

Care Management Group Limited

Mill Road

Inspection report

18 Mill Road
Epsom
Surrey
KT17 4AR

Website: www.cmg.co.uk

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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

Mill Road is a domiciliary care agency. This service provides care and support to people living in a 'supported living' setting, so that they can live in their own home as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support. People using the service lived in a single 'house in multi-occupation' shared by eight people. Houses in multiple occupation are properties where at least three people in more than one household share toilet, bathroom or kitchen facilities. Mill Road provides a service to adults with a diagnosed learning disability and other medical conditions.

The inspection took place on 5 November 2018 and was unannounced.

Not everyone using Mill Road receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided. At the time of our inspection, four people were receiving a regulated activity.

The service 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.

People were protected from the risk of abuse at staff were aware of safeguarding practices. Risks to people were identified and managed appropriately, and accidents and incidents were recorded so lessons could be learnt and the quality of the service improved. Staff carried out safe infection control practices and medicines were stored and administered in line with best practice guidelines.

Pre- assessment were carried out before people moved in to the service to ensure that their needs could be met. This was followed by a transition period which was personalised to meet the needs of each individual person. Care plans and activities were also person centred. The service actively supported people to find volunteering, educational and employment opportunities.

There were a sufficient number of staff to meet people's needs and staff had received correct recruitment checks. Staff were up to date with mandatory training and received regular supervision. Communication between staff was effective. Staff respected people's privacy and dignity. People were treated in a kind, caring and respectful way by staff.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People were supported to make healthy informed choices around meal times and to be as independent as possible.

People were able to express their views and supported to make decisions around their care. The service had been proactive in approaching people about their end of life wishes, but people were not ready to discuss this topic.

People had access to healthcare professionals and specialist teams who were part of a person's review process. Feedback was gained from people, relative and staff on a regular basis in order to act on suggestions to improve the service, and they in turn felt the manager was approachable.

The service had received multiple compliments from relatives. People and relatives knew how to raise a complaint if needed. Robust audits carried out by people and staff identified any issues in the service and these were resolved in a timely manner. Plans were in place to improve communication opportunities for people, and there was extremely close partnership working with stakeholders and other organisations. The registered manager did not always make the Commission aware of all notifiable incidents. These are events that the Commission should legally be made aware of so that we can monitor the level of risk at a service. We raised this on the day and the registered manager completed the notification forms immediately

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.

Staff were aware of safeguarding practices. This protected people from the risk of abuse.

Risks to people were identified and managed appropriately.

There were enough staff to meet people's needs. Staff had been safely recruited.

Lessons were learned to improve the quality of the service.

Medicines were stored and administered in line with best practice guidelines.

Staff carried out safe infection control practices.

Is the service effective?

Good ●

The service was effective.

Pre-assessments were thorough. Transitions into the service were personalised to meet the needs of the person.

Staff were up to date with mandatory training and received regular supervision.

People were supported to make healthy decisions around their nutrition.

Communication between staff and teams were effective. Key worker reports were completed regularly so important information on people's needs could be fed back to all staff members.

Referrals to health care professionals were completed where required. Social stories were in place to help people emotionally prepare for appointments.

People's rights were protected in line

Is the service caring?

Good ●

The service was caring.

People were treated in a kind and caring manner.

Staff respected people's dignity and privacy by knocking on their doors before entering their rooms.

People were involved in the planning of their care. They were supported by staff to express their wishes.

People's independence was promoted where possible. This included taking positive risks.

Is the service responsive?

Good ●

The service was responsive.

People were supported to improve the lives and wellbeing of others.

Education nights were held to improve the safety and wellbeing of people.

The service supported people to pursue education, employment and volunteering opportunities. This had been recognised by the provider who had nominated the service for an award.

People received personalised care and activities.

People and relatives knew how to make a complaint if needed. Easy read formats were available for people who require them.

The topic of end of life care had been put forward to people and their families. However, they were not ready to talk about it at this moment in time.

Is the service well-led?

Good ●

The service was well-led.

People, relatives and staff felt the management team were approachable.

There was a warm and inclusive environment within the service.

People, staff and relatives were involved and engaged in the running of the service.

There were plans to improve communication opportunities for some people within the service.

