

Methodist Homes Mickle Hill

Inspection report







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Pickering
North Yorkshire
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Ratings

Overall rating for this service	Outstanding 
Is the service safe?	Outstanding 
Is the service effective?	Good 
Is the service caring?	Good 
Is the service responsive?	Outstanding 
Is the service well-led?	Outstanding 

Summary of findings

Overall summary

About the service

Mickle Hill is a purpose-built extra care housing scheme which provides personal care to people in their own homes within the Mickle Hill site. People using the service lived in bungalows and apartments on the site on the outskirts of Pickering. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. At the time of inspection 105 people were living at Mickle Hill and 12 people were receiving personal care.

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

People who used the service and their relatives were unreserved in their praise and satisfaction of the service. A frequent comment was that people loved living at Mickle Hill. The service focused on inclusion and treated people as partners in their care and support. People's needs were central to the Mickle Hill village and the wider local community.

People benefited from a service that was exceptionally well-led. The registered manager supported outcome-driven person-centred care that was entirely focussed on the wellbeing of people and staff. People and staff spoke with high-regard to the registered manager and were clear the service had an open culture, with a strong focus on positivity. Appropriate checks took place across all aspects of care and support. There was a clear emphasis on people, relative and staff engagement. Opportunities were taken to learn and improve the service. The service had formed creative and robust links with the local community and worked strongly in partnership with agencies from this.

People and their relatives agreed the service was very safe. People, relatives and staff had no hesitation that concerns would be acted upon. The service used appropriate and discrete technology to support safety. Risks were thoroughly assessed and well-managed. Plans encouraged and supported people's independence wherever possible. The culture of the service supported lessons learnt from any incidents and improvements to processes were considered.

People's care was highly personalised and considerate to their needs. Activities and social support were very varied and reflected the interests and passions of people. Regular consultation with people ensured this was maintained. The service and staff were very responsive to people's needs and wishes.

Concerns, compliments and complaints were recorded in detail, consideration was always given to responses and improvements. People were compassionately supported at their end of life with appropriate involvement from health professionals and according to the person's wishes.

People told us staff were very kind and caring. People's views and preferences were recorded at pre-assessment and staff were knowledgeable about any changes to these. People said their choices and preferences were respected. People's privacy and dignity was supported and respected. Documents and

records were kept securely.

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.

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

Rating at last inspection

The last rating for this service was Good (published 5 June 2017).

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?

The service was exceptionally safe.

Details are in our safe findings below.

Outstanding 

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good 

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good 

Is the service responsive?

The service was exceptionally responsive.

Details are in our responsive findings below.

Outstanding 

Is the service well-led?

The service was exceptionally well-led.

Details are in our well-led findings below.

Outstanding 

Mickle Hill

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 carried out by one inspector.

Service and service type

This service provides care and support to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is bought or rented and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care and support service.

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.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because people are often out and we wanted to be sure there would be people at home to speak with us.

Inspection activity started on 23 December 2019 and ended on 30 December 2019. We visited the office location on 23 December 2019.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service including Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and

social care services in England. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with two people who used the service and two relatives about their experience of the care provided. We spoke with three members of staff including the registered manager, the senior wellbeing worker, and a wellbeing worker.

We reviewed a range of records. This included three people's care records and medication records. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

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 improved to outstanding. This meant people were protected by a strong and distinctive approach to safeguarding, including positive risk-taking to maximise their control over their lives. People were fully involved, and the provider was open and transparent when things went wrong.

