

## Millennium Care Services Limited

# Sunnyview

### Inspection report

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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?

Outstanding ☆

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

The inspection took place on 17 December 2015. The inspection was announced. The provider was given 24 hours' notice because the location was a small home for younger adults who may be out during the day; we needed to be sure that someone would be in.

Sunnyview provides accommodation and personal care for up to 7 younger adults with a learning disability, autistic spectrum disorder and associated complex needs. All the people who use the service require bespoke and flexible support packages. There were five people living at the service on the day of our inspection.

Sunnyview is a large house in a quiet residential area which offers accommodation over two floors. There is a quiet 'bungalow' at one end of the service with a dedicated summer house in the garden which was built to meet the specific needs of one person who uses the service. The other people who use the service live together in the main house, where they have their own rooms which are highly personalised with décor and personal effects of their choice.

The service has a registered manager. A registered manager is a person who has registered with the Care Quality Commission [CQC] to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. There was a manager registered with the Care Quality Commission (CQC); they had been registered since December 2010. At the last inspection on 4 November 2013, the registered provider was compliant with all the regulations we assessed.

The registered manager and staff team demonstrated an in-depth understanding of managing risk and supporting people that had historically displayed behaviour that challenged others to live as independently and safely as possible. The staff team utilised risk management strategies effectively and were able to support people to try new things and make positive changes to their lives.

Within the main house, there were quiet spaces. These allowed people to be around each other without having to be in the same room. This encouraged one person in particular to spend time in the main part of the home. They would not have been able to do this without their own space being available to them. There is a kitchen, two lounges, two dining areas, a bathroom and toilets all of which are shared.

There is open access to the garden area. This has a summer house so people living in the main house who smoke can do so without having to endure poor weather conditions and is an additional quiet area. People who use the service have access to groups and social events which are arranged by the provider within the group of services they have in the area. This allows people who use services to expand their circle of friends, to access educational classes which allow them to explore and develop new skills and to attend social events with people from other homes within the local area.

There was very clear evidence of the time and effort which was spent developing and continuously

improving the service. The provider and their senior management team came up with innovative and flexible ways to support people to move forward. The staff team looked at the barriers which were stopping people achieving their goals and found ways to remove those barriers without increasing the risk to the person who used the service or other people.

The registered provider was constantly reviewing, improving and where needed adapting the environment to meet people's needs and to ensure that any new people who were admitted to the service had a suitable environment from the moment they arrived, adaptations were also made for the changing needs of people who were already using the service.

We found that each person had a personalised programme of activities which were designed in partnership with the people who used the service, focussing on their particular interests and current goals. The staffing of the service enabled people to learn to live as independently as they were able and to ensure that they led meaningful, enriched lives, with clear goals and plans of how they were going to work to reach them, which were realistic and achievable.

Staff were passionate and highly skilled, ensuring that people were safe whilst encouraging them to embrace new experiences and to explore and develop their abilities. The registered manager and the staff team worked with drive and commitment to provide the best care possible, identifying and sharing people's personal achievements with their peers across the group and celebrating and commending successes.

The culture in the home was extremely person-centred, with the people who used the service being the focus at all times. Person centred care was tailored around the individual needs of each person, incorporating their aspirations, values, preferences and wishes. Care records showed that people's individual needs were very regularly reviewed with the person who used the service being central to this process; we saw that care plans were evolving as people developed and progressed.

Staff worked exceptionally well together as a team, and all the staff we spoke with demonstrated their passion for making a difference to people's lives and helping them to achieve their potential. Staff were unanimous in telling us that the registered manager was a strong leader, who was highly visible in the service.

Some people who used the service had complex needs and were not able to communicate their experiences to us verbally. We observed their interactions with staff and other people who used the service, to give us an insight of their needs, that the care they received was in line with that described in their care plans and that their needs were being fully met. We saw that staff treated people kindly, empathetically, with respect and dignity and it was clear they knew people and understood their needs extremely well and that people's needs were fully met as a result.

We saw staff were safely recruited and that all necessary checks were carried out before they started work and that new staff went through a detailed, comprehensive induction process. There was a ratio of one to one staff to people who used the service at all times, which meant that there were always enough staff to meet people's needs safely and for people to be engaged in positive activities which enriched their lives.

Staff received training and support to ensure that they had the skills and knowledge necessary to support people who used the service, there was an extensive range of specialist training available to staff in addition to mandatory training. Training was classroom based and included best practice information and guidance. Staff told us they found their training to be 'excellent' and they felt confident in their own competence as a result of this.

Medicines were ordered, stored, administered and disposed of safely. Personalised support plans were in place to ensure people received their medicines in line with the prescriber's instruction and their own preferences. There were plans in place and work underway to help a person who had strongly expressed that they wanted to be able to manage their own medication to achieve this safely over a period of time.