Robust auditing processes identified where improvements were needed. These were followed up and resolved as soon as possible.

There was a strong working partnership with stakeholders and outside agencies.

Mill 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 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 5 November 2018 and was unannounced. The inspection team consisted of two inspectors. This was the service's first inspection since registering with the Commission in November 2017.

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

During the inspection we spoke with two people who used the service and three staff members including the registered manager. We carried out general observations throughout the day and referred to a number of records. These included two care plans, records around medicine management, three staff recruitment files, policies around the running of the service and how the organisation audits the quality of the service.

Following the inspection, we spoke to three relatives of people who use the service by telephone.

Is the service safe?

Our findings

People told us they felt safe. One person said, "It's a really nice house. The staff are really nice. I feel safe living here because the staff look out for us". A relative said, "[My family member] is articulate and would tell me if there is anything wrong. From the feedback she gives me she's happy there." Another relative said, "I'm so happy with it, she really couldn't be in a better place."

People were safe from the risk of abuse. Staff were aware of safeguarding policies and procedures. One staff member told us, "I would whistle-blow to the Commission (CQC) if I saw any abuse or anything I was worried about." The registered manager said, "We have posters everywhere about the process. We talk about safeguarding in team meetings too. The team has learnt to become proactive about this." Information about the service's safeguarding policies and procedures were on display for people and staff to see. The registered manager had made safeguarding referrals to the local authority where appropriate. This meant that the local authority could carry out investigations where they felt this was necessary. People's finances were protected. People who required assistance with their finances had their money kept securely in a locked cabinet. Internal auditing systems were in place to ensure that people's monies were accounted for.

The service promoted positive risk taking. The registered manager told us, "Positive risk taking means people can challenge themselves, even if it seems unwise to us on the outside." For example, staff had worked with people to achieve their goal of being able to walk to the supermarket to do their own shopping. A relative told us, "They practiced all [persons] routes with [person] to the supermarket and the station so [person] knows the way and feels confident." Allowing people to take positive risks improves wellbeing.

Risks to people were recorded and managed appropriately. One person told us, "They've talked to us about fire drills, kitchen safety such as cookers and how to be safe in the community. I have been involved in a few fire drills here." A staff member also said, "I have completed trip and slips risk assessments for one person. [They] can be quite clumsy on [their] feet sometimes. In the risk assessment it mentions to make sure [their] laces are done up and the corridors are clear." Risk assessments were thorough and covered a range of topics such as finances, accessing the community, and kitchen use.

Information on how to mitigate risks were also available. For example, one person's risk assessment on going out stated they could become agitated so staff were to stay with them at all times. This helped to lower their anxiety. The risk management had been effective as no incidents had occurred when following this guidance. Individual personal emergency evacuation plans were also in place, which describe how to help people evacuate the service during a fire or other emergency. The service also had a thorough business continuity plan which noted what action should be taken in the event to ensure that people received the care they required. This covered events such as adverse weather and infectious illness epidemics.

There were a sufficient number of staff to meet people's needs. One person told us, "Yes I think there are enough staff. There's always staff here and they are always able to look after us." A relative said, "Whenever I pop in there's always enough staff there." Another relative said, "There seems to be plenty of staff." A staff member also told us, "There are enough staff here. Because we have always got the right number of staff on

shift and available to carry out work." Staff rotas showed that the amount of staff required to meet people's needs had been consistently met. Two staff members were always present in the service throughout the day and one overnight. The registered manager explained, "If people go off sick we have bank staff to cover. We have enough staff." Contact details for regional and operational managers were also available for all staff if required in the event of an emergency. Recruitment checks had been completed to ensure that staff were suitable for the role. These included obtaining employment history, suitable references and Disclosure Barring Service (DBS) certificates. DBS checks allow employers to check the criminal record of someone applying for a role and that they are safe to work with vulnerable people. Staff received regular supervision. Topics of discussion in this meeting included good practice, personal development, objectives and feedback on performance. Supervision had taken place every two months for the past nine months.