Systems and processes to safeguard people from the risk of abuse

- People were well protected from avoidable harm and abuse. The service had developed systems to track and monitor concerns. A relative described how their loved one's safety concerns are always thoroughly investigated and dealt with sensitively even though sometimes it's often as a result of their loved one's confusion. This made people feel safe and provided people and relatives with an increased level of confidence.
- Staff were very knowledgeable about the signs of abuse and were confident that action would be taken when issues were raised. Staff used their knowledge to appropriately remind and encourage people to report any concerns they may have. A staff member said, "We always speak to [people] about safeguarding when they move in, we remind them to report things to the office."
- Staff had developed positive and trusting relationships with people that help to keep them safe; staff have the time they need to do this. A person told us, "Everyday I'm safe." Another said, "Staff are very good at keeping my notes up-to-date, I trust them all completely." Relatives comments included, "The whole system is very safe, they've been amazing", and, "I've got absolute peace of mind, [person's] got their lifeline and staff attend immediately when [person] needs. [Person's name] loves living there."
- People had access to a video intercom system and this had been used recently to support a person who did not wish to see a visitor on their own. The person was able to alert the service who monitored the visitor enabling the person to feel in control, safe and secure.

Assessing risk, safety monitoring and management

- Risks to people were assessed and people's safety was monitored and managed. People's independence and freedom was respected.
- Positive risk taking was fully encouraged, for example, people were supported to access the community safely by monitoring of technology by office staff. Risks were anticipated and well-managed and people were involved in decisions about these. For example, people were encouraged to develop their own plans and risk assessments undertaken to support people safely. This supported people's independence and risks were reduced as people were encouraged to consider their own risks and develop a greater awareness about them.
- The service had arranged for the Police to attend and conduct regular 'fraud talks'. The Police had also offering people the opportunity to undertake an individual elderly driving awareness sessions, which empowered people to feel confident and safe in maintaining their independence and connection to family and friends.
- Staff, people, relatives and friends were engaged in reviewing and improving systems. For example, people

were involved in producing the risk assessment for visiting children's groups. People had been involved in the risk assessments for the use of the Jacuzzi and gym.

- Equipment was regularly maintained and service records were reviewed. Patient safety alerts were thoroughly monitored, recorded and shared with staff.

Staffing and recruitment

- People were actively involved in the recruitment process, interviewing potential staff and reviewing and amending the interview questions. This meant potential staff were tested on their commitment and consistency which was a key area for people. A person told us about their involvement in the process, "It's an ongoing challenge I appreciate."

- Recruitment systems were robust and were fully audited to ensure the right staff were recruited to support people safely. Appropriate checks were carried out.

- People were supported and had their needs met by sufficient numbers of suitable staff.

- People were notified about new staff members through the weekly newsletter which included a photograph and profile of the new staff member. This meant people were able to recognise new staff even if those staff weren't going to be supporting them directly. New staff were introduced to people they would be supporting by experienced staff.

Learning lessons when things go wrong

- All safety concerns raised were highly valued and integral to learning and the improvement of care. Full investigations and analysis took place and every opportunity to learn was identified, recorded, and discussed. Lessons learnt were widely shared with people, relatives, staff and the wider provider community.

- All staff were open, transparent and fully committed to reporting incidents and near misses. The level and quality of detail were high which supported a determination to develop a robust picture of quality.

- Learning and improving as part of health and safety was a standing agenda item at staff team meetings.

Using medicines safely

- Medicines were administered safely by competent and well-trained staff.

- People were also supported to administer non-prescribed medicines when appropriate and there were clear examples of positive risk taking which supported people's independence and sense of accomplishment. Staff provided appropriate prompts and encouragement, which were identified and detailed in care plans.

- People received a thorough medication assessment which recorded whether people were aware of why they were taking medicines and what they were able to do themselves. A separate risk assessment included where medicines were stored and how they should be accessed.

- People received regular medicine reviews.

- The registered manager was vigilant at recording all patient safety alerts, including those which were not relevant to the service, to establish a clear rationale and audit trail.

Preventing and controlling infection

- People were well protected by the prevention and control of infection. The most recent infection control audit had scored 100% meaning the service was taking all means possible

- Staff had access to personal protective equipment and used this appropriately.

- Where people prepared their own food care plans contained information about appropriate cleanliness of the kitchen area.