People accessed community based facilities which had been sought out to meet their needs. People also completed varied and fulfilling activities within the service. People were actively encouraged to develop social interests, were supported to develop friendships, develop and maintain family relationships and were encouraged to be active and healthy.

People's records showed their nutrition and hydration needs were well met. There were choices offered at every meal. People had access to a range of health professionals for advice, support and where needed treatment.

There was clear guidance for staff to help them reduce or eliminate behaviour that challenges others. We saw the use of positive behaviour management principles which identify triggers for behaviour which challenges others.

People enjoyed a safe environment which whilst it had been designed to meet the needs of people who used the service, looked and felt like a family home, where people were relaxed and well cared for.

## 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 were protected from the risk of harm. The home had systems in place to effectively manage risk. Medicines management was safe and safe recruitment practices meant staff were suitable to work with vulnerable people.

There were always sufficient staff, with the skills and experience needed to meet people's needs.

People were safeguarded from harm or abuse. Accidents and incidents were well managed and we saw the provider learnt lessons from significant incidents, which were used across the providers group of services to improve processes and safety measures.

### Is the service effective?

Good ●

The service was effective.

Care was innovative and forward thinking with planning for future skills development based on individual needs, capabilities and wishes.

We found the service was meeting the requirements of the Deprivation of Liberties Safeguards [DoLS]. Staff understood and explained how to protect the rights of people who may lack capacity to make some decisions. There were up to date and detailed assessments of people's Mental Capacity in line with the Mental Capacity Act 2005.

Staff were highly skilled at meeting people's needs. Staff received regular supervision from the registered manager which they found useful and informative. Training was based on current best practice and was delivered in a classroom environment which staff enjoyed.

### Is the service caring?

Good ●

The service was caring.

Staff were passionate, enthusiastic, and committed to supporting people to achieve their potential. Staff morale was very good amongst all the staff we spoke with.

People received staff support to maintain important relationships and to forge new ones. People were encouraged to express their views and these views were listened to and used to inform planning for the home.

Staff were seen to be kind, caring, respectful and thoughtful in their interactions with people who lived at the service. People were supported to remain healthy and active.

### Is the service responsive?

Outstanding 

The service was outstanding in responding to people's needs.

Care was person-centred and designed to meet individual needs and aspirations. People were involved in all aspects of their care. People were supported to live their lives as they wanted, to make choices, exercise control and to take engage in meaningful activities.

Staff understood individual's complex needs, via the detailed information describing their history, behaviour and conditions. This ensured people were supported to achieve an increased level of independence.

Staff responded quickly to people's changing needs and offered flexible support to accommodate these needs. Care plans were reviewed each month or more regularly if needed which meant records were quickly updated and were relevant and accurate.

### Is the service well-led?

Good 

The service was well-led.

Robust governance was present throughout the service and this assured the delivery of person-centred care of the highest standard incorporating learning and innovation.

There was an honest, open and inclusive culture in the home. Staff felt confident to raise concerns and were equally confident that the concern would be dealt with effectively. There were various mechanisms for staff to express their views, and have input into the development of the service.

Staff were very well-motivated, passionate and dedicated to providing person-centred care. Staff worked together as a team

to support people to achieve their goals.

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# Sunnyview

## 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 registered 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.

The inspection took place on 17 December 2015 and was announced. The inspection was carried out by one adult social care inspector.

We looked at notifications sent in to us by the registered provider, which gave us information about how incidents and accidents were managed and how many were occurring. We sought feedback from the local authority and other agencies that carry out routine checks, and received positive feedback.

During our inspection we observed how staff interacted with people who used the service, both in the home and when preparing to escort them on planned outings. We spoke with three of the people who used the service, the registered manager, the clinical governance manager, two senior care workers, and two support staff. We were unable to speak to any relatives of people who lived at the service as there were none present on the day of our visit.

We looked at care records (including easy read care plans, health records and daily care notes) for three people who used the service. We looked at two staff recruitment files, supervision and training records, staff rotas, food records, minutes of meetings with staff and with people who used the service, quality assurance audits, and maintenance and equipment records. We also reviewed records of complaints, accidents, incidents and medication audits.



# Is the service safe?

## Our findings

People who used the service told us "I have been here a long time. I feel safe here. The staff keep me safe. I work two days a week now and I am always kept safe."

The registered provider had detailed policies and procedures in place which staff could easily refer to in relation to safeguarding vulnerable people and whistleblowing procedures. Staff we spoke with all confirmed that they had training in safeguarding people which was regularly updated and they all had a thorough understanding of the signs which would cause them concern in relation to the people they cared for. Staff explained the process they would follow in reporting any concerns.

Staff were very aware of the particular risks which were relevant to people they supported, particularly when they were supporting them in community. There was clear evidence from speaking with staff that they had considered the potential dangers to people who used the service, for example when accessing social networking sites and giving out personal information which could put them at risk. This had been addressed in a detailed assessment of the risks, which set out the measures that could be put into place to allow people to access the internet safely.