Medicines recording and administration was safe. One staff member said, "We have all the risk assessment for medicines in care plans and we are all trained in meds too. We shadow and we have a competency test and meds are locked away and counted daily. All of this makes sure that they are secure and safely stored." Each person who required assistance with medicines had an individual profile in the medicines folder. This included a photograph, details of their allergies, how they liked to take their medicines and what each medicine was for. Individual profiles also included protocols for as and when medicines (PRN) that was clear and stated when it should be given and the maximum dose within 24 hours.

Stock counts for medicines were correct, meaning that people had been receiving their medicines correctly. This was also evidenced in Medicines Administration Record (MARs) charts that were consistently completed without gaps. Bottled and creamed medicines did not always have opening dates on them. We told the deputy manager who resolved this straight away. Medicine audits were completed monthly by the service's pharmacy. The latest audit had not found any issues with the service's medicine and administration issues. Staff had recently completed medicines refresher training. This meant that staff's knowledge was kept up to date to keep people safe.

People were cared for by staff who practiced safe infection control. The registered manager said, "Staff wear aprons and gloves." A staff member told us, "We use infection control with colour coded mops and I wash everything with antibacterial liquid daily. We also have Personal Protection Equipment (PPE) for personal care and kitchen and cleaning work which we always use." We observed that staff did use PPE during our inspection. Safe infection control was promoted to people who used the service. Each person was allocated cleaning tasks throughout the week to ensure the premises remained clean and tidy. There were also signs next to sinks to remind people to wash their hands thoroughly to avoid the spread of infection.

The service learned lessons where things had gone wrong, but did not always inform the Commission of notifiable incidents. A staff member said, "I do an incident report and sent it to the registered manager who will escalate it if necessary." Staff members and the registered manager had recorded accidents and incidents that had occurred. These included incidents where people had displayed behaviours that challenged. The registered manager said, "Every day is a learning curve. We learnt from behaviour charts and could see a clinical team referral was needed. The team came in and provided positive behaviour support training." There was no overview monitoring of accidents and incidents to identify trends, but these were discussed in key worker meetings between a person and their allocated staff member. This allowed incidents to be discussed and explored further to reach good outcomes for people where required.

Is the service effective?

Our findings

The service had a thorough pre-assessment and transition process. One relative said, "The transition for my daughter to [the service] was exemplary." Pre-admission assessments were robust and covered areas such as bathing, communication, shaving and budgeting skills. They also included details such as family history, likes and dislikes. It was clear that this information had been used to create care plans for the people. The service's admission criteria policy said, "During the assessment process, an initial assessment of need and compatibility is completed. All key aspects of a person's needs are addressed to determine whether the service can support an individual's needs."

Transition periods for people moving into the accommodation were also thorough and personalised to meet the needs of each person. The registered manager told us, "The transition may only involve one visit, or it could be staying for a few days. It will depend on the individual and their specific needs." One person required a long transition period in order to not raise their anxiety around moving to the accommodation. Staff members including the registered manager met with the person several times over a six-month period in order to build a rapport with them so they felt more comfortable with the move.

People were cared for by staff who were well trained and knowledgeable. One relative said, "I think they are well trained, quite often [my family member] tells me that the staff have been doing some training." A staff member told us, "I have had loads of training here. We have done positive behaviour support, manual handling, autism, epilepsy and safeguarding. We do e-learning and we have people that come in to train us as well. We have external trainers on additional areas." All staff were up to date with their mandatory training.

Staff were also enrolled to complete the Care Certificate course upon starting employment if they had not completed it in their previous role. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. The registered manager told us, "I encourage staff to take ownership of their developments, but also we need to make sure they are compliant with the company policies and standards."

People were encouraged to make healthy nutritional choices about what and when they would like to eat. One person said, "Yes the food is good. The staff allow me to choose what food I make." A staff member told us, "We let them decide what they are going to eat. They choose from their fridges and cupboards. We are going to get pictures of recipes and meals so that they can choose from the pictures. If we take them shopping they can choose what it is they want to buy for their meals." During our inspection we observed one person eating lunch we had cooked from fresh with support from the deputy manager. One person had wanted to join a weight loss group and was supported by their key worker to do so. Their relative told us, "[My family member] has lost a stone and [persons] key worker supports [person]. She is doing her own cooking now which is from fresh." Staff encouraged people to make healthy decisions regarding portion sizes. The registered manager told us a relative would visit the service and would cook a meal from their culture with the support from people. This encouraged them to try new foods as well as being education.