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 remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Everyone had a pre-assessment before moving to Mickle Hill, further assessments were completed as people's needs changed and when domiciliary care and support was required. This was identified by the person themselves, a relative, or through the service's well-being checks. In all circumstances changes in needs were dealt with sensitively and compassionately, putting the person's interest first.
- Suggestions for care were discussed with the person, and their relatives where appropriate, and people were provided with options for care, including to have their personal care delivered by a different care provider.
- The registered manager and staff were sensible and supportive about the level of care needed and able to be provided and ensured people had access to alternative information.

Staff support: induction, training, skills and experience

- People's needs were consistently met by staff who had the right knowledge, attitudes, behaviours and competencies. Staff were complimentary about their team and had the confidence and skills to carry out their role effectively.
- Staff had the benefit of additional learning from the provider. This encouraged them to consider their own areas of development, their fears and ambitions to supporting best practice. Staff said training was good and enjoyable, and all staff received the same training. A staff member said, "I think it's (training) brilliant."
- Staff were well-supported and their safety was important. For example, the service had asked staff what equipment they felt they needed to do their job safely; items purchased included waterproof jackets and fleeces, umbrellas, ice-grippers for icy weather, torches and a 'bum-bag' with a hand-held devices and other safety equipment. Staff wellbeing was important. A staff member said, "[I've been] supported to progress, lots of support from (manager), really supportive, I was given opportunity."
- Risk assessments were carried out for staff and used to develop working patterns to support people, where needed, as well as identifying the need for equipment for others.
- The registered manager encouraged staff to consider their own wellbeing.
- New staff members received a detailed induction co-ordinated by the registered manager and were well-supported by senior staff.

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

- Everyone living had Mickle Hill had been asked about their dietary requirements, portion-size preference, likes and dislikes, cultural or religious food preferences, allergies, intolerances and whether they were able to drink alcohol. These were recorded in a food profiles folder, this was accessible to all staff.
- One person had an intolerance to dairy and this was identified in their care plan and staff were

knowledgeable about this.

- People were supported to take meals within the Mickle Hill community at 'The Bistro', if this was their preference. The service provided an alternative option of delivering food from 'The Bistro' to people's homes. Comments cards were available for people to complete, anonymously if wished, and these were shared with everyone on a monthly basis to provide food people wanted to eat.
- Some people chose to prepare their own meals and staff supported them to do so, if this was their preference.

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

- Staff were committed to working alongside other agencies delivering care to people and worked collaboratively with them. A staff member described how the service responded to other care providers by changing their times of care to provide a seamless package of care to the person..
- Staff ensured prompt medical intervention took place. Care records showed how staff were proactive and quick to respond to changes in people and access the right level of care or health support for each person. People were involved in this and were able to choose the service they wished. A person told us, "Staff notice if I'm not very 'happy', they're very quick to get someone else into see me. I have my own chiropody and nail person."
- The service sourced visits from dentists, chiropodists and opticians, following these the service ensured collections were made and delivered to people who had needed prescriptions and equipment.
- Staff worked in tandem with people to encourage them to live healthier lives. Recently staff had led a step-a-thon with people. The service had purchased step-counters and, where able, staff and people worked together to increase their step count. This had led to more physical activity for people and also encouraged people to drink more fluids.
- The service provided well-being checks for everyone even if another care provider was the lead agency in that person's care.

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

- The registered manager involved people in all decisions about the service. A regular monthly meeting was held for people who wished to attend and various committees relating to all aspects of the service involved people in decisions.
- People had recently expressed a wish for a cashless system, for those who were not easily able to get to the bank, and this had been implemented.
- The service had developed a post-box system for those who were not able to access the nearest Royal Mail post box.
- A community shop was available so people could purchase stamps and cards and small items of food and cleaning products; this provided ease of access whilst supporting people to remain independent.

