

Redcar & Cleveland Borough Council

Jervaulx Road

Inspection report

17 Jervaulx Road
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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

We inspected Jervaulx Road on 2 and 8 December 2016. This first day of the inspection was unannounced, which meant the staff and registered provider did not know we would be visiting. We informed the registered manager of our visit on 8 December 2016.

When we last inspected the service in October 2015 we found two breaches of regulations. We found that staff had not received regular updates on their training to enable them to carry out the duties within their role and effective governance arrangements were not in place. Quality assurance and governance processes are systems that help providers assess the safety and quality of their services, ensuring they provide people with a good service and meet appropriate quality standards and legal obligations. The registered provider wrote to us telling us what action they would be taking in relation to the breaches of regulation.

At this inspection on 2 and 8 December 2016 we found that the registered provider had followed their plan and legal requirements had been met.

The home had a registered manager. 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.

Jervaulx Road provides care to adults who have a primary diagnosis of a learning disability. The service is a purpose built, two-storey building, comprising of three separate units interlinked by internal corridors. Currently care and accommodation is provided to a maximum number of eighteen people. Stepping Stones is a six bedded unit in which people are supported to develop their living skills with a view to living independently. People are admitted for an agreed period of time and follow an agreed training programme whilst being assessed and supported by staff. Unit 17B has six beds. Two of the beds are for people who are permanent placements and the other four are for short breaks. Unit 17 C is a six bedded unit which accommodates a maximum number of 6 people on a permanent basis. Since the last inspection the garage at the service has been converted into a self-contained flat (two bedrooms) which can be used to support those people to live independently and who are to move onto independent living. This increases the total number of bedrooms within the service to 20. The registered provider is aware of the need to vary a condition of their registration to enable them to accommodate 20 people. The registered provider has assured us that the self-contained flat will not be used until the variation to registration is agreed. At the time of the inspection there were 12 people who used the service.

People were protected by the services approach to safeguarding and whistle blowing. People who used the service told us they felt safe and could tell staff if they were unhappy. People who used the service told us that staff treated them well and they were happy with the care and service received. Staff were aware of safeguarding procedures, could describe what they would do if they thought somebody was being

mistreated and said that management acted appropriately to any concerns brought to their attention.

Appropriate checks of the building and maintenance systems were undertaken to ensure health and safety.

Risks to people's safety had been assessed by staff and records of these assessments had been reviewed. Risk assessments had been personalised to each individual and covered areas such as health, behaviour that challenged, falls, burns and scalds. This enabled staff to have the guidance they needed to help people to remain safe.

There were sufficient staff on duty to meet the needs of people who used the service. We found that safe recruitment and selection procedures were in place and appropriate checks had been undertaken before staff began work. This included obtaining references from previous employers to show staff employed were safe to work with vulnerable people.

Appropriate systems were in place for the management of medicines so that people received their medicines safely.

Staff had been trained and had the skills and knowledge to provide support to the people they cared for. People and relatives told us that there were enough staff on duty to meet people's needs. Staff understood the requirements of the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards which meant they were working within the law to support people who may lack capacity to make their own decisions.

We saw that people were provided with a choice of healthy food and drinks, which helped to ensure that their nutritional needs were met.

People were supported to maintain good health and had access to healthcare professionals and services. People were supported and encouraged to have regular health checks and were accompanied by staff to hospital appointments.

There were positive interactions between people and staff. We saw that staff treated people with dignity and respect. Staff were attentive, respectful, patient and interacted well with people. Observation of the staff showed that they knew the people very well and could anticipate their needs. People told us that they were happy and felt very well cared for.

People's independence was encouraged. Activities, outings and social occasions were organised for people who used the service.

People's needs were assessed and their care needs planned in a person centred way. We saw that risks identified with care and support had been identified and included within the care and support plans.

The registered provider had a system in place for responding to people's concerns and complaints. People told us they knew how to complain and felt confident that staff would respond and take action to support them. People we spoke with did not raise any complaints or concerns about the service.

There were effective systems in place to monitor and improve the quality of the service provided. Staff told us that the home had an open, inclusive and positive culture.

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 we spoke with were aware of the different types of abuse and what would constitute poor practice. Staff knew how to recognise and respond to abuse correctly.

