independence. They said this had helped them settle in because it was their space and had got everything they wanted in it.
- People had also been involved in redesigning the garden because they didn't use it. There was now a seating area with a BBQ, a boxing punch bag and artificial grass. One person had bought themselves a swinging hammock. People were now using the space especially during the summer.
- One person enjoyed sensory and interactive objects and a sensory interactive light wall display had been installed in the lounge as well as them having interactive objects in their bedroom. This was so they felt comfortable using the communal spaces as well as their bedroom. Another person enjoyed touching road signs and copies of these were being made so they could be displayed on the garden wall. This was for those times the person was struggling to manage their anxiety and did not feel able to go out in their car. This meant they could still do the activity that helped them relax.

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

- There were thorough processes in place for planning and coordinating people's care. One person was in the process of being assessed to transfer to another service.
- The registered manager and staff were working collaboratively with a number of health, social care and education professionals to ensure that when the person transferred they would be supported by their core staff team for a handover period, and that any documentation including care plans and risk assessments would be shared to ensure continuity of care for the person.
- Where people had specific health conditions that needed to be monitored there were comprehensive plans and records in place. People had annual health checks and staff worked with health professionals to encourage people to undertake regular self-examination health checks themselves.
- Staff were extremely knowledgeable about people's health conditions and how to support their medical conditions in a personalised way. For example, one person had very complex epilepsy with frequent seizures. The staff noticed the person would lose confidence if they had a seizure in the community whilst doing an activity and would not want to do the activity again. Staff identified that the person had started to say they were feeling a certain way before a seizure. They then used this information to alert them to take the person to a safe space. This had significantly reduced the times the person had negative connotations with the activity and place following a seizure.
- The staff and management team had built excellent relationships with healthcare professionals, including commissioners, consultant psychiatrists, the epilepsy specialist nurse and consultants, mental health nurses, community learning disability nurses and dieticians. Every health and social care professional we contacted provide us with overwhelming positive feedback about the staff team and how they supported people.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of

people who may lack the mental capacity to do so for themselves. The 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.

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

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff had been trained in the Mental Capacity Act 2005, and the staff we spoke with had a good understanding about this and making decisions that were in people's best interests.
- People's records included a 'decision making profile' that clearly set out what decisions they could make and how the person made decisions including what body language, Makaton signs and or words they used. These profiles also included when staff would need to consider undertaking a mental capacity assessment and best interest decisions for the person.
- Assessments had been completed when people lacked capacity and a best interest meeting was used to agree the decision, these included professionals and people of importance to support this process. Where advocates were appointed they were involved in making best interest decisions.
- Staff reviewed restrictive practices regularly, and supported people to reduce these where possible. There had been significant progress in removing restrictions for some people that had been in place for many years. For example, the staff team had worked with one person, learning disability professionals and family members to look at innovative ways of reducing the restrictions in place. The person was now self-managing their evening routine that had previously relied on time restrictions for a specific activity. The removal of these restrictions had been based on staff building the person's confidence and increasing their responsibility about making decisions.
- Some people had significant behaviours that may present challenges to themselves or others. People were supported in the least restrictive positive way set out in their care plans. The service had not used any seclusion, segregation or physical interventions to restrain people. One person had a physical intervention plan in place as a last resort for very specific situations in the community but to date this had not needed to be used. Health and social care professionals had been involved in making this decision and developing the plan.

# Is the service caring?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has now improved to Outstanding. This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

