

Housing & Care 21

Housing & Care 21 - Limestone View

Inspection report

Limestone View
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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Outstanding ☆

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This inspection took place on 30 August 2017 and was unannounced. The service was inspected by one adult social care inspector.

The provider was given 24 hours' notice because the location provides an extra care service and we needed to be sure that someone would be in. At the time of the inspection the service was supporting 21 people with personal care.

Housing & Care 21 – Limestone View provides personal care and support to older people who live in their own apartments. There are 50 apartments altogether. Some of the people who use the service are living with dementia. Apartments are located on one site in Settle around an office and communal areas. There is a café on site which can be used by the public, as well as the local library. There is also a hair salon based on the premises which is open to people using the service and the public. The aim of the service is to support people to live independently.

On the day of the inspection, we visited two people who used the service in their own apartments, spoke with one person's relative and a visitor of another person using the service. We also spoke with four people in communal areas of the housing complex. We spoke with the manager, the care team leader, five support workers and a visiting GP. We looked at five people's care records, medication records, five staff files, training records, call schedules and other records related to the management of the service. Following the inspection, on 1 September 2017, we contacted the relatives of three people by telephone to speak with them about their experience of the service. We also spoke with a member of social care staff from the local authority and a community staff nurse from the district nursing team.

The service had a registered manager. However, they were not on site on the day of the inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. There was a manager on site who assisted us with the inspection.

People told us they felt safe and could speak to any of the staff if they were worried about anything. The manager understood their responsibilities for safeguarding people and staff were trained to understand and recognise abuse. They knew who to report concerns about people's safety and welfare within the organisation and knew where to access contact numbers to external agencies if necessary. Staff confirmed safeguarding was regularly discussed in supervision sessions with management to support their knowledge.

Systems were in place to ensure medicines were managed safely. Observational checks on staff competencies were carried out as well as weekly medication audits.

Risks to people's safety and welfare were identified and managed. Risk assessments clearly identified the

risks to people and what could be done to mitigate the risks and keep them safe whilst promoting independence.

People received a service that was based on their personal needs and wishes. Care plans were personalised. Staff felt they had enough information to meet people's needs, including receiving regular up to date information. Changes in people's needs were identified and their care packages were amended to meet their changing needs. The service was flexible and responded positively to people's requests where possible. People who used the service felt able to make requests and express their opinions and views. Health and social care professionals were regularly involved in people's care to ensure they received the right care and treatment.

Without exception, all of the people we spoke with and their relatives provided positive feedback about the service. People said they would recommend the service to anyone who needed extra support. They described the service as a community where they felt included. People we spoke with told us staff were kind, caring and compassionate. We observed genuine warmth between people and the staff who supported them. Relatives we spoke with informed us the staff showed a high level of compassion and sensitivity towards their family members. They also said that staff went out of their way to promote the independence of the people they provided care for. All the people we spoke with explained how staff went over and above what they expected from them and they couldn't ask for anything more. People told us the support they received improved their well-being and sense of inclusion. Staff were positive about the people they supported and the service provided.

People were supported to prepare meals. We saw people's nutritional needs and preferences were taken into account.

We found the service was working in accordance with the Mental Capacity Act 2005 and this helped to make sure people's rights were protected. Where there was any concern regarding a person's capacity to understand a particular decision the correct process was followed to make sure any actions taken were in their best interests.

There was a complaints procedure. The people we spoke with said they would speak with one of the staff or the manager if they had any concerns.

The management team were committed to continuous improvement. Feedback from people, whether positive or negative, was used as an opportunity for improvement. The manager demonstrated a good understanding of the importance of effective quality assurance systems. There were processes in place to monitor quality and understand the experiences of people who used the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People told us they felt safe. Staff discussed and agreed with people how risks would be managed which ensured their safety but also allowed them to enjoy their freedom and independence.

There were enough qualified, skilled and experienced staff to meet people's needs. We saw when people needed support or assistance from staff there was a member of staff available to give this support. We saw the recruitment process for staff was robust to make sure staff were safe to work with vulnerable people.