Staff were aware of the whistleblowing policy and were able to explain in what circumstances they would use this. Staff were also clear who they would report various concerns to and understood the escalation process if they felt that appropriate action had not been taken. All staff we spoke with told us that they had not had any concerns since working at the service.

We saw there had been a small number of safeguarding alerts made since our last inspection. These had been made by the registered manager and concerned incidents which had involved people using the service displaying behaviour that challenged others. In all cases we found that the incidents had been well managed by staff on duty and that the documentary evidence was detailed and complete.

Staff understood that people who used the service needed to be allowed exposure to some level of risk as part of their development, however this needed to be planned and measures put in place to ensure that they were not put at unnecessary risk. There was a comprehensive set of robust policies and procedures in place which covered all aspects of the registered provider's vision to promote independence within the service. We saw an example of this where, one person had progressed from being unable to visit their family to being able to maintain regular visits with them, appropriate risk assessments and staff support enabled them to achieve this.

We saw that there were detailed risk assessments in place wherever a potential risk had been identified. These included travel, smoking, taking medication and behaviour that challenges others. Risk assessments were developed with people who used the service and their family where appropriate. We saw an example where one person had gone on holiday with their family. This had involved the staff team creating a risk assessment for the family to ensure that the same risks which would normally be managed by staff would be managed in the same way by family members to ensure the safety of everyone. We saw these were reviewed

and updated as needed. Changes were always discussed with the person involved in the documentation we looked at.

We looked at the records for accidents, incidents and behaviour management interventions which had been necessary during periods of behaviour which challenges others. These records were detailed and reviewed by the registered manager to identify any emerging patterns and to verify that the least restrictive practice had been used in each case. We saw one example where there had been a significant incident involving a person who used the service. The registered manager had carried out an extensive investigation to establish if the incident could have been prevented and to see what learning could be taken from the incident. Following this investigation recommendations were made and action taken to minimise the risk of a similar situation taking place in the future.

There were always enough staff on duty to meet people's needs safely, responsively and flexibly to provide personalised support which included varied activities. There was one member of staff on duty for each person who used the service as some people required constant supervision. This ratio was increased to two to one support for some people who used the service when they were supported to go out into the community to keep them safe. One care worker told us, "We work together as a team to support people the way they want to be supported, there are always enough of us on duty to do that safely."

We saw that staff were always present in communal areas. Staff communicated well to ensure that there was always someone present and staff knew where other staff were in case they needed assistance. Where people needed more privacy and to be away from others, staff were either with them, able to see them or checked them regularly. We saw people's requests were responded to very quickly and we did not see anyone ask for assistance and not immediately receive it.

There were robust recruitment processes followed to ensure staff were suitable to work with vulnerable people. We reviewed files for two care workers and found that pre-employment checks had been completed and included written references, evidence of the applicant's identity and Disclosure and Barring Service clearance (DBS) to make sure prospective staff members were not barred from working with vulnerable people and were suitable for the role.

We saw medicines were well managed and people received their medicines as prescribed. Staff told us they had completed medication training and had passed competency checks before they were allowed to administer medicines. The records we reviewed confirmed this and that their skills were regularly reassessed by a senior member of staff. We saw that processes for medicines to be ordered, stored, administered and disposed of were safe and robust. Records showed that a full audit of medicines, including people's Medication Administration Records [MARs], were carried out each month. Records we looked at were accurate. People's care plans detailed what medicines they took, why they took them, what side effects they may experience and how they liked to be supported to take them.

The service was exceptionally clean and furnished to a high standard. Staff had access to personal protective equipment (gloves and aprons), however most of the people in the service were largely independent with their personal care needs. Staff were seen to be washing their hands appropriately during the day of our inspection, and maintained good standards of hygiene which would reduce the risk of any infections spreading in the service.

We saw that the home had up to date safety checks in place for fire, electricity, gas, Legionella and portable appliance testing (PAT). There were first aid boxes throughout the service and staff who were designated first aiders.

We saw that there was a detailed plan of how each person would need to be supported to leave the building safely in the case of an emergency; these documents are referred to as personal emergency evacuation plans (PEEPS).

# Is the service effective?

## Our findings

People who used the service told us they had confidence in the staff team and felt they were very skilled. One person told us, "The staff are great, they always know what to do, and they are really good." "They are helping me to plan my meals, to make my shopping list and to go out and do my own shopping. They even support me to cook my meals, I love it, and I make all sorts."

People who used the service were supported by staff that had relevant skills and knowledge. Staff had in depth understanding of individual needs and were able make sure that people's needs were met. Staff made every effort to be knowledgeable about subjects which were of interest to the people who used the service, for instance a particular music group was very important to one person, and the staff knew this and discussed this topic with the person.

Staff looked for innovative and creative ways to assist people to be involved in and understand decisions about their care and support, for example one person responded to staff better in their own space whilst carrying out crafts which kept them calm and relaxed, in this environment staff were able to support the person to be involved in planning and decision making.