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

- There was an exceptionally strong and visible person-centred culture, with staff going out of their way to ensure people were treated equally and fairly. Staff told us that the people were at the heart of everything that happened each day and that the day was set out by the people that lived there. We observed staff were true to this and were dedicated in providing whatever activity, opportunity or task people wanted regardless of how many times they changed their mind.
- People told us and or Makaton signed they liked and felt cared for by the staff. One relative fed back to us, 'Staff are compassionate, because I can see that staff are looking after [person] from their hearts.'
- Staff had developed exceptionally strong caring relationships with people. Compatibility between people and staff was closely monitored. People were involved in meeting any new potential staff and key workers were matched with people based on interests and how well they got on. People had an active say throughout this process.
- Staff regularly went above and beyond for people and genuinely cared for them. For example, one staff member was so committed to making sure they were there to support one person (who had an extreme fear of health settings) during planned surgery, they made alternative family and child care arrangements. This was because two staff members had worked with the person over a prolonged period to be able to get them calm enough to agree to go to the hospital. Another staff member wrote to us about when the person was admitted to hospital as an emergency, 'My colleague slept on the hospital floor and [registered manager] sat in a chair from the afternoon till 3pm the next day to ensure [person] was safe and because they genuinely care for [person]. There aren't many managers that would do that. I am unbelievably proud to say I work with such genuinely caring people as it's not a job with a staff team and service users. It's a family.'
- Staff had an in-depth knowledge of the people. Staff were fully familiar with people's likes and preferences including the music they liked to listen and sing along to, creating a truly person-centred environment and using this detailed knowledge to make people comfortable and reduce any anxiety or distress. We observed staff singing along with a person about what they were going to listen to when they went out in the car and finding videos of a specific tv show they liked to watch on a tablet computer.
- We observed staff consistently treated people with a very kind and compassionate manner. We saw lots of laughter and joking between people and staff, with people's faces lighting up when they were with staff. Staff sat, ate and talked with people at all times, making for a positive and inclusive atmosphere.
- The service was excellent at ensuring those with complex needs and different ways of communicating were kept fully involved and engaged, demonstrating an excellent approach to equality. For example, one person decided that they did not want to use the same communication system at home as they did at school. The staff team respected this worked with person at looking at different ways of them making their

views known. Staff told us that the person had started to interact with them and verbally communicate what they wanted to do each day and had even started to greet and say goodbye to staff.

- Each person had a human rights profile that considered their culture, communication, religion, gender, age and sexual orientation. For example, one person's profile included how important their faith was to them and what staff need to do to support them, what foods they could eat and how they chose to celebrate any important times for their faith. Another person wanted staff to help them worship before meals and each night before they went to bed. The person had built a particularly close relationship with a member of night staff who regularly worshipped with them at night. This person's relative told us they were very happy that the service had made sure that this element of the person's faith was being respected and met.
- Easy read information posters about equality and diversity were displayed and was discussed with individuals by using social stories. Social stories are short descriptions of a situation, event or activity, which include specific information about what to expect in that situation and why. Social stories can be supported by pictures, photographs and words.
- The management team reviewed the provider's interview questions and added in additional questions that pulled out an applicant's values and ethics. Applicants also spent time with people before their interviews and some people had informal questions they asked the applicants.

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

- Staff demonstrated a detailed knowledge of people's individual mannerisms and people's communication methods, and how they interpreted these.
- The service supported people to make use of technology such as using tablet computers to aid communication.
- People who wanted to were supported to register to vote and supported to understand local and national politics via the internet and by going to the local library.

Respecting and promoting people's privacy, dignity and independence

- The service was highly effective at promoting people's independence. People had made significant achievements, made possible because of the dedication and work of staff. This included making sure people were supported to improve their independent living and life skills. This was so they were able to move on to more independent or more suitable placements. The registered manager and staff team agreed with the person, relatives and professionals when people were offered a place at the home whether their focus would be to prepare people for moving on or offering a long term place at the home. For example, one person had been supported to transition from residential school and children's services to living at the home. They had matured emotionally and significantly improved their life skills. The service had worked with health, social care and education professionals to identify a more appropriate placement with further education opportunities for the person. The person told us they really liked the support they got from the staff at The Moorings but did not want to mix with the other people living there. They said were ready to move into their college accommodation where they would live with other young people with autism.
- The service was exceptional at helping people to maintain and develop relationships with their families and friends. This was supported by relatives who fed back to the service and us. The managers and staff team reached out to people's relatives to try and establish regular contact where the person requested this.
- When people became unsettled or their mood changed, staff immediately stepped in, focusing solely on the person with good effect to reduce any anxiety or sustained change in mood.
- Staff were fully aware of people's right to privacy and autonomy. Staff knew when people wanted to spend time alone in a quiet environment as well as providing activities. We saw staff were excellent at getting the balance right.