There were arrangements in place to ensure people received medication in a safe way.

Is the service effective?

Good ●

The service was effective.

People were supported by staff who knew how to meet their needs. Staff were knowledgeable about how to meet people's needs, and their skills were regularly updated.

People received support from staff that respected people's rights to make their own decisions where possible.

People were supported to access health and welfare professionals when they needed to.

Is the service caring?

Outstanding ☆

The service was very caring.

The management team and staff were committed to providing the highest quality care possible.

People were supported by kind, compassionate and caring staff who listened to their preferences.

Staff respected people's dignity and supported people to

maintain their independence.

Is the service responsive?

Good ●

The service was responsive.

People's care and support needs were assessed and plans identified how care should be delivered. People received consistent, person centred care and support. There was opportunity for people to be involved in a range of activities on site and we saw evidence of connections with the local and wider community.

Relatives told us they were involved in their family member's care and we saw documentation reflected individual needs and wishes.

There were systems in place to enable people to express their comments, concerns and complaints, to improve the service offered.

Is the service well-led?

Good ●

The service was well-led.

People spoke positively about the staff team and the manager. Staff were proud to work at the service and were happy to go above and beyond for people using the service.

People, their relatives and staffs views and suggestions were taken into account to improve the service.

The service had systems in place to monitor the quality and safety of the service to aid continuous improvement.

Housing & Care 21 - Limestone View

Detailed findings

Background to this inspection

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

This inspection took place on 30 August 2017 and was announced. The provider was given 24 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in. At the time of the inspection the service was supporting 21 people with personal care.

The service was inspected by one adult social care inspector.

Housing & Care 21 - Limestone View is a domiciliary care service. The service is based within a housing complex provided by housing company and supports older people and people with physical disabilities to live in their own apartments within the complex.

On the day of the inspection, we visited two people who used the service in their own apartments, spoke with one person's relative and a visitor of another person using the service. We also spoke with four people in communal areas of the housing complex. We spoke with the manager, the care team leader, five support workers and a visiting GP. We looked at five people's care records, medication records, five staff files, training records, duty rotas and other records related to the management of the service. Following the inspection, on 1 September 2017, we contacted the relatives of three people by telephone to speak with them about their experience of the service. We also spoke with a member of social care staff from the local authority and a community staff nurse from the district nursing team.

We asked the provider to complete a Provider Information Return (PIR) which was returned to us in a timely manner. This is a form that asks the provider to give some key information about the service, what the

service does well and improvements they plan to make.

Is the service safe?

Our findings

All of the people we spoke with told us they felt safe and able to speak to any of the staff if they were worried about anything. One person told us, "The staff are always there for you whenever you need them". Other people told us about the pendants and wrist bands they wore so they could alert staff at any time. We saw that pull cords and alarm boxes were located on walls around the building in communal areas and corridors. This meant people using the service could summon assistance should they need it.

We saw positive interaction throughout our visit and people who used the service appeared happy and comfortable with the staff. There was an excellent rapport between people who used the service and the staff. Staff said they treated people who used the service well and that any untoward practices would not be tolerated and reported promptly. They said they would have no hesitation in reporting any concerns and felt confident to do so if needed.

There were effective procedures in place to make sure that any concerns about the safety of people who used the service were appropriately reported. Staff were able to describe different types of abuse and were clear on how to report concerns outside of the service if they needed to. Staff were familiar with the provider's safeguarding and whistle blowing procedures. Staff had received training in the safeguarding of vulnerable adults and the records confirmed this.

Risks to people who used the service were appropriately assessed, managed and reviewed. We saw risk assessments had been carried out to minimise the risk from avoidable harm to people who used the service, while also maintaining and promoting independence. The risk assessments were also linked to care plans and other activity involved in care delivery such as moving and handling or using equipment. The assessments identified any hazards that needed to be taken into account and gave staff guidance on the actions to take to minimise risk of harm. Staff said they kept up to date with people's care plans and risk assessments so they were aware of what support the person needed and what support people received.