The registered provider and staff team were very observant and aware of people's needs. Staff looked at ways to adapt the home to meet people's needs in even in cases where this meant considerable adaptations and cost. For example one person had over a period of time found it impossible to be around other people and needed a high level of solitude to avoid becoming increasingly anxious and displaying behaviour which was challenging to others on a very regular basis. The solution found was to create a 'bungalow' at one end of the house which was self-contained with a bathroom, bedroom, lounge and private access to the garden with a separate summer house solely for the use of this person to carry out their hobbies without being disturbed.

The provision of this specific accommodation meant that the service found a way of meeting the person's increased level of need and significantly reduced the incidents of behaviour which had been occurring frequently as the person was unable to cope with the other people in the service. The improvement in their behaviour meant that they were able to enjoy more trips out and were more settled.

The Care Quality Commission (CQC) monitors the operation of the Mental Capacity Act 2005 (MCA) and specifically on the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. 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 process for this in care homes and hospitals are

called the Deprivation of Liberty Safeguards (DoLS). We found that there were either current DoLS authorisations in place or an application had been submitted to the local authority for a renewal for all the people who used the service and required them. There was one person who used the service for whom DoLS did not apply. We saw this had been assessed in line with current legislation and in conjunction with the local authority. This meant that the registered manager was protecting the human rights of the people who lived at the home.

If a person has been assessed as not having capacity to make certain decisions then there needs to be a best interest meeting involving family members and other professionals involved in the person's care. We saw that these discussions with family members and professionals who were involved in the persons care had taken place and decisions were made in the person's best interest.

Staff had completed training in the Mental Capacity Act 2005 (MCA) and understood how they needed to gain people's consent to care before carrying out any tasks. This was evidenced in the training matrix we saw during our inspection. We observed that staff asked people and waited for their consent before they moved to support them.

Staff told us, "We know how people communicate, because we know them so well. We do have some people who find it difficult to communicate at times, but we know what they want from the way they are behaving and other little signs we recognise within their behaviour."

We saw from interactions which took place during our inspection that staff communicated well with all the people who used the service, and that they matched the way in which they communicated with the person and their needs. For example there was a person who found it hard to communicate when they became agitated. We observed that staff were very patient with them and gave them time to calm down allowing them to form their words without becoming more upset. Staff spoke softly to this person throughout their periods of agitation which calmed them. We saw staff making time to chat with people who were between activities; this was friendly, the language and content positive and appropriate.

People's care files contained very clear guidance for staff on how to meet people's assessed health needs. People were supported to attend health appointments, for example, doctors, dentists and opticians. Each person had a personal health file which detailed their specific health and care needs. Within this file there was also a document called 'My VIP hospital passport', which contained very simple concise information written from the perspective of the person who was accessing the service. This was designed to ensure that a hospital for example would have all the critical information to be able to care for the person without causing them unnecessary anxiety.

Care records contained information on people's food preferences, likes and dislikes and the level of support each person required. We saw one person had set themselves a goal to be more independent with their food choices and had decided they wanted to plan, shop for and prepare their own meals; this had been encouraged and supported by the staff team. Other people who used the service had identified that they wanted support to lose weight and be healthier.

Staff had thought creatively about how this need would be supported effectively and identified a nine week long programme run by a dietician that they could access and arranged for this to take place. During the programme, the people who chose to participate were supported to make healthier food choices as they were given information to allow them to understand which foods were good and the effects of eating excessive amounts of certain food groups. The results of this were significant in terms of weight loss. The dietician offered to continue to work with the service after the programme had finished, this work was still

on-going at the time of our inspection.

We looked at staff training records and saw that staff had access to a wide range of training courses which included; safeguarding, food hygiene, first aid, infection control and health and safety. Other training that staff completed included autism, epilepsy, DoLS and MCA. There was service specific training provided in least restrictive practice interventions and behaviour management strategies.

New staff praised the level of induction which they told us consisted of a week of classroom based training, and the support invested in from shadowing experienced staff to prepare them for their role. Staff who had been at the service for longer told us that there was an extensive list of training available to them and we saw that staff had taken the opportunity to extend their knowledge and skills by undertaking the training offered to them.

We saw that there were links with health professionals to offer specific training for example there was a specialist nurse who attended the service to teach staff how to administer a specialist drug which is used for people who suffer from severe epilepsy. Staff told us that they received regular supervision with their line manager which they found useful and positive; this was confirmed in the records we reviewed.

We saw evidence in the staff records we looked at that new staff had received regular supervision sessions each month as part of their probationary period assessment. New staff 'shadowed' more experienced staff, observing their practices, being able to ask questions and gaining confidence whilst having the opportunity to develop relationships with the people who used the service and their colleagues.

