

# Millennium Care Services Limited

## Sunnyfield

### Inspection report

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### Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

# Summary of findings

## Overall summary

This comprehensive inspection took place on 11 September and was unannounced. Sunnyfield is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The service can accommodate up to ten people. There is the main house which accommodates six people, an annexe accommodating three people and a separate bungalow for one person. Each area has its own communal areas and kitchen.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

At the last comprehensive inspection in 2016, the service was rated good overall but achieved outstanding in well-led. At this inspection we found the service had continued to develop and had improved to outstanding.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for 'Sunnyfield' on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

The service had a registered manager in post at the time of our 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. The registered manager was registered at three locations; a deputy manager was also in post to assist with the management of this location.

The service was extremely person-centred and staff were proactive in ensuring people were supported to live fulfilled and meaningful lives. Person centred means that care was tailored to meet the needs and aspirations of each person, as an individual. The vision of the service was shared by the management team and staff. The visions and values were displayed and included, 'fulfilling lives, celebrating success and encouraging glimpses of brilliance.'

There was a range of excellent social opportunities for people which truly incorporated people, their relatives and the community. As a result, people had a sense of belonging and recognised positive improvements this approach had made to their lives.

Staff ensured that people's emotional needs were supported at sensitive moments in their life and had worked closely with them, their relatives and health care professionals, especially when managing bereavement.

Staff were passionate about ensuring they understood people's needs, abilities, visions and values. As a result, people had blossomed as individuals because of staff's positive approach. Staff understood the importance of maximising the opportunities for people and people had been able to develop their skills, seek employment, education and build friendships within the local area. Staff also had an above and beyond approach to supporting people to live truly fulfilling lives. Staff understood the importance of ensuring that they knew people's individual needs in relation to protected characteristics, values and beliefs. Protected characteristics are covered by the Equality Act for example, race, religion, disability and age.

Potential barrier to communication and relationships were addressed. People, staff and the relatives and friends of people who used the service were supported to build positive relationships.

Quality assurance systems continued to be robust and used regularly by the management team to continuously improve the service. The registered manager had a thorough system in place to ensure lessons learned were thoroughly embedded. The registered manager promoted accountability for all staff. Continuous improvement was driven by engagement with people using the service and staff. The registered manager was keen to learn from best practice to ensure people received the best possible support and outcomes.

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

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

People who used the service were safe. Medication systems were followed ensuring people received medication as prescribed. Safe recruitment processes had been followed. People who used the service were involved in the interview process of potential new staff. We found there was enough staff on duty to support people safely. The service was well maintained and clean. Infection control was adhered to by staff.

Staff had been provided with training to ensure they had the skills and knowledge to support people safely. Staff received regular support and guidance from the management team and were encouraged to continuously develop within their role.

People were encouraged and supported to follow a healthy balanced diet. People's choices were respected and although living with other people, each person was treated as an individual. Staff understood the importance of ensuring people received regular health checks. Staff worked in partnership with other professionals to ensure people received the best possible care and support.

A complaints policy and procedure was in place and available in formats people could understand. People were confident and complaints would be addressed appropriately.

There were good systems in place to monitor incidents and accidents. There were arrangements in place for the service to make sure that action was taken and lessons learned when things went wrong, to improve safety across the service.

The service had an open and inclusive culture which encouraged communication and learning. People,

relatives and staff were encouraged to provide feedback about the service and it was used to drive improvement.

Further information is in the detailed findings below.

## 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 remains good.

Staff continued to ensure positive risk taking was promoted.  
People were protected from the risk of harm.

People received their medicines as prescribed and were encouraged to be fully involved in the administration process to ensure they understood the reasons why medicines were needed.

People were actively involved in the recruitment processes.  
Robust recruitment processes were in place and followed.

### Is the service effective?

Good ●

The service remains good.

Staff continued to receive regular training and one to one supervisions to allow them to develop within their roles.

Staff understood and followed the principles of the Mental Capacity Act 2005.

Consent to care and support was clearly recorded and people had access to a range of other professionals to maintain good health.