People we spoke with told us they had regular staff and they arrived at the agreed times and stayed for the full length of their visit. They also said they were always informed if there was a delay in a member of staff arriving for any reason, which they told us they appreciated. One person told us, "They are never late getting to me. I can set my clock by the girls they are fabulous. They know how I like things done and they just do it, you cant ask for more than that." The manager and staff explained there was an extra staff member on duty on each of the two day shifts for the purpose of providing any cover required if staff were running late for calls. People we spoke with said this gave them peace of mind and increased their feeling of safety.

Through our observations and discussions with people who used the service, relatives and staff members, we concluded there were enough staff with the right experience and training to meet the needs of the people who used the service. The staff we spoke with said there were enough staff to meet people's needs, and they did not have concerns about staffing levels. One staff member we spoke with said, "There are enough of us on shift to make sure we get everything done. Its not rushed." We saw rotas were worked flexibly to meet the needs of people who used the service. People who used the service said there were

enough staff available to them. A relative of a person who used the service said there was always enough staff when they visited. People told us they were supported by staff who knew them well. All the people we spoke with explained how they were never supported by staff they had not been introduced to and this increased their feelings of safety. Staff explained how they worked as a team and the manager and the care team leader would support them when needed. They told us, "We are always around to help out if needed. Staff only have to ask."

A thorough recruitment and selection process was in place which ensured staff recruited had the right skills and experience to support the people who used the service. We looked at recruitment in five staff files. They all contained relevant information; which included a Disclosure and Barring Service (DBS) check and appropriate references. These checks helped to ensure the provider made safer recruitment decisions and helped to prevent unsuitable staff from working with vulnerable people.

We looked at a sample of medicines and records for people using the service as well as systems for the storage, ordering, administering, safekeeping, reviewing and disposing of medicines. Medicines were stored securely and there were adequate stocks of each person's medicines available with no excess stock. Staff who administered medication had been trained to do so and we saw their competency was checked regularly. We looked at the medication administration records (MAR) for the people who used the service and no gaps in recording were seen which showed they had been given correctly. Protocols for medicines prescribed to be taken on an 'as required' (PRN) basis were in place.

Accidents and incidents had been recorded in line with the service's policy and procedures. There were comments about any action which had been taken to manage the risk of the situation re-occurring. We saw individual risk assessments in place to minimise the risk of avoidable harm to people who used the service.

We saw people had Personal Emergency Evacuation Plans (PEEP) so staff were aware of the level of support people using the service required should the building need to be evacuated in an emergency.

We saw there were systems in place to make sure the premises and equipment was maintained and serviced as required. Records we looked at showed gas and electrical safety tests were carried out at the correct intervals. Records also showed that fire fighting equipment had been serviced.

Is the service effective?

Our findings

People we spoke with said all the staff were knowledgeable about how to meet their needs. One person told us, "They [staff] are all very professional and know me so well. I know they are always looking out for me and will pick up on anything of concern." Relatives we spoke with told us they were confident that staff were well trained and knew how to support their relative. One relative said about staff, "They all seem very well trained and have a really good knowledge about our relative." We spoke with a social care assessor from the local authority who explained how in their experience staff were confident when supporting people with dementia. They said, "The team at Limestone View has made a real effort to support people living with Dementia and enabled them to remain in their own home. They have worked hard to support relatives too."

The provider had supported the managers to become 'train the trainers' enabling them to deliver induction and refresher training to new and existing staff, including moving and assisting of people. The service had a moving and assisting trainer within the staff team, which benefitted both people using the service and staff.

Staff told us they had received an induction before working autonomously with people. The induction had been endorsed by Skills for Care. Skills for Care provides practical tools and support to help adult social care organisations in England recruit, develop and lead their workforce. The induction included training, reading people's care plans, as well as shadowing experienced staff. Experienced staff shared their knowledge of how to support people with new staff so people received consistent care.