There were sufficient skilled and experienced staff on duty to meet people's needs. Robust recruitment procedures were in place. Appropriate checks were undertaken before staff started work.

Effective systems were in place for the management and administration of medicines. Checks of the building and maintenance systems were undertaken, which ensured people's health and safety was protected.

Is the service effective?

Good ●

The service was effective.

Staff had the knowledge and skills to support people who used the service. They were able to update their skills through regular training. Staff had received regular supervision and an annual appraisal. Staff had an understanding of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards

People were provided with a choice of nutritious food. People were weighed on a regular basis and nutritional screening took place.

People were supported to maintain good health and had access to healthcare professionals and services.

Is the service caring?

Good ●

This service was caring.

People and relatives told us that people were well cared for and we saw that the staff were caring and people were treated in a kind and compassionate way. The staff were friendly, patient and

discreet when providing support to people.

Staff took time to speak with people and to engage positively with them.

People were treated with respect and their independence, privacy and dignity were promoted. People and relatives were included in making decisions about their care. The staff in the service were knowledgeable about the support people required and about how they wanted their care to be provided.

People had access to advocacy services. This enabled others to speak up on their behalf.

Is the service responsive?

Good ●

The service was responsive.

People's needs were assessed and care and support plans were produced identifying how to support people with their needs. These plans were tailored to the individual and reviewed on a regular basis.

People were involved in a range of activities and outings.

People and relatives were aware of how to make a complaint or raise a concern. They were confident their concerns would be dealt with effectively and in a timely way.

Is the service well-led?

Good ●

The service was well led.

People received a reliable, well organised service and expressed a high level of satisfaction with the standard of their care.

Staff were supported by the registered manager and felt able to have open and transparent discussions with them through one-to-one meetings and staff meetings.

There were effective systems in place to monitor and improve the quality of the service provided. Staff told us that the home had an open, inclusive and positive culture.

Jervaulx Road

Detailed findings

Background to this inspection

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

We inspected the service on 2 and 8 December 2016. This first day of the inspection was unannounced, which meant the staff and registered provider did not know we would be visiting. We informed the registered provider of our visit on 8 December 2016. The inspection team consisted of one adult social care inspector.

Before the inspection we reviewed all the information we held about the service. The registered provider had completed a provider information return (PIR). This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make.

We sat in communal areas and observed how staff interacted with people. We spent time with seven people who used the service. Communication with some people was limited because of their learning disability. We spoke with one relative during the inspection and four relatives on the telephone after the inspection. We looked at communal areas of the home and some bedrooms.

During the visit we spoke with staff, this included the registered manager, the pathway to independence lead, a support co-ordinator and generally with other staff. We also contacted health professionals who visited the service to seek their views.

During the inspection we reviewed a range of records. This included three people's care records, including care planning documentation and medicine records. We also looked at staff files, including staff recruitment and training records, records relating to the management of the home and a variety of policies and procedures developed and implemented by the registered provider.

Is the service safe?

Our findings

We asked people who used the service about safety, one person told us, "They [staff] are all so very kind." A relative we spoke with said, "I sleep easy knowing [name of person] is here. This is just like a family." Another relative said, "I do feel [name of person] is in safe hands. I have every confidence in the staff." Another relative said, "I feel completely at ease with this service."

During our discussions with staff they were able to tell us about different types of abuse. Staff were aware of action they should take if abuse was suspected and were able to describe how they ensured the welfare of vulnerable people was protected through the organisation's whistle blowing and safeguarding procedures. The registered manager said abuse and safeguarding was discussed with staff on a regular basis during supervision and staff meetings. Staff we spoke with confirmed this.

Staff told us that they had received safeguarding training at induction and every three years thereafter. We saw that 97% of staff had received safeguarding training in the last three years. Staff told us that they felt confident in whistleblowing (telling someone) if they had any worries.

Risks to people's safety had been assessed by staff and records of these assessments had been reviewed. Risk assessments had been personalised to each individual and covered areas such as health, behaviour that challenged, road safety, falls, burns and scalds. This enabled staff to have the guidance they needed to help people to remain safe. Staff told us how control measures had been developed to ensure staff managed any identified risks in a safe and consistent manner. We spoke with staff who were able to tell us clear triggers to people's behaviour that challenged and actions they took to minimise the identified risk. One relative we spoke with praised staff for their ability to avoid confrontational situations from one person who used the service to another. They told us about their confidence in staff to diffuse situations and support people who used the service and ensure their safety.