Communication between staff was effective. Each person's care plan included key worker update sheets that were completed every month. These included information around recent events, achievements and difficulties. Staff monitored people's development and behaviours from these. For example, one person had previously suffered anxiety getting out of taxis. The update sheet described methods tried to reduce this, what has worked, and how this person's anxiety around getting out of taxis had now improved. A staff member told us, "We have changes communicated to us. When we have new developments to care plans, they always tell us to check the care plans and make sure we are aware of them." There was a staff signature in place in care plans so that staff could sign to confirm that they had read the most up to date version.

People were supported to maintain their health and wellbeing. One person said, "I get seen by GPs, doctors. I had an eye test recently." A relative told us, "She'll ask a member of staff to make her an appointment and they'll do it. When she moved in they helped her sign up to a new GP surgery." The service had a proactive approach to people's healthcare needs in order to reduce anxiety around appointments. A staff member said, "I recently went to the opticians with [a person]. They have high anxiety and get very anxious about appointments. I showed them YouTube videos of the appointments so that they were aware of what happens." Another staff member told us, "I took different people to local GP surgeries to get them signed up and introduced it to them and so they were registered and less anxious." Personalised easy read documents had been produced for people where needed to further help lessen their anxiety around attending medical appointments. There was also input and support from other professionals such as the mental health team and psychiatrists.

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.

Staff were aware of the principles of the Act. One person told us, "Staff always check with me before doing something." A relative said, "They're always asking permission before they do things." A staff member told us, "It's to protect people if they lack capacity. I would always check when necessary for capacity." Another staff member said, "I would check very regularly to make sure people have capacity. When two people started a relationship here, we had to make sure that both had capacity immediately." We saw the mental capacity and risk assessments around this which were detailed and ensured that the people involved had capacity to make decisions around intimacy and relationships. These were completed in a discreet but timely manner. People's rights were protected. Mental capacity assessments were decision specific and best interest meetings had included all relevant people involved in a person's care. All staff had completed and were up to date with refresher training regarding the MCA.

Is the service caring?

Our findings

People were treated in a kind and caring manner. One person said, "Sometimes they are serious when they need to be but in general they look out for you when they need to." Another person said, "I love living at Mill Road because I have lots of friends and support and the staff are fabulous." Relatives felt that staff were compassionate and had built good relationships with their loved ones. A relative told us, "[My family member] can be very anxious and suffers from anxiety. They've made a good bond with a couple of staff members there who are able to calm [them] down when [they] get upset. The staff have got a very good rapport with them and understand their needs" Another relative said, "The staff made a real fuss of them on their birthday. [My family member] really likes them and is happy there."

We observed that staff knew what was important to people and would discuss this with them. For example, we observed one staff member discussing a person's friends and family with them while eating lunch together. It was clear from the conversation that the staff member knew the person's friends and families well which demonstrated the bond that they had formed with the person. The registered manager said, "It's just the small things that make people feel like they matter."

People were encouraged to be independent where possible. One person said, "They help me when I need it." A relative said, "They're very good at promoting her independence." Another relative said, "On a day to day basis my [family member] is fully supported with as much or as little help as she requires which leads to a greater feeling of independence for her." A staff member told us, "We encourage independence a lot. We try to get them to do as much as possible. We support and prompt them to make their food, serve their food out and clean it up as much as possible afterwards. We also do this with washing and bedroom cleaning."

We observed people making their own breakfast and lunch, as well as timetables for people to be involved in household tasks such as putting the dishwasher on. The registered manager informed us, "We want them to be independent and we encourage them to be. Everyone here can decide what they want to eat but might need help planning their menus. So, we assist them with the parts they need assistance with." Staff were currently supporting one person to become independent with administering their own medicines. The registered manager said, "[The person] is very eager to be able to administer his own medication in time and has outlined to staff that it will help him feel more independent and that it would be a proud achievement for him." Staff were supporting the person to learn this skill by going through the process step by step with them until the time when they were consistently able to walk them through the process without any mistakes.