Staff told us, "The training was brilliant, face to face classroom training and the opportunity to work with more experienced staff - it was great." Staff received an annual appraisal with the registered manager which gave them the opportunity to discuss further personal development and any aspirations for progression within the company.

Staff we spoke with had either completed a nationally recognised Diploma in Health and Social Care, were working to achieve them or were waiting to sign up to begin their qualification as they were new in post. We saw from training records all staff completed refresher training annually and that this was in line with the training policy. This meant that the registered provider was investing in the staff who worked in the service, to ensure that they had the highest level of skills and knowledge possible.

The environment and structure of a home promotes positive learning opportunities for people and, where possible allows them to practice and develop the skills needed to be more independent. During our inspection we saw a person who used the service was involved in meal preparation, they were preparing a party tea as it was their birthday. They were supported by staff sensitively and appropriately to match their ability to complete various tasks. People who used the service told us that they regularly enjoyed going out for meals in the local community and being involved in shopping for food.

The registered manager demonstrated that there was a long planning process which took place before they admitted anyone into the home. There was extensive thought given to planning and into what if any adaptations would be needed to meet the person's needs and the process of transition which would be needed to ensure that the person was not unnecessarily anxious throughout this process.

Each person's room was personalised and reflected people's personal taste. People told us that they had chosen the colours for their own rooms and that they all agreed the choices for communal areas, for example the recent refurbishment of the main bathroom had been discussed during the regular house

meetings. We saw that individual needs had been considered and adaptations made. For example, one person needed a small lounge area as they liked to be close to people but did not like to be in the main room with others all the time. There was an area which was slightly removed from the main room; this was used extensively by this person. There had previously been a pool room in the home, however we saw from records of house meetings that the people who used the service had asked for the pool table to be removed as it was not used and a dining table be provided instead, so they did not all have to eat together if they did not want to.

## Is the service caring?

### Our findings

We saw people who used the service being supported by staff in a variety of ways including helping them to plan their next steps for the day, gently reminding and encouraging people who used the service to carry out their tasks and to have their meals and drinks for example. Throughout our inspection we saw that staff interactions were consistently patient and kind.

We saw the provider had a strong commitment to person-centred planning in line with the government's 'personalisation agenda'. Each person who used the service was fully supported to be central in developing their individual care plans, looking at their personal development needs and aspirations to tailor a package of care which would meet their needs physically, emotionally and socially whilst respecting their preferences, privacy and dignity.

Staff were trained to and able to demonstrate that they used a person-centred approach to support and enable people to develop. We observed staff to be well motivated and they interacted well with the people who used the service, consulting them about all aspects of their daily life. Staff discussed planned activities with people who used the service and established what they wanted to do and when they wanted to do it, offering alternatives if a person expressed that they did not want to carry out a pre-planned activity.

The registered provider used person-centred care plans to support and involve people to make decisions and to help people set their own goals and objectives. People were able to highlight what was important to them and identify the barriers they perceived would hamper them in achieving their aspirations. People were encouraged to identify family, friends and others who were important to them. We saw care records contained detailed information about how people wished to be treated and how they preferred to be supported, so their dignity was respected. Care records showed that people who used the service were involved in assessments and reviews of care plans.

All of the staff we spoke with had an in depth understanding of each person who used the service, their personalities, aspirations, particular interests, how they communicated and expressed themselves, strengths, weaknesses and the areas they needed support with including risks to themselves and others and their identified triggers for potential behaviour that challenges others. Staff were able to describe when there had been achievements made by people and how they had celebrated successes with people who used the service.

We saw that there were monthly 'house meetings' which involved all the people who used the service. These meetings were used to discuss plans for the home in terms of changes and improvements to the building and facilities, choices for décor and new items for the communal areas. These meetings were also used to discuss holidays and day trips, upcoming events within the home and wider group of homes.

Other matters of concern were discussed for example there had been extensive work done in these meetings on stranger danger. This had been reinforced over several meetings and there was good evidence that people had understood the messages and had gained essential knowledge of what to do should they ever



feel unsafe. There were documented conversations checking individual understanding by asking questions about who they would talk to and when it would be safe to talk to people they didn't know. There was another theme which ran through the meetings of being kind to other people who used the service to promote harmony and friendships.

The minutes of these meetings were produced in a pictorial easy to read format and were accessible within the home in addition to copies being given to the people who used the service individually. There were photographs of staff in the minutes to remind people who they should report concerns or complaints to and easy read versions of the complaints policy and procedure were included.

The registered provider also facilitated wider meetings which were attended by representatives from each home, where news was shared and ideas presented for things which could be arranged. There had been a Christmas Ball for people from all the homes in the group to come together and celebrate the festivities. There were minutes detailing discussions arranging Christmas shopping trips and ensuring people had the opportunity to buy the gifts they wanted.