### Is the service caring?

Good ●

The service remains good.

Staff continued to be committed to ensuring people remained as independent as possible.

Staff understood the importance of helping people maintain and build relationships with others.

People continued to be at the heart of the service.

### Is the service responsive?

Outstanding ☆

The service has improved to outstanding.

Staff and management understood the importance of maximising opportunities for people and had an above and beyond approach to supporting people to live truly fulfilling lives.

There was an extremely person-centred culture where staff displayed empathy and worked with people and their relatives to understand how best to support them.

Staff went the extra mile to ensure that social opportunities promoted people's quality of life.

People knew how to complain and share their experiences. Their views and opinions were actively sought, valued and listened to. Feedback about the service was extremely complimentary.

Staff supported people during bereavement and had plans in place for illness and end of life wishes.

**Is the service well-led?**

The service remains outstanding.

Continuous improvement was a priority for the registered manager and staff team. They promoted this through excellent collaborative working with other organisations and professionals.

People continued to be at the forefront of how the service was run and were encouraged to engage with management and provide feedback on all aspects of the service.

Extensive quality assurance processes remained in place to monitor and improve the service and were used to continuously improve the service.

**Outstanding** 

# Sunnyfield

## 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 was a comprehensive inspection. This inspection took place on 11 September 2018 and was unannounced. The membership of the inspection team was one adult social care inspector. At the time of our inspection there were 10 people using the service.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with seven people who used the service, two relatives and two health care professionals. We spent time in communal areas observing interactions between staff and people they supported.

We spoke with the registered manager, the deputy, two senior support workers and two support workers. We also spoke with the registered providers head of residential care homes.

We looked at documentation relating to people who used the service, staff and the management of the service. This included two people's care and support records, including the assessments and plans of their care. We saw the systems used to manage people's medication, including the storage and records kept. We also looked at the quality assurance systems and systems of engagement to ensure the service continually improved.

# Is the service safe?

## Our findings

People continued to feel safe. Everyone we spoke with told us they felt safe when receiving care and support and accessing the community.

We saw that the systems, processes and practices in the service continued to safeguard people from abuse. People we spoke with told us they felt confident to raise any concerns that they might have about their safety. Everyone we spoke with confirmed they would not hesitate to speak with a member of staff if they had any concerns.

The registered provider had appropriate safeguarding policies and procedures in place and staff were aware of the actions that needed to be taken if they had any concerns. Staff understood how to recognise the signs of abuse and had a good understanding of how a safeguarding investigation should take place. When incidents occurred, the relevant authorities were notified with investigations taking place and disciplinary processes being followed if necessary. All the staff we spoke with felt confident any concerns raised would be dealt with straight away. Staff had received appropriate training in safeguarding which was refreshed annually.

There was an embedded culture within the service of supporting people to remain as independent as possible and live a life the same as anyone else within their peer group. Staff understood people needed support to promote independence within a framework of assessing risk, without being risk averse. Risk assessments were comprehensive, identified hazards and provided information on how these would be minimised to enable people to go about their daily lives as safely as possible.

Staff responded well to people's behavioural needs in their practice. Care plans held detailed information of how staff could best support people in all aspects of their identified care. This was based on the principles of positive behaviour support, which reflected the least restrictive option.

The plans were reviewed regularly and where people's behaviour changed in any significant way, we saw that referrals were made for professional assessment in a timely way. Healthcare professionals told us the staff understood people's needs and managed risks very well.

It was clear throughout the inspection that the service strived to continuously improve and provide a safe service to people. Accidents and incidents continued to be fully reviewed, with prompt action taken and any learning cascaded to staff. The service was clean and well maintained. The provider ensured all safety checks of the building and equipment were completed, so any hazards were identified and the risk to people removed or reduced. Checks on the fire and electrical equipment were routinely completed. Maintenance was carried out promptly when required. Staff had received health and safety training including participating in regular fire drills and fire training. People who used the service were also involved in fire drills to ensure they were aware of what to do in the case of an emergency.