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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

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

- Staff understood the principles of MCA and how to implement this, if required. Staff offered choice to people and always asked for their consent when offering support.
- The service kept accurate and up-to-date records about people's Lasting Power of Attorneys.

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 remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- The provider, registered manager and staff demonstrated a determined commitment to making people feel valued. A staff member was clear that, "We make time, we're here for the [people], talking to them is the most important part. We're part of their lives, we're not just coming to work. We make sure [people] don't think (we're) rushing."
- Without exception people and relatives spoke highly of the compassion and kindness shown to them. One person told us, "They (staff) are used to me and follow what I want, they're brilliant about doing things." Another person said, ""[I have] staff you can rely on. I feel very well looked after. I couldn't be anywhere better, I've got peace of mind." Relatives comments included, "They do have some lovely, lovely staff", "I have complete peace of mind", and, "They (staff) are always friendly and responsive."
- The kind and caring philosophy at the service focused on individual knowledge and staff recognising small day-to-day support needs not identified in care plans. For example, something on the worktop which may need opening. Staff noticed if a person had received a new card from a family member and asked them about it, or a new jumper or haircut.

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

- The service had a strong, visible, person-centred culture and was exceptional at helping people to express their views and respecting these. People's comments included, "They (staff) are caring without being condescending. Always, always respect my wishes. I'm never ignored, they always respond positively." A relative confirmed, "We're invited to all [person's] reviews. They (the service) like to involve both me and [person's name]."
- Each person had a named key worker. Care records demonstrated how people's decisions about their care had been made with the involvement of the person and how these choices were met.
- People's day-to-day routines were recorded so staff could ensure these were respected and people could continue their daily lives supported by and not encumbered by their care needs.

Respecting and promoting people's privacy, dignity and independence

- Promoting dignity and respect was at the heart of the service. Care plans recorded in detail people's wishes, for example, about how staff should enter their property, whether to knock and wait or knock and walk-in. Staff were knowledgeable about and observed these at all times.
- Relatives told us, "They (staff) completely respect [person's] privacy. [Person is very particular about who they want to shower them and they (staff) are very responsive to that]", and, "[Person's name] feels he can be independent. It's nice for him to get some male company from the staff. They are all friendly without being

patronising."

- Technology was used to support people's independence. People had access to a call bell system and could choose whether to speak to a staff member or just press a button to confirm they were OK. The system enabled people to choose the level of privacy they wished to have at any given time.
- People used electronic calendars which provided reminders about their routine or planned activities or appointments for that day. Some people also used a 'noticeboard' with reminders about their day. In some instances, these were discretely positioned to remind them not to forget their key, for example.

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 good. At this inspection this key question has now improved to outstanding. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

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

- People received very personalised care and support that was extremely responsive to their needs. Care records were exceptionally detailed and provided staff with important information about people's history, life skills and experiences, as well as their aspirations. A staff member said, "We work with care documents every day, if we feel [a person's] needs are there then we put more support in place." This meant people received care according to their needs on any particular day, for example, plans recorded how people's needs may fluctuate and how staff should support this. People's preferences were always met.
- Care records also showed how support would be provided to pets if people were unable to look after them. People's preferences included how the pets should be looked after in the short and longer-term and who should be involved, providing people with peace of mind.
- A person told us, "Staff come at the same time every day, it's timed to suit me." And relatives praised staff for knowing and understanding people. One relative told us, "They've adjusted as [person's name] needs more help. As [person's name] got used to the routine [person] thought the times were too late and so [person's] times changed, they (staff) have been very responsive."
- Staff were focused on people's choices and actively promoted this whilst offering encouragement. A relative told us, "It's all [person's] choice really, when [person] won't go out they encourage [person] but at the end it's [person's] decision and choice, it's a very delicate balance which they (staff) deal with very sensitively."
- The service had recently provided a 'group' wheelchair to be used by people or visitors when needed.
- People's religious and spiritual needs were sensitively discussed and recorded. A chaplain visited people regularly and provided individual and group support, as needed.