- Staff and management had an excellent understanding of how to treat people with dignity and respect. The management team had a standard agenda item in staff supervisions to discuss peoples' privacy, dignity and independence. Staff were asked to give recent examples to demonstrate this.

## Is the service responsive?

### Our findings

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

At the last inspection this key question was rated as Outstanding. At this inspection this key question has now remained the same. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

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

- People's support was planned proactively and in partnership with them. There were creative and innovative ways of providing highly personalised care. For example, one person had previously declined to go to any GP or hospital appointments. They needed to be seen by a specialist consultant and staff devised a plan to slowly build up the person's confidence in seeing the consultant. The management team worked with the hospital consultant to arrange the appointment at a small community hospital rather than the main hospital. They also sought agreement that if the person did not feel confident on the day the consultant would see the person in their car. Staff drove the person to the community hospital weekly and asked them to drop off the letters about their appointments, so they became familiar with the hospital and GP surgery. This was successful and the person's health and well being is now better than it has been for many years.
- Another person had for many years stuck to a rigid timetable they set once a week. They had also had lots of changes in their personal life and they were struggling to cope with some of these and this had negatively affected their behaviour. Staff had worked with the person and introduced new ways for them to make decisions on how they wanted to spend their time on a daily basis. This included giving them three pieces of paper with written activities or choices on. The person would then use their own system for eliminating what they did not want to do. This could be time consuming, but staff patiently supported the person with the task. The person would then use pictures or a tablet computer to look at photographs of the activity. To aid the person further to make decisions they would use on line videos. For example, to help the person choose what they wanted to watch at the cinema they would show them three different film trailers. Staff followed this guidance during the inspection and the person was able to make a clear choice about the film they wanted to watch.
- Managers and staff also identified that a change of staff worked when this person was frustrated. They were able to evidence this to commissioners and gained additional funding for two to one staffing for the person. One staff member supported the person whilst the other staff member discretely observed from a distance, so the person did not feel overcrowded. Staff seamlessly changed over when the person became frustrated and they immediately relaxed.
- People's care plans were personalised and focused on them as individuals. People's care records included their life history, important relationships, how they communicated, their strengths, things they enjoyed and things they did not like. People's care plans included photographs of themselves doing certain activities. This was to visually show staff how the person liked to spend their time in particular places. This was very important for one person who only liked to do repetitive things in the community in certain places as this helped them relax and keep calm.

- In addition to people's care plan, there was a one page profile that had overview of the person and their support. This meant new or agency staff had essential information about people in an easy to follow format.
- There was also part of people's care plans called 'when I do this' and this was constantly updated as staff identified what they thought a certain behaviour meant. They also recorded what had worked and hadn't worked whilst supporting people. These were kept under review by the whole staff team and used as a focus for improving people's care and support.
- People had an annual review of their care and support plans with their 'circle of support', which is a group of people that can help someone with a learning disability to make decisions about their life. These often included people's family members, advocates and professionals. Prior to the review people's key workers reviewed the plans with people. In addition, the whole staff team were asked to review and comment on each person's plan. This meant the whole staff team took the responsibility of contributing to reviews rather than just the managers and key workers.

### Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The service took innovative steps to meet people's information and communication needs over and above complying with the Accessible Information Standard. For example, using social stories to explain things that would be likely to cause a person anxiety or distress. One person could become very distressed when they were not able to do their washing in the machine, so when the washing machine was being serviced, staff used a social story to explain this and that they would need to go the launderette instead.
- Each person had a very clear 'communication passport' in place. A communication passport provides a practical and person centred approach to passing on key information about people with complex communication difficulties who cannot easily speak for themselves. We observed staff were very familiar with people's bespoke methods of communication and used them effectively to interpret what people liked and wanted.