People were involved in their care. A relative said, "They have meetings all the time." The registered manager told us, "We want them to be involved." Relatives were also involved in people's care where needed. A relative told us, "We had a meeting with a social worker after three months as part of a review." Another relative said, "If they have any concerns about [my family member] they call or email me. I usually have some form of contact at least once a fortnight." The registered manager said, "I want to be on the same page as the parents." We saw evidence that this was happening in people's care plans as review documents stated who had been present for the meeting. This meant that a holistic view of people's care was

considered. Staff actively sought the opinions and engagement of people in forming their care and experiences. A staff member told us, "I give them a voice. Anything we do we ask people what they think and if they have ideas and what to contribute." There had been a recent Halloween party and people had arranged who to invite and what part of the party they would each organise. One person told us, "I did the posters and the music for our Halloween party. We're fundraising for our Christmas party now and I'm doing the posters for that too." A staff member informed us, "[One person] goes out daily with staff. We ask them what they want to do and go from there. Sometimes we need to suggest options but they always design their days." This empowered people to make decisions about their care and life.

People were supported to express views. Relatives felt that their family members were able to speak to staff if they had any concerns. One relative informed us, "She feels confident to speak to any staff member if she's got any worries." Another relative said, "It's clear to me just how professional and passionate [staff are] about ensuring that young people with autism and learning disabilities had their rights and choices respected. This came across in the type of questions [the staff] asked, always making sure [my family member] was included in the conversation and not talked over."

Staff were aware how people expressed their concerns in different forms of communication. A staff member said, "Most of them are quite verbal. They will talk to us directly about how they want things done. One person uses Makaton, but will directly say 'No' if they are not happy." The registered manager said, "The majority of people will talk to staff, but we know them all well enough to know if something is wrong." People were supported to communicate their views. There was a communication board for people who used Makaton. The service had created a happy and sad thoughts box, where people could write how they were feeling. The box was checked every day. Where concerns had been raised in this form, the service took steps to resolve the issue. For example, one person had expressed that they were sad as they missed a friend who had recently passed away. Staff organised for the person to let off a balloon in the garden in memory of their friend.

People's privacy was respected. One person said, "They knock on my door before they come in." A relative said, "They always knock on her door before entering. They're very respectful." Staff knocked on people's doors during our inspection and asking the person if they were happy for them to enter. A staff member told us, "They all have locks on their doors, some have their own keys so they can lock them when they leave." This meant that people's privacy was also respected when they were not at the service.

Is the service responsive?

Our findings

People were supported to be involved in local community by taking part in charitable events and fundraising. The registered manager told us, "I like them to see how fortunate they are compared to other people despite living in a care setting." One person had volunteered at a local charity where they had helped produce food hampers for a disability charity. They had fed back in a recent residents meeting that "I have made lots of friends and its help me build my confidence." Another person had received a certificate for the work they had done fundraising for Sport Relief. Staff also encouraged people to work together to fundraise for charity. The service had previously held a cake sale to raise money for a cancer charity, and were organising a Christmas fair to fundraise for a young disabled child so they could have swimming lessons. The day of our inspection fell on national safeguarding week. The registered manager told us, "We'll be taking part in a broadcast at the head office. [People] will be discussing hate crimes on people with learning disabilities. The residents who want to go will be going and talking about the subject, their experiences and how they overcame it. It will then go on our twitter page." This would then be visible for others to watch for support and guidance.

The service held education nights to improve the knowledge and safety of people. A relative told us, "I am extremely impressed that the managers are inviting people such as the police into the house to help the users understand how to access help and stay safe." The registered manager told us, "They decide what they want to talk about at educational night. We recently had the police come in to talk about cybercrime and bullying." We saw photographs from the evening and a poster that people had made following the evening to remind themselves how to stay safe online. There had also recently been a safety talk on fireworks and one person had spoken to the other residents about their volunteering work. Following this, all the other people living at Mill Road chose to sign up to volunteer at the charity.

The service supported people to pursue education, employment and volunteering opportunities. A relative told us, "My daughter is encouraged to look for a part time job." Another relative said, "With [the staff's] encouragement and support [my family member's] attendance at school is 100%." One person had recently passed a college course, and another had completed work experience at a local school to complement their recent qualification in early years education. Another person had attended a college course and completed work experience in an office environment.