The registered provider had a robust policy relating to equality and diversity, and staff were able to explain what was meant by this and give examples of how they would ensure that equality and diversity were respected. There were no people using the service at the time of our inspection who had specific cultural or religious needs; however the level of personalisation was such that each person who used the service was treated equally and their diversity was evident throughout their care plans.

When people are not able to make decisions for themselves and do not have family members or friends who can help them to make those decisions, they can use an independent advocate. An advocate is a person who helps a person to make an important decision by listening to their thoughts, wishes and preferences and helping them to communicate with people who are involved in their care. In the care records we looked at people had family members who acted as their advocates, we saw that advocates were invited to reviews and progress meetings to support the person who used the service. We spoke with the registered manager and asked what would happen in a case where a person did not have someone to advocate for them, the registered manager told us that they had access to a local advocacy service who would supply an advocate for anybody who needed one.

## Is the service responsive?

### Our findings

We did not speak to any relatives of people who used the service as there were no visitors present during the inspection. The registered manager explained that there was very little involvement from family into the service, as people tended to visit family as part of their outings. We did however see that there was consistent support given to people to maintain relationships with and spend time with their family members whenever this was possible and they were encouraged to maintain regular telephone contact with people outside the service.

One person who used the service told us that they visited their relatives and that they had been on holiday with them. The person told us that this had meant a lot to them, as they had not been able to spend time with their family without support previously. This had been made possible by meticulous planning and support from the staff team.

Staff had looked at the barriers which were stopping this person being able to go on holiday with their family. The issue was the level of risk to the person and other people around them. Staff worked with the family to explain what the risks were and how they managed them when supporting the person. Staff and the family worked together to create a risk assessment and plan which meant that the family were able to interact with the person in the same way that staff would, this consistency allowed the person to feel relaxed and to maintain their usual routine. This meant that they did not become anxious or upset and did not pose a risk to themselves or those around them.

We reviewed the care records for three people and found them to be exceptionally person-centred; they detailed the level of support each person required. The registered provider had developed a tool which is called the Millennium outcome assessment tool (MOAT). This allowed the assessor to record in great detail each person's history, previous care provision, and look at what would be considered usual behaviour for each person, what their triggers for behaviour which may challenge others are, and how this was best avoided and if necessary managed safely.

There was in-depth information which illustrated the individual's personality and personal qualities, their likes and dislikes, their preferences and what was important to them personally. This meant that staff had vital information to help them interact with people effectively. For example one of the people who used the service liked crafts and they were calm when they were occupied with craft activities. Staff used this information to make sure that there were always materials available as a distraction to support the person to remain calm.

Staff encouraged people to identify their own goals and created support plans which broke down the steps which needed to be completed to achieve the end result in small manageable stages. For example one person had identified that they wanted to be able to manage their own medication. Staff had worked with this person to look at how they could learn about their medication and start to be more independent in managing it. This had included understanding the importance of taking their medication as it was prescribed and the consequences of not doing this, once staff were confident that each step had been

achieved they progressed to the next step and had achieved starting take medication at lunchtime with only a prompt.

Staff responded well to people's behavioural needs. We saw that one person who used the service was very unpredictable in their behaviour and did not display any warning signs when they were likely to become aggressive. Staff were vigilant at all times in ensuring they were aware of the person and their proximity to others, which reduced the risk to the person, other people who used the service, themselves and the other staff on duty. Support plans showed exactly how staff should best support people, based on the principles of positive behaviour support; this had led to a significant reduction in the number of incidents within the home.

The registered manager explained to us how they worked with their team to find new ways of working more effectively with people who used the service to promote their personal growth and independence. They gave an example of one person who had been able to learn new skills and to work with the homes' maintenance team. The person told us "It started out as a trial, because I used to like to watch and they knew I was interested. Then I started working one day a week and now I am working two days each week. I am really good at helping out. I help mend things and paint rooms and other things like that."

Staff told us the person had really good practical skills and had been a really big help in their own and other homes in the providers group of services. Staff said that the person had really blossomed through working with the maintenance team and they had bought themselves some tools and were now making bird boxes, window boxes and most recently a fishing tackle box. The person was very proud of what they had achieved and showed these things to us after we spoke with them.

We saw that when considering whether a new person could be admitted to the service there was a lengthy and detailed assessment of the person and their needs, behaviours and personality, to make an informed judgement about whether the person was likely to 'fit in' with the other people who used the service, as if they did not fit in this could potentially adversely affect other people and set back their progress

The support plans explained people's identified needs and provided clear instruction for staff under three headings; intended outcome, assessed need and plan of action. There were details of how people who used the service would work on their areas of development including positive risk taking. Each person had a file entitled 'My life, my goals', which was a pictorial easy read version of their support plan which they had a copy of and there was a file available to them to access within the office.