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

- People had access to an excellent range of social activities, based on their individual needs to help ensure they lived as full a life as possible. People were supported to take part in activities they enjoyed both in the home and in the community. During the inspection, people went to the local shops to buy their lunch, to the cinema, for walks, out for meals and bowling. People had their own cars or used public transport.
- Staff encouraged people to try new and different activities. They would carefully plan how these would be introduced to the person. This had resulted in one person going into a swimming pool for the first time.
- People's care plans detailed the different types of activities people liked to do and including any sensory activities. Photographs of the activities were given to people, so they had a visual record of the activities and the photographs were regularly emailed to people's relatives. Since the last inspection people were using tablet computers and they were exploring different ways of people being involved more in their activities record keeping.
- Staff also had strong relationships with the GP and specialist consultants were able to drive reductions in people's medicines helping to prevent the over medication of people.
- People accessed the community on daily basis and were an active part of the local community. One person liked to do their food shopping at local shops where they had established first name terms with staff there. Another person preferred to help with the weekly shop at a supermarket. A third person had a job delivering local newspapers and a fourth person was avid football fan and regularly met with people in the

community to watch football games.

- Information for community events were displayed on the notice board well in advance of the date so people could decide whether they wanted to attend or be involved.

Improving care quality in response to complaints or concerns

- There was a written and pictorial complaints procedure displayed and each person's communication plan included details as to how they would let staff know if they were unhappy or worried.
- People and a relative told us they knew how to make a complaint. Complaints and concerns were fully investigated and monitored by the provider.

End of life care and support

- People had been sensitively supported to make decisions about their end of life care. One person had been supported to remain at home when they were reaching the end of their life. The staff team worked closely with the palliative care and learning disability team. They provided sensitive care and support that focused on meeting the person's physical and emotional needs in ways they could understand. The person continued to do all of things they enjoyed for as long as they were able to. During their last days staff all visited the person to sit with them and chat to them to give them comfort and say their goodbyes.
- People and their families were given support to grieve and understand their loss after the person died. For most people living at The Moorings this was their first experience of anyone dying. Staff produced a social story for each person that was personalised to them reflecting their and their families' relationship with the person who died. This was so they could understand and make a decision as to whether they wanted to attend the person's funeral. These social stories also helped people's families support each person's decision as to whether they wanted to attend the funeral.
- The management team and staff were provided with emotional support and access to counselling. They all wrote about their positive memories of the person and reflected these at the person's funeral. Staff were very proud of how they had been able to support this person. Health professionals had given very positive feedback about how staff had supported the person.
- One person and their relatives had chosen to complete a plan that considered what they wanted to happen at the end of their life. The plan was supported by pictures and included important religious considerations for the person

# Is the service well-led?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained as Good.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The service had a proven track record of achieving outstanding outcomes for people. At this inspection we found the service had maintained and further improved outstanding features relating to person centred care and activities found at the last inspection in 2016. This demonstrated that the leadership and management was exceptional as this level of care and support had been sustained and improved on over this time.
- A relative wrote to us to give the following feedback, 'I'm so happy with The Moorings management and staff looking after my son [person], because they are caring, compassionate, competent, good communication, commitment and courage (sic).'
- There was an overwhelmingly positive culture at the home that included celebrating people's successes and achievements no matter how small they were. Staff contributed to a folder called success stories by writing up how a person had achieved something new. This folder also included supporting feedback from professionals and peoples' relatives.

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

- There were strong leadership and management role models in the registered and deputy manager. There had been two new senior support worker roles introduced and the seniors had been encouraged and developed so they had effective management skills. The seniors managed the service at weekends with the registered and deputy managers on call. The registered manager told us the seniors and whole staff team were capable. They said they had confidence that the service operated at the same level whether they were present or not. For example, a senior support worker had demonstrated this the weekend before the inspection. They had managed the service, without needing to contact the managers, so people were still able to do all of their weekend activities even though a staff member was off sick and the shift could not be covered.
- Health and social care professionals and commissioners told us the registered and deputy manager were strong and visible leaders who set good examples for the staff team. For example, one professional told us, '[registered manager] and [deputy manager] are excellent leaders who give a great example through their

approach and dedication'.