Staff said they met the people using the service before they began supporting them. One staff member told us, "Before I started supporting people I went to meet them with the staff and I was introduced and we had a chat. This really helped the people I would be supporting and it helped me too. I think it makes a difference that we do that, its not like you are a stranger to them."

Staff said they felt prepared and had received training in all areas of care delivery. One member of staff explained how they were encouraged to always ask questions to the management team and their colleagues, and how this improved their confidence when supporting people. Staff told us they were supported by the management team to achieve their vocational training and how this supported them to feel recognized for their skills.

Staff told us they felt supported by the management team and had quarterly supervisions and monthly team meetings. We looked at staff training records which showed staff had completed a range of training sessions. These included health and safety, medication awareness and administration, awareness of mental health, dementia and learning disability. There was a system in place which monitored staff training which alerted staff as to when they were required to complete updates.

Staff completed training on the Mental Capacity Act 2005 (MCA). The management team and staff had a good understanding of the principles of the MCA and the use of least restrictive practice. One staff member said, "We all understand about not making decisions for people and giving them time to understand so they can make their own decisions." The MCA provides a legal framework for making 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 told us staff always checked they agreed with what support was offered to them. Relatives we spoke with said they always heard staff checking their family member consented to what they were doing. One relative told us, "You can hear the staff as soon as they come, asking if our relative is happy to have their support at this time, or is there anything they would like to have their support with later on. They always give choices to our relative." We saw evidence of written consent in the care records that we looked at. The manager demonstrated their understanding of the action they would need to take should they have concerns regarding an individual's capacity to make a particular decision or give consent. The manager told us that if people were not able to consent then a 'best interest' meeting would be held on their behalf. A 'best interest' meeting is where other professionals, and family where relevant, decide on the course of action to take to ensure the best outcome for the person using the service.

Staff knew how to respond to specific health and social care needs. For example, recognising changes in a person's physical health. During our inspection, we observed staff followed appropriate policy and procedures that were in place and ensured other health professionals were involved to meet all of the person's needs

We saw in care records that people who used the service had regular visits from health professionals including district nurses and their GP. We found records of visits by the GP with information about the outcome of the visit. This meant people were supported by a range of health professionals to maintain their health and well being.

Staff supported people to maintain a balanced diet. Some people's support needs included requiring help with or the preparing of main meals and snacks. We reviewed care records which showed the service had sought and were following the advice of health professionals with regard to people's dietary needs. There was clear guidance in place for staff to follow which included adding thickeners to people's drinks or softening of foods to enable swallowing.

Is the service caring?

Our findings

People and relatives were overwhelmingly positive about the way staff demonstrated a caring and thoughtful attitude towards people. One person's relative told us, "It's so beautiful here, the way they support my relative is amazing, the staff really care. It couldn't be any better." Our observations showed that people were included and engaged with by staff at every opportunity. We saw that people and their relatives had a great rapport with staff. Staff demonstrated an in-depth knowledge of people, and told us they recognised each person as an individual. They were encouraging and supportive in their communication with people. We saw people were comfortable in the presence of staff and staff treated people kindly; having regard to their dignity and privacy. The atmosphere in the service was positive and relaxed and we saw that staff had time to attend to people's needs and spend time with them.

People who used the service enjoyed the relaxed, friendly communication from staff. A friend of a person who used the service told us they thought the staff were very thoughtful and patient. They said, "They deal with some difficult behaviours from [name of person] and it is always with kindness and patience." We also spoke with people's relatives who told us, "My relative is like their old self. They had become very low where they were living before and this place has brought them right out of themselves. There is always something going on here. Even just having the option to come for a coffee or getting their hair done, it's like nowhere else we looked at for them to live at." "The staff here are outstanding, I don't know where they get them from but every single one of them shows an exceptional level of compassion and discretion in their care for our relatives. I cannot praise them enough. As a place to live, it's just perfect, it's a growing community. We think it's as near to perfect as it can be. The management team are absolute gems. It's so clear to us that they really do care and you can't beat that. This place has become so important to our relatives and us. I could never thank them enough."