We found there were sufficient staff to meet people's needs. Staff we spoke with said there was adequate



staff on duty. Some people were contracted to receive a number of one to one hours. We saw that these were facilitated to ensure people were safe. People we spoke with told us they were always able to go out when they wanted and there were staff around at all times. We also observed that staff worked well together as a team and people's needs were met in a timely way. Health care professionals we spoke with told us that the service maintained high levels of well trained staff, and that this was a contributory factor to ensuing people's needs were met and that they were kept safe.

The registered provider continued to follow a safe recruitment system. The registered manager told us pre-employment checks were obtained prior to staff commencing employment. These included two references, and a satisfactory Disclosure and Barring Service (DBS) check. The DBS checks help in preventing unsuitable people from working with vulnerable people.

## Is the service effective?

### Our findings

People's care and support needs continued to be assessed holistically. This included their physical, mental and social needs. The registered manager and support workers liaised with other professionals involved in people's care to ensure that their needs were met in a consistent and effective way. Positive relationships were maintained with local GPs and pharmacy. Feedback from professionals involved with the service confirmed that appropriate referrals were made and guidance was acted on.

People we spoke with confirmed this. One person said, "I wouldn't be here today without the support I receive here." Another said, "The staff give me confidence to pursue my ambitions."

Relatives we spoke with confirmed that the support workers had the skills and knowledge to provide people with the care and support to meet their needs. One relative said, "The support my [relative] receives has promoted a positive change in them, they are a 100% improved."

From records we saw and talking with staff we found staff were formally supervised and appraised. Supervisions ensured that staff received regular support and guidance, and appraisals enabled staff to discuss any personal and professional development needs. This ensured staff had the correct skills and knowledge to fulfil their roles and responsibilities. All staff we spoke with told us they were extremely well supported. One staff member said, "I raise things in my supervision that I think could be improved and it is always actioned."

People were cared for by staff who had received training to meet people's needs. Staff told us the training was very good and they attended regular training and records we saw confirmed this. This also included specific training, for example, supporting people living with autism and epilepsy to ensure staff understood people's conditions and could meet their needs safely and effectively. One of the people who lived at Sunnyfield delivered the autism training with a member of staff. They told us what the training entailed and how they explained to staff what it was like living with autism. The staff we spoke with all spoke highly of this training, they told us it was excellent and gave them a really good perspective of autism and how to meet people's needs.

We saw that people continued to be offered a nutritious and balanced diet, which met their individual needs and preferences. We observed people choosing and helping to prepare their evening meal. One person was assisting with the cooking of the meal with the cook. The cook worked Monday to Friday and prepared a main meal. The people were involved in the decisions on what was to be cooked and all spoke positively about the evening meal. One person told us how they had arranged a Spanish night, they told us they had lived in Spain for many years and enjoyed the food, so had, with support of staff organised a Spanish night. We saw pictures of the evening and it was enjoyed by all who attended.

Relatives who we spoke with all told us the food was very good and people had plenty of choice. Some people had their own food budgets and shopped with support from staff, this promoted independence and management of finances.

Staff worked together as a team and with external health care professionals to ensure people received consistent, co-ordinated person-centred care and support. We saw from records in care files that staff regularly contacted professionals for advice and guidance. Professionals we spoke with also told us staff were responsive to people's needs.

The adaptation and design of the service met people's needs. The service was a large domestic style house in the local community. There was an annex and bungalow. There were communal areas in each with separate areas for people to relax and a small safe enclosed garden. The accommodation met the needs of the people who used the service. Each person had their own bedroom, which was individually personalised by bringing in personal belongings that were important to them. Rooms we saw were individualised and contained items of importance from their lives. Where people did not have family or friends to help them to personalise their rooms, staff had helped them to make their rooms homely. People were allowed to have pets and one person had a rabbit and another a corn snake. The people wanted to tell us about their pets and they were empowered to ensure they were looked after and had a sense of responsibility.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under The Mental Capacity Act (MCA). The 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. We found applications for DoLS had been made for people who required this. This was because people required staff to support them when out in the community and provide constant supervision when in the home to ensure their safety.