There had been a Black History event annually where all cultures and ethnicity were celebrated. One person performed playing their musical instrument throughout the day and was paid for their contribution towards the event. These successes had been celebrated and an achievements board had been created where certificates and photographs were on display. One person had also been awarded a Best Achievement in Education award for their work by the provider, which promoted their well-being and confidence. All the people had been supported to attend the job centre and were applying for jobs in the local area. The service's proactive approach to this had been recognised by the provider, who had nominated the staffing team for an award in social inclusion at Care Management Group's internal award ceremony. The registered manager said, "We like to promote social inclusion for people we support at Mill Road to ensure they are having regular contact with their family and friends."

People received personalised care. The services development plan stated, "People we support are included in the assessment process." This was evident in the care plans we observed and the feedback we received. A relative told us, "I think the support they give to everyone with different needs is brilliant." A staff member said, "We talk to them about the things in their care plan and we ask them what they would want to be in there. And what their preferences are. We ask them directly so that they effectively write their own care plans. We have to read them when they are done."

Care plans included person-centred information such as culture and beliefs, relationships, social life and likes and dislikes. These were used to personalise care. For example, one person's care plan clearly detailed they liked playing a particular game on their games console. The registered manager told us, "We remind [one resident] of his background and cook his native food with him." There were quick access guides for staff to read around routines and communication, and one-page profiles on people's likes, dislikes and basic needs in the lounge. Care plans also included flow chart guides of each person's different behaviours to show if they were bored, anxious or upset and what actions should be taken for each person. This allowed an individual and personalised approach to people's emotions.

The service empowered people to be able to cope when in the community. The registered manager said, "We continually look for new ways to support our [residents], and to ensure they are living independent and fulfilled life." The service had utilised technology to help them achieve this due to it appealing to the young people they supported. Staff had supported people to download a phone based app which provided anxiety management when in the community. It allowed them to focus their breathing and thoughts, meaning that they were enabled to remain independent and without the need for staff supervision in case of feeling anxious. The service had also recently implemented another app which teaches and allows people to communicate by sign language. This was being used to develop the communication within the service further.

People's care was regularly reviewed and where issues were identified then changes were actioned. A staff member told us, "They are updated every six months unless needed sooner. If something changes then we update it to reflect that." For example, one person had recently had a change of behaviours and the service contacted the Positive Behaviour Support team to take part in a review as they were able to provide more knowledge on the subject. They had provided advice on methods of distraction and behaviour management to try, as well as techniques to lessen anxiety around healthcare professional visits.

People were informed of how to complain. One person said, "I would tell staff if I wasn't happy about the service." A relative told us, "I've only ever raised one complaint which was when I went around the kitchen hadn't been tidied from the night before but they sorted it straight away. I was shocked as its usually so tidy." A staff member told us, "I would help anyone who wanted to complain. I would help them to go through the process. I would document it and try to help them as best as I can." There was a complaints policy in place which was available for people and residents if needed. People had leaflets in an easy read format to inform them of how to raise any issues. The service had not received many complaints in the past 12 months, but concerns had been investigated and actioned appropriately where raised.

The service had received multiple compliments. One received from a relative read, "I have witnessed amazing support between staff and people living here. People are treated with respect and seem to be very happy in their home. In addition, staff are proactive at educating people on various topics and giving them opportunities to achieve goals in their life." Another said, "I just want to say a big thank you to you all. For your support in visiting college with me and I was especially touched by the care taken in preparing [my family member's] case and making sure she had everything she needed." A further compliment from relative read, "Very pleased with the new home. It was very difficult for my [family member] to settle but staff were brilliant. Staff were very patient and polite when [they] was frustrated. I give it a 5-star rating."

Activities were personalised. One person said, "I get to do a lot of activities here. Such as going swimming, for pub lunches or to the cinema. We can eat dinner together or have a film night here. We did have a Halloween party here and we invited [people from another service]." A relative told us, "They really get involved with their interests. They've taken [my family member] to concerts and to Disneyland for her birthday." People were asked what activities they would like to do in resident's meetings, so were actively involved in choosing things that interested them. Photographs of events and outings that had taken place were on display. This added personalisation to people's home. People's rooms were also personalised with their own interest, such as their favourite football club or cartoon character.