We spoke with people using the service and without exception; we received very positive feedback from people about their experience of using the service. One person told us, "I feel like I've been given a second chance. They have brought me back to life the staff here. They will always go that extra mile for you, nothing is too much trouble. I can't fault it, I have no complaints." This person also told us how staff had supported them and another person using the service to start playing a musical instrument again after a number of years. One of the people concerned told us, "I have a friend with similar interests and we have done some musical sessions together. I feel great about that as I never thought that would happen for me again. The staff are very good to me and without them I don't think I'd be able to do this." Another person we spoke with told us that with the support of staff they were able to go for a coffee in the café at any time. They said they had also joined the session of Bingo on a Friday evening which had been arranged by staff which was also attended by members of the public. They told us, "When I lived on my own I couldn't get out. But here I have become part of something and it's like a community all under one roof. But you can have your own space if you want it. I have never looked back because I know this place is the best there is. The staff are the kindest people I have ever met in my life. Nothing is too much trouble. It's A1 here, it really is."

We spoke with the manager and staff about how they had a number of people using the service who had packages of extra care in place as their needs had changed. We saw records which showed how flexible the

service had been to support the people concerned to remain at the service despite their needs changing. We spoke with people's relatives about this and they told us how reassuring this had been for them, and how they were so thankful that the service had been able to respond so quickly. All of the people using the service that we spoke with and relatives told us they would recommend the service to others.

Staff we spoke with said people received very good care. They described it as, 'person centred', 'individualised' and 'caring'. One staff member said they were proud to work at the service and always treated people as they would like to be treated themselves. Another staff member we spoke with told us they would like to enable a person using the service to go on holiday, even using their own annual leave to do so. They believed this would mean a great deal to the person and their well-being. We also overheard staff talking about shopping for people in their own time. All of the staff we spoke with told us they would recommend the service for people to use and also for other people to come and work at. One staff member said, "I get up in the morning and it doesn't matter to me whether I'm on a day off or at work, I love working here so much I enjoy every day. These people deserve the best and that's what we aim for. We are a great team and we all care very much about everyone here."

Throughout the inspection we observed staff encouraging people to engage in activities. This included a 'Tapas' evening in the café that night. A large number of people we spoke with were looking forward to it. The café was also open to the public and we saw a number of people attending throughout the day for a coffee. People using the service told us this made them feel part of the community.

We asked staff how they learnt about the needs of people using the service, and in particular about their religious beliefs. A member of staff told us they had time during their induction period to talk to people, read their care plans and meet their relatives/visitors. The service held regular services in the communal lounge area for people to attend. The manager told us that a number of people using the service were supported to attend services at the local church and activities held there. This showed that the service supported staff to know people well and respect their religious and spiritual needs.

We spoke with a health care professional who visited the service on a daily basis. They said, "My observations and feedback from the people I see is that they receive an excellent service. Overall I am impressed by the level of care that the staff provide. I have not had any adverse reports from people and staff always appear to be very kind, courteous and respectful to the people they are supporting."

We spoke with a social care assessor from the local authority who was regularly involved with people receiving a service. They said people were happy with the service and saw staff had built good relationships with people and their relatives. They gave examples of how the provider supported people living with dementia to enable them to remain in their home for as long as possible. They also told us that staff were creative at supporting people effectively. They did this by spending time engaging with people and encouraging them to use the facilities at the service. This gave people time to get to know the members of staff who would be supporting them.

We saw the service had built links with the community to ensure they could offer people advice and support about other services when they needed them. This included a service to provide dementia specific support based in the local village. The manager told us this was accessed by a number of people including their relatives.

Is the service responsive?

Our findings

People we spoke with told us about how their individual needs were met. One person told us how staff supported them to manage their daily life. They said they were more in control of their life because of the support they received. They were able to go out into the community if they wanted to and this gave them a sense of independence and supported their wellbeing. Another person told us, "They do a great job, they listen, they are patient and they support me in areas I need support with. It means a lot to me to know they are there." People we spoke with told us staff involved them with decisions about how they were supported. Relatives said staff kept them involved and up to date as agreed by their relative.