The registered manager and staff were aware of their responsibilities in respect of consent and involving people as much as possible in day-to-day decisions. Staff were also aware that where people lacked capacity to make a specific decision then best interests would be considered.

## Is the service caring?

### Our findings

The service continued to promote their commitment to a strong person-centred approach in line with the government's 'personalisation agenda' to ensure people's personal needs were met. Using a person-centred approach staff supported people to develop their individual plans and involved them in decision-making. We saw many examples of staff providing support with compassion and kindness. Staff spent time chatting, encouraging, laughing, and joking with people. The atmosphere in the home was inclusive and at times it was difficult to tell who was a staff member and who was the person they were supporting as the conversation and banter was including everyone. Staff told us, "We don't wear uniforms as we don't want to be labelled. We are all the same here."

Staff continued to deliver a high-quality service for people and had created an environment in which people thrived. Care records were available in pictorial and easy read format where required and had the information staff needed about people's significant relationships including supporting contact with their family and close friends. Relatives we spoke with told us they were always made welcome and could visit when they wanted to. One relative told us, "The service arranges family days, which are lovely we all get together and it is like a big party."

Our observations during the day showed staff were kind and caring and understood people very well. People who used the service confirmed the staff treated them very well and were considerate and kind. One person said, "The staff are brilliant, it is the best home I have been in."

We spent some time in the communal areas during the inspection. We saw that staff were consistently reassuring and showed kindness towards people when they were providing support, and in day to day conversations and activities. The registered manager told us that staffing numbers were configured to allow people to participate in activities of site. We saw that staff went off site with people to participate in activities of their choice. The staffing levels meant the activities could be individualised and meet people's preferences and also there were high levels of engagement with people throughout the day.

People's right to privacy and dignity was respected and promoted. Support workers continued to speak about and to people in a compassionate manner. They understood why it was important to respect people's dignity, independence, privacy and choices. One person told us, "The staff listen and respect you."

We looked at two people's care plans. The plans detailed what was important to people including their preferences, choices and goals. People told us they were involved in their care plans if they wished. One person sat with us while we looked at their care plan it was evident they were aware of what it contained and told us they had their choices and decisions documented in the plan.

Care records also contained the information staff needed about people's significant relationships including maintaining contact with family and friends. Staff told us about the arrangements made for people to keep in touch with their relatives and friends to ensure they maintained those links. People were also supported appropriately to have close relationships and partners.

All staff we spoke with were passionate about providing high quality care. They all knew the people well who they supported. Staff told us they were listened to and valued by the registered manager and felt that they worked together as a good team this improved the quality of life for people they supported.

## Is the service responsive?

### Our findings

At our last inspection in 2016, the key question responsive was rated as good. At this inspection of 11 September 2018, we found the service had continued to develop. We found that responsive had improved to outstanding. The continued dedication and enthusiasm of the registered manager and staff had ensured the service continued to promote and implement innovative ways of involving people in the delivery of high quality care and practice.

People were consistently provided with highly personalised, tailored care and supported to live active and fulfilling lives. Staff took the time to ensure every small detail of the care and support provided met the person's individual needs and wishes. Therefore, the rating has improved to outstanding. People received a highly bespoke service of support with a named key worker. Care and support was tailored to meet people's changing needs.

People's care and support plans had been planned, developed and agreed proactively in partnership with them or their representatives where appropriate. One person sat with us to go through their care plan, they were aware of what it contained and had clearly been involved in the development of the plan. They told us about their key worker and how well they got on, sharing similar interests and hobbies. They told us, "It is a brilliant staff team."

Relatives we spoke with also praised the service highly. One relative said, "The staff do not just see this as a job, the people they support are part of their lives and therefore they have a great life." Another said, "We never thought when [relatives name] was moved to Sunnyfield that it would have such a positive effect on their life and give them the life and security they need."

We found the plans of care were regularly reviewed and amended to meet changing needs. People told us they were involved in their care planning. One person said, "I regularly sit with my key worker to go through my plan. I am listened to and my views are respected." People's views were actively encouraged through regular meetings with their key worker, care reviews and questionnaires. Where appropriate independent advocates were involved in the process to promote the voice of the person who used the service.