Despite the residents being young adults, end of life care had been discussed with people and their families. People and relatives had not been ready to discuss the subject at the time of our inspection, but staff had noted this in people's end of life care section within their care plan. The registered manager said, "Even though most people at Mill Road are young adults we want to show that we are taking a proactive approach and stating their wishes."

Is the service well-led?

Our findings

The registered manager was knowledgeable of people's needs and preferences. People, relatives and staff felt the management team were supportive and approachable. The registered manager told us, "I'm no use to them with the door closed. I like to be seen and present." Feedback we received about the registered manager was very positive. One person said, "The manager is good. She always explains stuff and when you need help she helps you. She updates me and tells me about things." A relative told us, "She's lovely, really really friendly and couldn't be more helpful. I'm always welcomed in to the home." A staff member said, "She's lovely, she's very supportive. She's a very good manager. The service is well managed. It flows down to us as a team." Another staff member said, "[The deputy manager] is also fantastic. She is helpful and gets involved in day to day work along with paperwork in the office."

The service had a positive and inclusive culture. A relative said, "My [family member] has flourished this past year at Mill Road and that is down to the support she has received from staff." Another relative told us, "I know that [my family member's] future independence and well-being will be developed on a daily basis in [the service's] capable hands." One staff member said, "They are lovely people that live here. We have a good time with them. There is a good and happy culture here with the staff." The registered manager said, "Staff don't feel like it's a workplace. It feels like a family home". This atmosphere was evident throughout our inspection as people and staff spoke to each other on a personal level about things that were important to them and upcoming events. The staffing team had recently been nominated for an award by Care Management Group for their positive attitude and support towards social inclusion.

People, staff and relatives were involved and engaged in the running of the service. Regular meetings with staff and residents were held to gather their feedback. One person said, "We have meetings. They are useful. They get everyone's opinions from the house. They react to things that we tell them. The meetings are fun and informative." Residents meetings took place on a monthly basis and included a variety of topics such as cleaning, activities, and online safety, as well as managing their tenancy at the property. Meeting minutes evidenced that most people were engaged and raised different points at the meetings. Staff followed up on suggestions made by people which were discussed at the following meeting so people could be updated on the progress. For example, one person said that they would like to talk about their volunteering work during an education night, which occurred the following month. Staff meetings also occurred on a regular basis. Topics discussed in these meetings included values, team work, and training. A staff member told us, "I am asked for my suggestions. I designed the garden. There is a sensory approach being implemented at the moment. We were given freedom to do this by the provider. We involved the [people using the service] and planted vegetables and painted the fences." Another staff member said, "The staff meetings are good. In our previous one we spoke about being nominated for a team award, and about Christmas and activities."

Robust quality auditing systems monitored the care provided. Audits were completed on a regularly basis so that the registered manager could check the service's performance. These included audits on medicines, health and safety and the general environment. Issues found were resolved quickly. For example, a quality assurance check from October 2018 noted that the kitchen needed signs reminding people to wash their

hands thoroughly. These were on display on the day of our inspection. Issues that had not yet been resolved was because the service was awaiting the landlord to complete repairs. The service also encouraged people who use the service to complete regular audits. People were given tasks such as checking bathrooms were stocked with toilet roll, soap dispensers were full and that appliances were in working order. People using the service would complete a document to state their findings and then feed this back to staff. This gave people control and responsibility of their own environment.

There were strong working partnerships with outside agencies to help improve the quality of life for people. The service had strong links with a variety of organisations which had been beneficial individually for people. A staff member told us, "We work with Sunny bank trust in Epsom. They do lots of things with us and the [people who use the service]. They come in and chat with us and our service. One person works at the local YMCA as a volunteer there. Another had a taster session with Halo which is a project in Guildford. Our local police come here also to talk about things such as online safety." This allowed people to be actively involved in their community to improve their wellbeing.

The registered manager was aware of their responsibility to send notifications to the Care Quality Commission but had not always done this. We raised this with them during our inspection and they resolved the issue immediately and sent us information around incidents we needed to be aware of. This allows us to safely monitor that risks are being suitably recorded, investigated and resolved in a service.