There were records which included 'what people admire about me', 'what's important to me' and 'how to support me' there was also a pictorial circle of support which had photographs of all the key people who supported them. These easy read documents also provided staff with an easily accessible summary of information about the person they were supporting written from their perspective, which served as a powerful reminder of the person's individuality and diversity. Staff confirmed they read care plans regularly and that they had been given access to the care plans prior to starting work with the people who used the service. They were given time to read them so they were aware of people's needs and to ensure that they were aware of the key areas of risk which were critical to keeping themselves and others safe.

Staff felt that this was an integral part of their roles as they needed to have up to date information on each person, they felt it was their responsibility to keep themselves informed and that this allowed them to deliver high quality consistent care. More experienced staff held a keyworker role with specific people, which meant that they took the lead role in maintaining care plans and monitoring their health needs for example.

Assessments and risk assessments were reviewed each month. Where changes were identified, support plans were updated to reflect this. We saw daily diary records were kept for each person, which were detailed and gave the reader a good picture of what the person had done and how they had presented during each day using appropriate language and terminology.

All activities which took place outside of the home were subject to detailed risk assessments and were carefully planned to ensure people could engage in new and exciting activities of their choice. Staff were encouraged by the registered manager and the senior management team to 'think outside the box' and to find innovative ways of supporting people and enabling them to be actively involved in their local communities.

People accessed local community based groups with support and there were a number of wider community groups arranged by the registered provider which allowed people to meet and forge friendships with other people who used residential services, but also people who accessed day services. These included forums, educational courses and focussed groups; for example we saw from the minutes from one meeting that there was an English group that had been working together to write a book, this was presented to a wider audience at one of the regular group wide meetings. This meant that people were being supported to increase their skills, and once they had achieved this they were able to show their peers their achievements and enjoy their success.

People accessed planned activities both on-site and within the local community. The availability of vehicles and level of staffing ensured people were able to access the local community as much as possible. This included sports, trips out in the local area, meals out, pursuing hobbies and interests and going shopping. People had the opportunity to pursue their hobbies and interests such as fishing and going to music concerts. People were supported in all aspects of their lives in order to promote their independence.

All the people who used the service enjoyed an annual break. People who used the service told us that they 'loved' their holidays and that staff were 'brilliant' helping them to plan their trips and going with them. Each person who used the service went on a week long holiday during the summer supported by staff, these holidays had included The Lake District, Filey and Blackpool. One person had been supported to go on holiday with their family and had enjoyed the opportunity to go fishing whilst they were away.

Staff spent time with people looking at where they wanted to go, considering individual needs and ensuring accommodation was suitable and able to meet the person's needs, whilst not detracting from the purpose of the trip. Activities were carefully planned and risk assessed with alternative activities incorporated into plans, giving people the opportunity to change their plans should they choose to. This ensured people took holidays that they enjoyed and would engage in.

The home held an annual family and visitor day, inviting people into the home to enjoy a day of fun, games and socialisation. There were activities organised for Learning Disability Week each year. In 2015, this had been focused around helping people to plan their holidays helping them to research where they wanted to go and making the booking as independently as possible.

Staff told us they had good relationships with the local community and the people in the local shops recognised and welcomed people who used the service, this was encouraged and assisted by the staff team from the service who went along to the shop with some of the people they supported initially and over time this had become an independent activity for some of the people who used the service. Staff shared information between them about trips out they had supported people with, what had worked well and what places had been particularly suitable. For example, staff had identified that one person who used the

service liked to go for a drive and then to an open space such as a park as they particularly enjoyed having a picnic.

We reviewed the complaints file and saw that there had been no complaints received in the past year, we discussed this with the registered manager who attributed this to the level of daily communication in the home which meant that issues were dealt with quickly before they were able to escalate to become complaints.

People knew how to complain and the complaints procedure was discussed regularly in house meetings, there was evidence in the minutes that people's understanding of the process had been tested in discussions and that they understood how to make a complaint and who they would approach, easy read versions of the policies and procedures were readily available to people who used the service.

# Is the service well-led?

## Our findings

The home had a registered manager in post. We observed people who used the service responded with warmth and in some cases affection to the registered manager who had worked at the service for just over a year. The interactions we saw were relaxed and clearly part of the everyday routine in the home.

When we arrived on the morning of our inspection we went into the lounge with the registered manager and the clinical governance manager, we saw a person whose birthday it was and everyone sang happy birthday to them. We observed throughout the day that people sought out both managers to tell them about events in their day or just to chat. The registered manager told us they had an excellent staff team who were proactive and positive in their approach to ensuring people received the best possible care, we saw that this was very much the case throughout the day of our inspection

People who used the service told us, "The manager is always around and their door is usually open. They are moving on to another home, but it is alright because the new manager is already working here, so we know them already." The registered manager confirmed to us that they would be moving to a new home in the group in the Spring of 2016. They were very clear that they had complete confidence that the new manager would be an asset to the home. They explained the person who was taking over had worked for the group for a number of years and had consistently proved their ability. The existing manager would continue to work alongside the new manager until they moved on to their new post. The people who lived at the home were aware of this arrangement and were very happy with the new manager.