Staff knew the people they supported really well and we saw that care plans in place provided staff with clear guidance on how best to support the person. Staff described what support people needed and we saw this was reflected in people's care plans along with people's choices and outcomes. We looked at care records and saw people's likes and dislikes were recorded for staff to be aware of. People we spoke with told us they felt their individual needs were met. Where more complex needs were identified, staff were aware of how to support the person.

People told us their support was regularly reviewed and any changes which were needed were put in place straight away. This helped to ensure care and support was appropriate to the person's individual needs. Staff were informed of any changes without delay. People we spoke with said they felt able to say if anything needed changing or could be improved. They also said they saw the management team regularly around the premises and they were always asking if everything was ok, checking if they were happy with the support provided. During our inspection, we saw that one person had new medication prescribed to be taken at times which did not correspond with their visits. We saw that the care team leader spent time working to ensure that this would be done. They informed staff and made sure that all records concerning the person reflected this change. This showed that the service was responsive to any changes in people's support needs.

People were supported by staff to engage in activities to stimulate their wellbeing and promote independence. People using the service were supported to attend events organised by the provider. Two people were due to attend an event held by the provider for the purpose of encouraging engagement with people using the service. This helped keep people informed and encouraged awareness of other organisations that could provide support if required.

The manager had reached out to the local community for donations of items of interest to create a room at the service which we saw was filled with memorabilia including furniture, books and other items such as records. This had created a space for reminiscence which the service used to offer people afternoon tea whilst listening to music. The manager told us this area had created a lot of interest, as had the record player which the manager had purchased for people to use. They said people were bringing their own records to play and enjoy in the communal areas of the service.

We found evidence which showed strong community links and the scheme becoming a hub for the local

community, working with Age UK, the provider and people using the service to create a sensory garden. This was a good example of positive and meaningful engagement. The involvement with Tour De Yorkshire saw tenants who may have missed out on this highly publicised event painting bicycles yellow and being part of the activity in the wider community in Settle. This was led by the manager and the onsite team.

The service regularly held coffee mornings for all living at Limestone View to attend. These were a point of contact for a number of people and this space was used to hold discussions about areas of potential improvement to the service provision. The service also sent out a monthly newsletter which included updates on service provision and events which were planned. The August newsletter included a notice to say that the local newspaper would be available for people to listen to as a vocal recording. This could be accessed either in the communal lounge or via a USB stick in people's own homes.

All of the people we spoke with said they felt able to raise any concerns and knew who to speak to, either care staff or the management team. One person said, "They are always asking if everything is okay for me, I would tell them if there was anything but there isn't." All of the people we spoke with said they no complaints and had not had cause to complain about anything. They said they were happy with the care provided. Relatives said the management team were approachable and if they had any concerns they know they would be responsive. Records we looked at showed the management team investigated any concerns raised and actioned them appropriately. For example, we saw one complaint had been investigated. The outcome had been discussed and agreed with the complainant. There were clear arrangements in place for recording complaints and any actions taken. Staff told us learning from complaints was shared with them at their team meetings. Meeting minutes we reviewed confirmed this. Staff we spoke with also said any feedback received from people was shared with them to ensure they knew when they were doing a good job.

Is the service well-led?

Our findings

Without exception, all of the people we spoke with said the service was very well managed and they had confidence in the management team. The service had a registered manager who was not available on the day of the inspection. We spoke to the manager in their absence. The manager of the service had previously applied to become registered with the CQC but had needed to complete managerial and leadership training. At the time of the inspection, the manager had completed the training and submitted their application to become registered the day after our inspection.

The manager had worked hard to develop strong links with people using the service, relatives and staff. All the people we spoke with mentioned the manager and how approachable they were with them. Staff all spoke positively about the manager and the care team leader. The management team demonstrated a commitment to provide a high level of service for people. They did this by ensuring staff were well supported and always focussed on providing an excellent service for people. Staff told us they could discuss anything with the manager. They said they were approachable and easy to work with, and really listened to people using the service. One member of staff explained how the management team were passionate about, "Everything we do is about putting people first, they are at the heart of everything we do."