The robust recruitment and selection process ensured the safety of individuals who used the service. We looked at the files of three staff who had been recently recruited and found that the registered provider operated a safe and effective recruitment system. The recruitment process included completion of an application form, a formal interview, previous employer reference and a Disclosure and Barring Service check (DBS) which was carried out before staff started work at the home. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and also minimises the risk of unsuitable people working with children and vulnerable adults.

Through our observations and discussions with people, relatives and staff members, we found there was enough staff with the right experience and training to meet the needs of the people who used the service. At the time of the inspection there were 12 people who used the service. During the day and evening there were two staff on duty and a co-ordinator. Overnight there were two staff to support people. In addition to this the registered manager worked supernumerary during the day from Monday to Friday. The registered manager told us that staffing levels were flexible, and could be altered according to need.

The registered manager told us they employed 33 care staff to provide care and support to people. We were told 30 of the staff had a regular rota and worked on the same units to ensure continuity of care and familiarity. The other three staff had been appointed in the last 12 months solely to cover holidays, sickness and times when additional staffing may be needed. The registered manager told us this had made a positive impact on people's lives as they had not needed to use any agency staff. From our observations we saw when people needed help that staff were visible and available to provide the help and support. People and relatives confirmed there were enough staff on duty to meet people's needs.

We looked at records which confirmed that checks of the building and equipment were carried out to ensure health and safety. We saw documentation and certificates to show that relevant checks had been carried out on the gas safety, fire extinguishers and hoists. We saw certificates to confirm that portable appliance testing (PAT) was up to date. PAT is the term used to describe the examination of electrical appliances and equipment to ensure they are safe to use. This showed that the registered provider had developed appropriate maintenance systems to protect people who used the service against the risks of unsafe or unsuitable premises and equipment.

We also saw that personal emergency evacuation plans (PEEP's) were in place for each of the people who used the service. PEEP's provide staff with information about how they can ensure an individual's safe evacuation from the premises in the event of an emergency. Records showed that regular evacuation practices had been undertaken involving people who used the service and staff. We saw records to confirm that the fire alarm was tested on a weekly basis to make sure it was in working order.

We looked at the arrangements in place for managing accidents and incidents and preventing the risk of reoccurrence. Records looked at confirmed that accidents and incidents were not common occurrences, however the registered manager had appropriate documentation in which to record an accident and incident should they occur.

We saw that appropriate arrangements were in place for the safe management, storage, recording and administration of medicines. Each month senior staff completed a stock check of medicines and ordered what was needed for each person who lived at the service for the month ahead. For those people admitted for respite care, senior staff contacted the person's doctor and requested that they send a copy of the person's prescription. The person who came for respite brought in their medicines and staff would check the medicines against the up to date prescription copy to make sure they were correct.

We were shown how all medicines were organised in trolleys. There was a medicine trolley for each of the units. This storage system helped to ensure that people received their medicines safely. A senior member of staff told us how they administered medicines to people to ensure the right medicines were given to the right people. Staff took the person who used the service photograph out from the medicine file and placed this on a tray. Medicines were then put onto the tray and taken to the person. Staff told us how this system reduced the risk of giving medicines to the wrong person. This showed us there were systems in place to ensure medicines were managed safely.

We asked what information was available to support staff handling medicines to be given 'as required'. We saw that written guidance was kept to help make sure they were given appropriately and in a consistent way. Records of ordering and disposal of medicines were kept in an appropriate manner.

We saw that staff kept a record of the temperature of the fridge and room in which medicines were stored to make sure that medicines were stored at the correct temperatures.

Is the service effective?

Our findings

At our last inspection in October 2015 we found that staff had not received regular updates on their training to enable them to carry out the duties within their role. The registered manager told us that after this inspection they had worked really hard with the workforce development team at the council to ensure that all staff were brought up to date with their training.