The staff demonstrated a good awareness and understanding of individuals they supported with complex needs. Staff were able to explain how people could present with behaviour that challenged and how this could affect people's wellbeing. Staff tailored care and support to each person's individual needs, this approach meant that staff provided flexible and responsive care, recognising that people could live a full life involved in the community and interests.

People's care plans included a personal history, 'This is me' this was also in easy read format and contained details of individual preferences, interests and aspirations. They had been devised and reviewed in consultation with people. The staff we spoke with understood people's needs and preferences, so people had as much choice as possible. We saw staff interacted with people positively, inclusively and in line with their care plans. The atmosphere in the service on the day of our inspection was extremely pleasant, positive

with much banter and laughter between staff and the people they supported.

Healthcare professionals we spoke with told us staff were very responsive to people's needs. They said the staff are knowledgeable and understand individual's needs. One health care worker told us, "[ Person's name] s a very complex person and I have been impressed how staff have actively encouraged the development of his independent living skills." They added, "Each time I visit I see a difference in their skills and maturity. There is an open and honest relationship between my client and the staff. They are treated with respect whilst also encouraging them to learn from the consequences of their actions."

We saw that people's care plans fully reflected their physical, mental, emotional and social needs. This included any protected characteristics under the Equality Act 2010. The Act extends protection across a number of protected characteristics. For example, gender, disability, age, religion or belief. Staff had gone above and beyond to ensure people were treated equally. For example, one person had wanted to do a sky dive, staff could not see any barriers to this and staff supported the person completed a successful sky dive. The person showed us a recording of the sky dive which was saved on the homes computer. They were very excited showing us and explaining what was happening, they also found it funny that the support worker who had supported them, and also did a sky dive, was very nervous. This had an extremely positive outcome for the person. They told us they were planning what they could arrange for their next venture.

The service had a strong ethos of ensuring people were actively encouraged and enabled to pursue their hobbies, and participate in meaningful activities to support them living as full a life as possible. Arrangements for social activities were innovative, met people's individual needs, and followed best practice guidance so people could live as full a life as possible.

We saw people were supported to go on holidays or had holidays planned which enriched their lives. These included short breaks to Centre Parcs or staying in a cottage and longer holidays abroad. One person told us how they had a holiday booked to go and see their family in Spain. They told us who was going with them and were really looking forward to the holiday.

The service was extremely dedicated to protecting people from the risks of social isolation and loneliness and recognised the importance of social contact and friendships. Staff promoted the providers initiative, 'Fulfilling lives.' This was the providers mission statement, it promoted that staff ensure people they supported lived their lives to their full potential. People were also actively encouraged to form new relationships and friendships. One relative said, "[Relatives name] had requested that they would like a partner, and staff looked into how to help them achieve this by finding them a separate activity away from all the other residents. They have now met a partner and again staff are so enthusiastic in helping them to arrange nights out and meals together at the service."

There were many activities every day and social event and celebrations. Staff were busy planning a party on the day of the inspection for a person they supported. The person loved action heroes' so the party was a themed party with costumes and party bags. Following our inspection, we were sent some photos of the party, people were having a good time and the person whose birthday it was seemed very happy enjoying their special day with friends.

We saw pictures displayed throughout the home of events, activities and holidays. The activities were varied and chosen by the people. For example, some activities included, swimming, trips to town, cinema, pubs and themed nights. One person had also completed a sponsored activity to raise money for autism awareness week. This had been what they had wanted to do and staff supported them in the activity. The home also had a large pool in the garden during the summer and we saw many pictures of people enjoying

this during the hot weather. Relatives we spoke with were very positive about the range of appropriate activities that were offered. One relative said, "[Name] is encouraged with activities and definitely listened to. They have a love of aeroplanes' and they are offered the chance to go to various air shows which they thoroughly enjoy." People were also supported to seek employment and maintain jobs as part of an independent lifestyle.