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.

- People's communication needs were discussed and recorded in detail in care plans. For example, identifying someone should wear spectacles when receiving their medicines. Communication needs included relatives' communication wishes, for example, to receive meeting minutes or accounts by email.
- People had identified that noticeboards were not suitable for everyone and, following consultation with people, the registered manager had arranged for the height, font and colour to be changed, as well as removing the glass to prevent glare.

- A loop system was available in communal areas but people had also identified the need for a microphone and this had been provided.
- The service's weekly newsletter was issued in the same colour, font and writing style following consultation with people about their communication needs.

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

- The service employed an activities co-ordinator who was highly committed to arranging and promoting activities that fully involved people. They were readily available and visible when not undertaking activities.
- Everyone took part and enjoyed a wide range of activities. People were encouraged to suggest and lead activities, where they were able to do so. This supported people's skills and life experiences and built a strong community ethos about the activity provision.
- A social care planning aid was completed by the person and their key worker. This covered every aspect of a person's social needs by asking them about how they preferred to relax, what their daily routine was, what entertainment, physical activities, and outings they enjoyed, whether they had any learning or educational or volunteering ambitions, and any other ambitions or unfulfilled dreams they may have. Clear outcomes were identified to measure these.
- As people's needs changed alternative provision was made. For example, one person who was no longer able to stand to bowl was encouraged and supported to use a chair to continue the activity.
- The service kept detailed records of group social activities for people receiving personal care, such as attendance at a fellowship group and how people were supported to receive holy communion, where appropriate.
- People had been supported to develop a walking group; the service had provided a distance measurer and maps with different levels of routes were developed, with identified areas to rest. People felt confident to begin walking short distances as these were clearly identified and they had the support of their peers. People were encouraged and supported to talk about their life experiences and knowledge to small groups of their peers.
- The Dementia Friendly group had provided information sessions for people and relatives, which boosted people's confidence and knowledge and supported an uptake of voluntary services to support people who were living with dementia or caring for someone living with dementia.

Improving care quality in response to complaints or concerns

- The provider's complaints procedure was readily available in the reception area and in people's care plans.
- Without exception everyone we spoke with was aware of how to complain but felt they had never needed to. A person said, "I know I can say something then it would be acted upon with positivity."
- The registered manager described how all concerns, however small, were investigated and consideration given to whether a change was needed to improve people's lives. For example, people had expressed a wish to change the catering contract and this had been done by involving people in the process.

End of life care and support

- The registered manager and staff team thoughtfully ensured people's end of life care was carried out in accordance with their preferences and wishes. People's end of life wishes were sensitively discussed and recorded.
- Staff were exceptionally knowledgeable about people's likes and dislikes and used this knowledge to provide an enriched end of life care. For example, the service had recently provided an evening event focused on a person's music passion where the person was supported to attend and enjoy with family and friends. In later stages of end of life staff ensured the right ambient temperature was maintained in the room and appropriate seating available for the person's spouse. Staff provided holistic support not just to the person but to their loved ones as well.

- The service actively worked with other care providers and health professionals to ensure people were as comfortable as possible.

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 now improved to outstanding. This meant service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

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

- The service was exceptionally well-led. The ethos of 'live later life well', vision and values were provider led, however the registered manager exhibited these and led by example with a clear focus on quality care matters.
- Everything the registered manager did was reflective of creating a positive, open, and empowering culture for both people and staff. The registered manager told us, "I'm proud of my team, they're my colleagues, they work incredibly hard with a smile on their faces, making a difference to each other and to [people], they've grown in attitude, I learn from them. I'm very proud of the community – the way they've enabled the scheme to evolve." Staff echoed these views; one staff member said, "Everyone is very positive, it's a community feel."
- People knew the staff and registered manager well; there was an easy feel to interactions which supported an inclusive environment. Staff and the registered manager worked alongside people as equals.
- Relatives were included in the service at every opportunity and communication was two-way. One relative said, "The manager is always available for me to speak to whenever I want, [their] door is always open."
- Outcomes for people were an integral part of the service and considered at every level of care provided. There was a strong emphasis on wellness for both people and staff.
- The registered manager was respected and trusted to make decisions and implement change to improve the service. They were creative about empowering staff and used a quality circle for staff to submit and discuss new ideas. Staff had recently expressed a wish to use the gym, the registered manager had consulted with people and agreed a price, and the provider had agreed for staff to be able to access the gym.