We asked staff to tell us about the training and development opportunities they had completed at the service. Staff told us that there had been a plentiful supply of training during the last 12 months. They told us they had received training in moving and handling, mental capacity, fire awareness, infection control, deprivation of liberty safeguards and health and safety amongst others. Staff told us the quality of their training was excellent. One staff member said, "Training is very good and we have lots of opportunity for additional training." They told us how the registered provider had supported them to achieve an NVQ level 4 in management (National Vocational Qualification). The registered provider had set time frames for when training should be refreshed. This meant that staff had the opportunity to keep their knowledge and skills up to date.

At the time of the inspection 100% of staff were qualified to at least NVQ level 2 in Care, 62% were qualified to Level 3 with another 30% undertaking a relevant Level 3 qualification.

We spoke with people who used the service who told us that staff provided an extremely good quality of care. One person said, "I like the staff very much they are all so kind and can't do enough for me." A relative we spoke with said, "[Name of person] has exceptionally good care." Another relative said, "The staff are superb they treat everyone as an individual. They are first class professional people." Another relative said, "I think the care is excellent. This is not a care home this is like a real home. They have got to know [name of person] so well they can interact with him better than I do." Four of the five relatives we spoke with told us staff go above and beyond the call of duty.

We asked relatives for examples of when staff had gone above and beyond the call of duty. One relative told us how the person who used the service needed to see the dentist. In preparation for this staff made many visits to the dentist before the person received their treatment. This enabled the person to prepare for their treatment. The relative told us staff had ensured the person attended the first appointment of the day to avoid any unnecessary stress or upset. The relative praised staff for supporting this person.

Another relative couldn't praise staff enough for working with other health and social care professionals in successfully managing the behaviour that challenged for a person who used the service. They said, "They [staff] are more than willing to embrace change. Jervaulx staff are very good at adopting things that need to be changed." The relative talked about how staff at the service were so keen to improve the quality of life for people.

The registered manager and staff were passionate about developing the skills and knowledge of people who used the service to enable them to move on to independent living. Stepping Stones is a six bedded unit in

which people were supported to develop their living skills with a view to living independently. People were admitted for an agreed period of time and followed an agreed individual training programme whilst being assessed and supported by staff. Adjoining the service was a self-contained flat.

The registered manager told us they had a number of success stories of people moving on to independent living. Staff worked with people to identify knowledge and skills they already had and in addition knowledge skills and goals they needed to think about to move on. Staff worked with people to increase their knowledge and skills in taking care of themselves, health and wellbeing, food and nutrition, home security and household tasks, finance and personal safety amongst others. Staff worked with people in many different ways to develop people's skills. People played games with staff to learn about healthy living. There were quizzes on stranger danger. Many tools had been developed to support people with areas such as finance and coin recognition. There were many easy read documents for people such as information on tenancy, and sexual health. One person had recently moved in to independent living. The community nurse who supported the person had sent an email to the service which said, 'Just to let you know I visited [name of person] at his new home this morning and he is doing very well. I would like to thank you and all your staff for all your hard work and support over the last year without which [name of person] would not be where he is today.'

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. At the time of the inspection 29 people were subject to DoLS authorisations (this included a number of people who received regular respite care.) People subject to DoLS had this clearly recorded in their care records and staff maintained a good audit of people subject to a DoLS so they knew when they were to expire. The registered manager had developed an easy read guide on DoLS to help people understand what this meant and that if they wanted to leave Jervaulx Road they would need to have a member of staff or family member with them to make sure they were safe.

In care records we saw that decision specific mental capacity assessments were available. Capacity assessments identified that people lacked capacity to be involved in their care planning process and all decisions surrounding their care and needs were to staff, family and other professionals. Evidence of best interest decisions were recorded within the plan of care for areas such as medicines, personal care and support and finance.

Care records also described the efforts that had been made to establish the least restrictive option for people. For example, one person had their finances managed by Redcar & Cleveland Borough Council but spending money was available for the person and they were given £10 to put in their wallet as this was their personal preference. For another person a best interest decision had been made for staff to take responsibility for their nutrition. This included menu planning and meal preparation but to help the person to maintain and develop new skills staff encouraged the person to participate with simple tasks whilst encouraging and guiding the person in a safe environment.