People told us they were supported to access the community and activities by staff and that there were no restrictions. Some people were able to access the community on their own, one person explained how they told staff when they were leaving and what time they would return. They told us, "I have a mobile, if I have any problems I call the staff."

Another person explained to us that they didn't like mobile phones but used other methods to ensure their safety. They said they used 'safer places' this is organisations and businesses who sign up to the safer places initiative, they display a sign to show they are a 'safer place' and anyone can go in and ask for assistance. The person was able to tell us the places that they could access if they required help and that they would get the staff there to call the service. This ensured their safety while accessing the community unsupported and maintaining their independence.

The service was complying with the Accessible Information Standard (AIS). The AIS applies to people using the service who have information and communication needs relating to a disability, impairment or sensory loss. We observed that staff understood the different ways that people communicated and supported them to make themselves understood. People's specific communication needs had been considered and support strategies implemented to help people express themselves and make choices about their lives. Some people used technology to help them plan their day and time, for example, tablets (portable computer) and mobile phones. For example, one person had no verbal communication but staff were able to understand them and communicated in other ways. Staff understood the gestures and expressions the person used to communicate. This meant the person could communicate effectively with staff and it did not restrict them.

The service promoted the use of technology to aid communication, there was a computer for all the people to use and individuals also had their own tablets and mobile phones. The staff told us one person's family lived abroad and they regularly supported the person to have skype calls with them. The person told us, "I speak with [my relative] regularly."

We saw people had plans of care for if they became ill or were at the end of their life, we saw the plans included their choices, decisions and preferences. Although no one was at the end of their lives when we inspected, staff explained to us how a person they supported in a nearby service had recently died, very suddenly. This had affected people at Sunnyfield as they had been close friends. Staff had looked at different ways to support people through the grieving process. Following engagement with people who used the service it was put forward by them that they had a '[name of the person] memorial.' It was decided that this would be a charity football tournament to raise funds for a memorial garden. Everyone was involved in organising the tournament including staff and people they supported. It was arranged for the day following our inspection. We saw that people had been involved in developing, 'A tribute to a true Millennium friend.' They wrote what the person was like and what they enjoyed and at the end they had written, 'We will miss you massively [name of person], you will always be remembered as a True Millennium Legend.'

Relatives told us how people were supported during difficult times. One relative told us, "[Relatives name] is given positive reinforcements by staff and has been supported through some very difficult times recently. The death of a friend from the house and the loss of his pet. Previously these would have thrown [name] into turmoil but staff have closely observed [name] and helped them cope with this difficult time. [Name] is



supported to keep in touch with residents who move on to other placements and form true friendships, again something that has never happened in previous placements."

Staff had also supported people to attend the funeral and the wake, people also released some balloons in the memory of the person. This had fully supported people to grieve and understand loss and how best to remember their friend.

Staff told us they were confident that any concerns raised would be dealt with appropriately and in a timely manner. There was a clear procedure for staff to follow should a concern be raised.

People and relatives told us that they knew how to make a complaint and that their concerns were listened to and addressed. People were provided with accessible information about how they could raise complaints. Relatives we spoke with felt listened to. One relative said, "Staff are prepared to think out of the box and to share ideas and suggestions. These are obviously accepted by management as they are implemented, so it keeps the care fresh and stimulated." This evidenced that lessons were learnt and any complaint no matter how minor was looked at as a positive by the registered manager in that they said, "We can learn from them and continue to improve."

## Is the service well-led?

### Our findings

People continued to receive care and support from a distinct, well-led service that remained outstanding. The registered manager with support from the registered provider had developed a culture that was enthusiastic, highly motivated and inclusive. The culture was enhanced by the registered providers positive visions and values. The registered provider, Millennium Care ensured their values, vision and mission statement were known by everyone including people living at the service. They put people at the heart of everything they did. Their fulfilling lives vision, was to provide excellent care and support, to continuously improve the quality of their services and to make people's lives better, every day. We saw that people were enabled to live a happy fulfilled life and to feel safe and cared for to the highest standards. People were supported to try new opportunities, achieve goals and to reach their full potential. Staff also received training in these values and were totally committed to them from their induction onwards.