Staff told us that they were confident that the new manager would manage the home well and reported that they were very popular with the people who lived at the service already. This meant that the registered provider and registered manager had taken additional steps to make sure that the change of registered manager would not disrupt the lives of the people who used the service.

Staff we spoke with were able to tell us about the vision of the organisation which is to provide their high quality services to more people and the values of the organisation which are, 'with not for', 'inclusive care', 'developing potential', 'responsive' and 'making a difference'. Staff felt that these visions were the root of the work they did every day.

There was work being undertaken at the time of our inspection on updating the organisational values, this was being carried out in consultation with the people who used the service and the staff to make them more accessible to the people who used the service. Staff and people who used the service felt that the senior managers and directors were very visible and approachable, and told us that this made them feel listened to and valued by the organisation and the individuals who ran it.

We saw that people were listened to and offered choice in every part of their daily routine. Staff told us people's opinions were very important and that they supported people to express their views in a variety of ways appropriate to their individual communication skills and abilities. Records we saw confirmed this.

Staff told us that the registered manager was a strong leader who led by example and was visible in the home when they were on duty. Staff told us that they were always able to contact someone from the management team if they needed to as there was always a manager on call. We asked staff if there was anything they would change to improve their roles, all of the staff said there was nothing obvious as they all told us they felt the service was excellent, they did say that there were always improvements being made in the home and that they were always looking for new ways to make a difference to people's lives.

The registered manager demonstrated great passion and strong person-centred values and was committed to providing an excellent service for people who used the service. They told us, "I have worked hard and made a lot of improvements in the year I have been here, I am absolutely committed to driving the quality of the service upwards. I have had some challenges and worked with some staff who felt that they wanted to gain experience in other homes to do so. I feel that I am supportive and always willing to do anything I ask the staff to do. We as an organisation are committed to providing the best care possible and help people lead positive and fulfilling lives."

There was an open culture, promoted by staff that were enthusiastic, passionate and willing to share their ideas and thoughts with the rest of the team and their managers. Staff were supported with excellent training and clear leadership from the registered manager.

The registered manager told us and staff confirmed that they and the deputy manager both spend time working alongside staff, providing a consistent presence, promoting core values and care skills. Daily observation of current practice, interactions, conduct, regular staff supervision and meetings were used to help staff develop their practice in conjunction with many training opportunities which we saw documented.

Staff told us that imaginative personalised support was key to enabling people to live fulfilled lives and shared the management's commitment to this. This consistent proactive attitude by the staff team ensured people were supported flexibly, responsively and innovatively to deliver the care which allowed people who used the service to achieve the best possible outcomes for them.

The registered manager carried out a programme of weekly and monthly audits and safety checks, including environmental checks of the building, medication records, care and support plan records and any incidents which had been reported. The information collated from these audits was submitted on a monthly basis to the senior management team for further review and analysis.

The senior manager also carried out a monthly visit to the home where they carried out their own auditing of the processes and records which were in place again including environmental checks, medication records, behavioural incidents and a full audit of a care file, these findings then led to recommendations for planned refurbishment and improvements. The findings of these audits was shared with the staff team in the home, during staff meetings and when looking at areas for further improvement.

In any areas where there were changes to the environment as a result of information identified during regular audits people who used the service were then included in the planning process via the house meetings which were held each month. Staff told us and we saw that from minutes that meetings for all staff were held monthly, where the care for each person who used the service was discussed. Training requirements, the sharing of information and best practice were also discussed. Records showed that learning from accidents and incidents took place at these meetings. Copies of minutes were made available to staff unable to attend meetings so that all staff were aware of the discussions that had taken place and

any outcomes which had resulted.

The registered provider has completed an extensive project to rewrite their policies and procedures for all their services. These have been designed to be user friendly and accessible for staff and are written in line with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, which is the current legislation which care providers, are required to work within. This means that when audits are carried out they will be linked to the relevant regulation and will clearly identify whether the service is meeting the regulation and what if any action needs to be taken to improve to maintain their current standards of excellence.

During our inspection, we received consistently positive comments and compliments about the way the service was managed, which included comments about the registered manager and the senior staff team. People who lived there said, "They are great, they listen to us even when they are busy" and "They give me good advice." Another staff member commented, "The registered manager is very approachable, efficient and fair."

Staff told us they felt able to raise issues or concerns with the registered manager or any of the management team. Staff felt their opinions were valued and that they were listened and responded to. Staff told us they were very happy and were observed to work well as a team ensuring a consistent, calm and happy atmosphere. People who used the service were demonstrating life changing improvements in their behaviour and were benefiting from the resulting opportunities for further development and independence this had given them. There was evidence that the staff team regularly worked in partnership with other healthcare professionals and other parts of the Millennium Care Group to access specialist skills and knowledge. This meant that people who used the service were offered other opportunities for development, for example educational groups which were accessed by people who use the service.