People were supported to maintain a healthy diet. Since the last inspection the registered manager had introduced the Malnutrition Universal Screening Tool (MUST) to assess people. This is an objective screening tool to identify adults who are at risk of being malnourished or who are overweight. As part of this screening we saw people were weighed at regular intervals. The registered manager told us how the tool had helped them to identify those people who were overweight. The registered manager recognised the need to support people and set up a nutrition group which involved people who used the service and staff meeting once a week to talk about healthy eating and to support people to lose weight. We were told how successful this project had been as seven people had lost weight in the last 12 months. We were told how professionals such as doctors and dieticians had been involved in this process.

One person who used the service told us they had been very poorly and needed building up. They told us how they had been prescribed a supplement to support them with their weight gain, however they didn't like this. They told us how staff had ensured other foods that they liked such as yoghurts were available and how staff encouraged them to eat regularly. They said, "The staff are great and are trying to build me up. They [staff] will do anything for you." They also said, "I brought a recipe for home for a mars bar crispy cake and they let me make it yesterday." This person told us how they really liked burger and chips. They said, "I love my burger and chips and yesterday they even took me to the chippy and I got a big burger and chips." This person laughed as they told us about the size of the burger and how they had enjoyed the mushy peas that had been piled on the top.

We observed tea time of people who used the service on one of the units. Everyone was involved in setting the table and people sat down and enjoyed their tea together. People were involved in menu planning and told us they enjoyed the food. One person said, "I like Sunday dinner." Relatives complimented the food provided and told us they had been made to feel welcome at the service to have a meal. One relative said, "We have had a meal there at Christmas and it was excellent." Another relative said, "The food is of very good quality and always tastes beautiful."

We saw records to confirm that people had visited or had received visits from the dentist, optician, chiropodist, dietician, community nurses and their doctor. Staff told us they had good relationships with the doctors who visited people. Staff told us the doctors would visit at any time if needed. People were accompanied to hospital appointments by staff, however if relatives preferred to support the person they were able to. Relatives told us staff acted quickly when people became unwell and kept them up to date with the outcome of any doctor or hospital visits. One relative told us how a person on discharge from hospital following surgery had been supported by staff. They said, "[Name of person] on discharge from hospital got exceptionally good care. I struggle to find the words to tell you how good they were."

We saw that people had a hospital passport. The aim of a hospital passport is to assist people with a learning disability to provide hospital staff with important information they need to know about them and their health when they are admitted to hospital. Hospital passports contained information that would help to ensure that care and treatment was provided in a way that the person would want it to be.

Is the service caring?

Our findings

People and relatives told us that they were very happy and that the staff were extremely caring. One person said, "I've only been here a few days but I can tell you the staff are fantastic." Another person said, "I like them [staff]." Relatives we spoke with said, "The staff here know every little thing about them [people who used the service.] They [staff] are caring, kind, compassionate and just simply amazing."

Another relative told us how thoughtful and considerate staff were. They told us how they had been contacted by staff before the person had respite care to ask permission and to determine if during their respite care the person would like to go out for a celebratory Christmas meal with another person who used the service. The relative spoke of mutual respect between people, relatives and staff.

Another relative told us how they not only supported people but how they very often supported the family. This relative told us how they had suffered bereavement and how staff had supported them through a very difficult time. The relative said, "They [staff] were tremendous and couldn't have been any more caring." They also told us they had been poorly themselves and how one of the staff had gone above and beyond the call of duty by visiting them at home every night and preparing their meal until they were well.

We found that staff at the service were very welcoming. The atmosphere was relaxed and friendly. Staff demonstrated a kind and caring approach with all of the people they supported. We saw staff actively listened to what people had to say and took time to help people feel valued and important. We saw that staff were able to understand the needs of those people who had limited communication. The relative of one person said, "If [name of person] is upset they go out of their way to find out why, it is never dismissed."

During the inspection we spent time observing staff and people who used the service in the lounge and dining area. Throughout the day we saw staff interacting with people in a very caring and friendly way. When speaking with people we saw that staff got down to the level of the person so they did not appear intimidating and to enable eye contact with the person. We saw that staff touched people's hands to provide reassurance. When staff came on duty they always greeted all people who used the service and on a number of occasions people approached staff for a hug and staff always responded.