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

- The provider and registered manager understood their responsibilities about informing people and families, CQC and other agencies when incidents occurred.
- The registered manager was open, honest and transparent when lessons could be learnt and improvements in service provision were needed. For example, through the consultation and development of new service contracts.
- Minutes of all meetings were shared with people and relatives, as were results of surveys and these were used as a basis for discussions with people, relatives and staff as a focus to improve the service.

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

- The registered manager demonstrated clear and effective leadership skills. Their knowledge, passion and commitment to the service, the people in their care and all staff members was exemplary. The registered manager said quite simply their priority was "making sure people and staff are safe".
- People and staff were highly complementary about the registered manager. A staff member said, "We get recognised for the job, (we) get praised and thanked."

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

- Everyone was invited to annually complete a customer satisfaction questionnaire for all aspects of care and support. The analysis showed people and relatives were very happy with the care and support they received. Suggestions for improvements, for example, moving seating within Mickle Hill to benefit those of limited mobility were discussed and agreed at residents' meetings.
- The Mickle Hill Residents Association met monthly and other committees were in place for different projects, all of which involved people using the service. People had been involved in setting 'house' rules and in drawing up new contract specifications. Discussions were held with people and potential new services and people had then shortlisted and agreed new contracts in conjunction with the registered manager.
- Staff took part in the provider Communication and Negotiation Policy group. The registered manager said, "It's about staff being in control – not being done to."

Continuous learning and improving care

- The provider had put in place leadership training for registered manager and plans were in place to cascade this to senior carers in the future.
- The registered manager frequently held drop-in sessions for both people and staff with themes as a starting point for discussion. The most recent of these was around 'wellness' where people and staff were asked how they felt, whether the service was enhancing their lives, what could be done differently. People and staff were encouraged to start from a blank canvas. This gave people an opportunity to be creative with their suggestions, all of which were considered, discussed and agreed collectively. The registered manager was conscious to visit people in their own homes if they were unable to attend a drop-in session and have the same discussion
- As an outcome from surveys staff produced action plans during strategy meetings to support service improvement. Staff were asked about their wellbeing and the registered manager worked with staff to improve staff's awareness of wellbeing for both themselves and the people they supported.
- Two members of staff had suggested visiting an outstanding service of the provider, had been supported to do this and had provided feedback to the staff team on their return. Ideas and suggestions were discussed, agreed and implemented, for example, about staff sharing information with each other to speed up updates.

Working in partnership with others

- The registered manager was clear that the people they supported were their primary partners, however the service prided itself on being an integral part of the local community, always with consultation with the people receiving a service.
- The service had developed strong links with the local Methodist Church, offering them premises for coffee mornings and meetings whilst the Church was being refurbished.
- The service had hosted mutually beneficial drop-in sessions for Ryedale Carers Group, which supported people receiving care from the service and their relatives, as well as others in the local community.
- The service had worked with a local bus company to arrange for them to stop in Mickle Hill village as there

was no direct public transport links previously. This service was known as the 'little white bus' and the service had developed an agreement with the company so that it was free for those people with bus passes and subsidised for others.

- The registered manager creatively worked with other organisations to offer sessions to support people to maximise their benefits, for example, so people were supported to claim and receive Attendance Allowance, where applicable.
- The service had forged close links with the local primary school and in creative cross-generational work had developed singing, art, and games groups, as well as exchanging choir and performance visits.