The provider had a mentoring programme which provided opportunities for managers to be a mentor to future managers. The manager of the service was currently a mentor on this programme.

The provider had a learner pathway for staff to support care as a career. All staff have access to the pathway which clearly sets out all learning and development requirements for all the different roles within the organisation. This was evidenced at Limestone View where we saw the manager had started their employment with the provider as an administrator, the care team leader as a Senior Carer and the assistant housing manager as a carer. This showed there were career and development opportunities for staff to progress if they so wished.

Staff we spoke with said staff morale was very good because of the support they received from the management team. They said this was because of the good leadership from the manager and the care team leader. One member of staff said, "This is the best place I've worked and I always talk about it with friends. It's not like being at work, we all get on, we all really care about the service we are giving people. The residents are like family, I wouldn't treat my own family any differently. I think we all do our best for people." Staff talked about the team meetings being very important and that there was always a lot of positivity. One staff member said, "We are encouraged to give our ideas and thoughts on things. We contribute and that's really important. To do a good job you need to feel valued and respected, I think we all do."

We spoke with a social care assessor who told us they had been very impressed with the service and their commitment to supporting people with dementia. They said they were aware that the flexibility the service had shown in some instances had meant that people were able to remain in their own homes rather than go into a care home.

People we spoke with all told us they felt listened to. We saw the results for people using the service were very positive. The latest survey of people using the service in May 2017 recorded an overall care satisfaction score of 100%. The response rate of the survey was 95%. People we spoke with all said they were regularly invited to share their opinions about the service and any suggestions for improvements. Without exception, all of the people we spoke with told us there were no improvements needed with the support they received. The management told us staff had won an 'Outstanding team award 2017' within the provider group of services for the significant contribution the team had made. Staff told us they felt appreciated by the management team and these awards acknowledged their hard work.

Staff told us how any compliments were shared with them. We saw the service had received 12 compliments in the last 12 months. These contained positive comments and feedback from people and their relatives about the service. For example, "All staff involved in the care were empathic and professional." "The care plan is excellent and a tribute to the professionalism and high standard of care shown by the staff at Limestone View." "I thank you and all the staff at Limestone View for the excellent care and kindness you have given my relative."

The provider had a good quality assurance system in place which enabled them to monitor, maintain and improve standards of service. Systems were in place for monitoring that accidents and incidents were recorded and outcomes clearly defined which helped to prevent or minimise re-occurrence. Checks were completed on a regular basis by members of the management team. For example, people's care plans, risk assessments and daily communication records. This enabled any trends to be spotted to ensure the service was meeting the requirements and needs of people being supported. Where actions were needed, these had been followed up. Spot checks were also conducted on a random basis. These checks enabled the management team to ensure staff were arriving on time and supporting people appropriately in a kind and caring way.

The service held quarterly management liaison meetings with the local authority, library, restaurant and hairdressers based on-site to ensure that the service delivered continued to be fit for purpose.

The registered manager told us there were plans to convert an area of the premises to provide and intermediate care suite to support the closure of the local cottage hospital. This is in partnership with the Clinical Commissioning Group and the Local Authority. The provider had also carried out this work in other rural schemes across North Yorkshire. The aim of the provision will be to prevent hospital admission, facilitate safe discharge and provide an environment that can also be used as a 'time to think' facility for people considering a move to extra care.

The provider had their induction endorsed by Skills for Care which meant they were members of the Care Learning Coalition (CLC). This is a membership network for learning and development providers who have shown that they are committed to raising the quality of training in the health and social care sector.

The provider and registered manager were meeting their legal obligations. These included submitting statutory notifications when notifiable events, such as injury to a person occurred. They notified the CQC as required, providing additional information promptly when requested and working in line with the legal requirements of their registration.