Staff used friendly facial expressions and smiled at people who used the service. Staff complimented people on the way they were dressed or tasks they had completed. Staff interacted well with people and provided them with encouragement.

Staff told us how they worked in a way that protected people's privacy and dignity. For example, making sure curtains and doors were shut when providing personal care. They told us about the importance of providing people with choices and allowing people to make their own decisions. They told us the importance of encouraging the person to be independent. This showed that the staff team was committed to delivering a service that had compassion and respect for people.

The registered manager and staff showed concern for people's wellbeing. It was evident from discussion

that all staff knew people well, including their personal history, preferences, likes and dislikes. Staff told us they enjoyed supporting people. One staff member said, "I absolutely love my job and the people I support. Team work is very good and staff know our people extremely well."

We saw that people had free movement around the service and could choose where to sit and spend their recreational time. We saw that people were able to go to their rooms at any time during the day to spend time on their own. This helped to ensure that people received care and support in the way that they wanted to.

We looked at the arrangements in place to ensure equality and diversity and how the service supported people in maintaining relationships. People who used the service told us they had been supported to maintain relationships that were important to them. Relatives told us they were made to feel welcome and encouraged to visit at any time.

At the time of the inspection people who used the service did not require an advocate. An advocate is a person who works with people or a group of people who may need support and encouragement to exercise their rights. The registered manager was aware of the process to follow should an advocate be needed.

Is the service responsive?

Our findings

People and relatives told us that the staff understood their needs and that they were well cared for. One person said, "They [staff] always help me." A relative we spoke with said, "This is a brilliant service." Another relative said, "This is a first class service with excellent staff to match."

During our visit we reviewed the care records of three people. Each person had an assessment, which highlighted their needs. Following assessment, care and support plans had been developed. Care records reviewed contained information about the person's likes, dislikes and personal choices. This helped to ensure that the care and support needs of people who used the service were delivered in the way they wanted them to be. People and relatives told us they had been involved in making decisions about care and support and developing the care plans.

A full care plan was written with people and their relatives describing how they wanted to be supported. We found that plans were reviewed and updated on a regular basis. Care plans looked at during the inspection were person centred and contained very detailed information on how the person liked to be cared for and their needs. Person centred planning means putting the person at the centre to plan their own lives. The aim of the plan is to ensure that people remain central to any plan which may affect them. Care and support plans clearly stated how people wanted to start and spend their day, what they needed help with and the support needed from staff. This helped to ensure that people were cared for and supported in a way that they wanted to be.

Care records contained a detailed One Page Profile. This is an introduction to a person that captures important information on a single sheet under three headings. This provided important information about what makes the person happy, how they wanted to be supported and what people liked and admired about them.

One of the care records we looked at was that of a person on the stepping stones project. The care records contained clear goals about what the person wanted to achieve and how they wanted to live independently. Achievable goals were set to apply moisturiser, to make a tropical fruit salad and learning to spray deodorant. Records described step by step instructions about how staff were to work with the person to give them the best chance to achieve the goal. Each goal was evaluated with the person's progress.

People also had a communication passport. A communication passport is a practical and person centred way of supporting people who cannot speak easily for themselves. One of the passports clearly described how the person communicated, for example, if the person wanted to be on their own they would sit quietly in their bedroom or if they wanted to go out they would put their coat and shoes on. The passport also detailed if the person was confused they would pace around and if they wanted to start interaction they would point to what they wanted. This helped staff to interact and respond consistently to the person.

Staff, people and relatives told us that they were involved in a plentiful supply of activities and outings. Two people who used the service had their own car and the service had a minibus which enabled people to be

taken out on a regular basis. During the course of the year people had been on holiday to Scarborough and Blackpool. One person told us how much they had enjoyed their holiday in Scarborough, they said, "I liked the disco." A relative said, "[Name of person who used the service] has a busy social life. Tonight they are at the Voyager having a meal. Last Saturday there was some event in Saltburn and they called for fish and chips on the way home."

Some people who used the service went to day centres. One person told us they liked to go to a theatre group for people with learning disabilities. They told us how they liked to sing. The same person told us how they liked listening to their CD's and how they liked to watch musicals. People regularly went out shopping, to cafés and for meals out.