The service continued to be extremely well-led. The leadership of the service was outstanding, it was clear that the registered manager offered strong and experienced leadership and had a clear vision about the direction of the service. The registered manager and staff were passionate about improving people's lives and continued to promote the values of providing people they supported with all the support they needed to develop social, communication and life skills to make choices about their lives and to reach their individual potential for independence. All staff had the same high standards and were extremely passionate and dedicated to these values.

Relatives we spoke with all spoke very highly of the service and leadership. One relative said, "We feel that this care company is a fabulous model of good practice and should be used throughout the country as a flagship to other agencies. We feel this goes beyond the staff at the home to higher levels who must be supporting the staff at grass roots levels."

The registered provider was compassionate towards staff, supported their wellbeing and invested in them. Staff we spoke with told us, without exception, that the service was well-led and that they felt they were a valued member of the team. They spoke with extreme high regard for the management team and opportunities they were given to progress within their roles. One staff member told us, "I love my job, we all work well as a team. We are here for the people we support and ensure they have full lives."

People were continuously encouraged to engage with management and provide feedback on all aspects of the service. People had an allocated key worker who took responsibility for arranging care reviews each month. Records demonstrated that relatives were actively involved in such reviews and these provided an opportunity for any feedback to be provided. Twice a year, there was a family day to encourage engagement and involvement. People and relatives were also provided with a newsletter, which detailed what developments had happened within the service and any future plans. It also explained to people why such developments had taken place and what outcomes they were hoping to achieve. There were also house meetings for people who used the service to share their views and be involved in the running of the service. People were actively encouraged to provide feedback, that was used to continually develop and improve the service provision.

The service continued to work extremely closely with community professionals to ensure people received the best possible care. The registered provider and registered manager understood the importance of working within a multidisciplinary team that focused on person-centred care. They had built strong relationships with the health care professionals.

The registered provider continued to ensure systems were in place to communicate openly with and gather feedback from people, relatives and staff. Staff held regular meetings with people both individually and in groups to plan their meals and activities and other important events in their lives such as birthdays or contact with their family. The registered provider also sent questionnaires to families and professionals to gather their feedback to ensure the service continually listened to continually improve the service and maintain outstanding standards.

Exceptionally good governance of the service by both the provider and registered manager benefitted people who lived there because it ensured the quality of care was maintained and enhanced. The registered manager told us they felt strongly supported by the registered provider and effective governance of the service was visible with the registered manager involved in the development of the home on a daily basis.

The quality assurance system continued to ensure that the management team had a good overview of how the service was operating and that the service strived to achieve outstanding quality. Audits completed by the registered manager and staff were completed regularly and where required had identified areas for improvement. Action plans were developed with any improvements/changes that were required. Quality monitoring reports demonstrated a good quality assurance process and reflected interactive engagement with people, relatives and staff.

From looking at the accident and incident reports, we found the registered manager was reporting to us appropriately. The registered provider has a legal duty to report certain events that affected the wellbeing of a person or affected the whole service. There was evidence that learning was taking place to prevent further occurrence, which included looking to see if there were any themes.

The registered manager continued to have a thorough system in place to ensure lessons learned were thoroughly embedded. For example, recently when a person they supported in another service died very suddenly. The registered manager told us, it brought into perspective, that although the people they supported were young, they still needed to be prepared. They had learned from this and were introducing more person-centred end of life care plans. The staff had also learnt how best to support people during their bereavement.

The registered manager promoted accountability for all staff. When staff identified problems, they were actively encouraged to engage with management and find solutions. This allowed staff ownership of the problem and generated improvements through their suggestions.

People's records remained of excellent quality; they were totally person-centred, fully included the people they were about, and were detailed and reflective of their current individual needs. They informed staff how to meet people's needs according to their preferences and choices and people knew exactly what was written about them.

The registered manager understood when statutory notifications had to be sent to the Care Quality Commission (CQC) and they were sent, when necessary, in the required timescales. The registered manager was very knowledgeable about new and existing relevant legislation, for example, the duty of candour.