- Without exception staff told us the registered and deputy manager were approachable and available whenever they needed them.
- Agency and bank staff told us they chose to work at The Moorings over any other service or care home. One bank staff member told us, "It's so organised here I choose to work here. The staff make you feel very welcome. When I know I'm coming here my mood changes and I'm happy and I'm part of the team".
- There were arrangements in place to monitor the quality and safety of the service provided. These were a combination of full reviews of the service, finances and health and safety undertaken by the internal quality team for the provider. This unannounced internal review had happened the month before this inspection. The manager sent us a copy of this review and they had already acted to meet any areas for improvement identified by the quality team. In addition, the manager and staff team undertook reviews of medication, infection control, housekeeping, health and safety, care plans, staff training, safeguarding, accidents and incidents. Where any shortfalls were identified in these reviews, actions were taken.
- Out of hours checks were completed monthly at evenings or weekends to make sure quality was maintained whilst the management team are not on duty.
- Information and good practice was shared across the homes in the area by the managers at their monthly managers meetings.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- A relative told us that staff were excellent at keeping them involved and involving them in their family member's care and support. There was overwhelming positive feedback via previous relatives' surveys.
- 'Your voice' meetings are a forum for people to provide regular feedback and contribute to how the home is running. However, because some people found the group meetings difficult to communicate their views, staff consulted with most people on an individual basis during their keyworker monthly meetings. Their views were then collated, and a pictorial and written record of the meeting was produced. This was so people could see and understand what issues or ideas had been raised and what any actions were.
- Staff surveys were completed annually. The last staff survey showed that 100% of staff cared about the future of the service. All of the staff survey scores were higher than the national provider's average scores that were set as a benchmark.
- Staff told us they felt extremely valued and were listened to. The registered manager had introduced different ways to reward and celebrate the staff's commitment to the service. There was an employee of the month who could be nominated by people, staff, professionals and relatives. Staff birthdays were celebrated by people and the rest of staff team. The registered manager had also included financial rewards for staff.
- People were encouraged to be involved in the day to day running of the home if they chose to. For example, one person transferred information from the daily staff planner to a wipe board. They used words and photographs, so people had a visual reminder who was working and what additional roles they had that day. This included which staff would be administering medicines, cooking and who was Makaton champion that day.
- The provider held quarterly 'Your Say' meetings for staff to provide feedback from their services. This meant staff had an opportunity to feedback directly to the provider as well as to the management team.
- The provider's Quality Improvement Lead held regular quality supervisions sessions and visited the service to offer support with quality improvement initiatives.

Continuous learning and improving care; Working in partnership with others

- Staff and the registered manager had continued to drive improvements for the people living at the service since the last inspection. The life changing experiences and outcomes people had achieved was clear to see

through meeting the people and how they had developed, and their wellbeing had significantly improved since the last inspection.

- The registered manager kept up to date with best practice in supporting people with autism and/or a learning disability. These practices were shared then embedded in the service by the staff team.
- There was a very open culture about learning and improving care for people. One staff member told us, 'We do make mistakes, but we are honest enough to hold our hands up and learn from it.'
- Any incidents or new behaviours from people were always used as learning opportunity. Incidents were reviewed by the staff team at meetings and a team approach as used to improve things for people. For example, one person was becoming upset if others used the washing machine before they had done their washing daily. This then disrupted the rest of their day. Staff identified that none of the other people liked to do their washing daily or at any specific time. The person was informed that they had the sole use of the washing machine every morning and they plan their day accordingly. The person was more settled and the behaviours have not been repeated.
- Health professionals told us the service was ambitious and continually sought out ways to improve and problem solve. Without exception, health and social care professionals told us of the extremely positive partnership working to improve people's lives. This exceptional relationship and partnership working had been evident to see with the two people who both had significant health and behaviour changes in the last year.
- Many staff were from the local area and regularly brought ideas, leaflets and information of local events they felt people might be interested in. These were then discussed in key working meetings, staff meetings and 'your voice' meetings.
- People had made links with people living at some of the other services in the locality and would attend events there.