One person who had come into the service for respite care told us how they liked to bake and how staff had helped them bake during their stay. They proudly showed us their recipe file which they had brought with them from home.

A number of activities were planned for the festive season. People were to go out for a meal and a Christmas party had been planned and parents and carers were to attend. After Christmas, people were going to the pantomime.

The registered manager and staff were able to explain what to do if they received a complaint. The service had a pictorial easy read complaint procedure which informed people that they should speak to the registered manager, a staff member that they got on well with, family or friend if they were unhappy. The registered manager told us they spoke with people who used the service regularly to see if they were worried about anything. People who used the service also met their key worker individually on a monthly basis and were encouraged to speak up if they were unhappy. Discussion with the registered manager confirmed that any concerns or complaints were taken seriously. There have not been any complaints in the last 12 months.

Is the service well-led?

Our findings

At our last inspection in October 2015 we found that people who used the service and others were not protected against the risks associated with ineffective monitoring of the service. Effective governance arrangements were not in place. The annual health and safety audit had failed to pick up that staff fire training was out of date and that infection control training had not been refreshed. The registered provider's quarterly audit based on CQC standards to make sure the service was safe, effective, caring, responsive and well led was overdue. There was no audit tool which informed us of the checks the registered manager had made to check care plans and there wasn't an audit tool for infection control which described the checks that were to be made.

Since the last inspection we saw that the registered manager and staff had worked hard to improve the auditing and new auditing documentation had been introduced into the service. Senior staff were responsible for the auditing of infection control, MUST and care records. The registered manager showed us documentation which confirmed they made checks on medicines, staff records health and safety and complaints. We found that the registered provider's quarterly audit was up to date.

The home had a registered manager in place who was qualified for the role and who was registered with CQC. People who used the service and relatives spoke extremely highly of the registered manager. One person who used the service smiled when we asked them about the registered manager and another person said, "I like her." One relative said, "[Name of registered manager] is excellent and she is very approachable. You don't have to think twice about contacting her." Another relative said, "She runs a tight ship and she is very much respected." Another relative said, "I personally like [name of registered manager] very much. She has her eye on the ball." Another relative said, "I think she is really good and she has brought good ideas in." We asked about the good ideas and were told that relatives and carers were invited to Jervaulx to have a meal and celebrate Christmas. This relative said, "This is something we would do in our own homes. It's lovely to be invited to their [people who used the service] home." The same relative also expressed appreciation that staff took time to support the person who used the service to buy presents for their family. They said, "For my birthday my brother always gets me a present which I know is really important to him. They [staff] always make time for relatives."

Staff, people and relatives told us the culture in the home was good and the registered manager was approachable and very supportive. Staff told us they felt they could approach the registered manager with anything as they were so encouraging and supportive. Staff told us the morale was good and that they were kept informed about matters that affected the service. One staff member said, "This is a very good service. [Name of registered manager] listens to our opinions and suggestions."

The registered manager told us about the registered providers values which were communicated to staff. The registered manager told us of the importance of being open, fair, and accountable and in addition to valuing, involving and listening to people. They told us that they had an open door policy in which people who used the service and staff could approach them at any time.

We saw records to confirm that staff meetings had taken place on a regular basis. Staff told us meetings were well attended and that they were encouraged to share their views and speak up. Relatives told us they attended a 'parents and carers group' on a regular basis. One relative said, "On the whole the meetings are very good. If you have any concerns you can speak up. Over the years we have been listened to and changes have been made." People who used the service had one to one meetings with staff. In addition there were regular meetings where people who used the service would come together and meet with staff.

Observations of interactions between the registered manager and staff showed they were open, positive, respectful and supportive. Staff told us that they were a visible presence in the home and that the registered manager provided them with support and encouragement in their daily work. During the inspection we saw that the registered manager spent time with people who used the service. The registered manager effectively engaged with people to make sure their needs were met.

Notifications had been sent to the Care Quality Commission (CQC) by staff at the service as required to ensure people were protected through sharing relevant information with CQC.

The registered manager told us they sent surveys out to people who used the service and relatives on an annual basis to seek their views on the care and service provided. We saw that surveys had been completed in 2015, however the registered manager told us that due to a busy workload the 2016 surveys were slightly delayed and that they planned to send them out in the coming weeks.