

# Clifton St. Anne's Personal Care Services Limited

## The Millings

### Inspection report

The Millings  
5 North End  
Bedale  
North Yorkshire  
DL8 1AF

Tel: 01677423635

Website: [www.residential-homes.net](http://www.residential-homes.net)

Date of inspection visit:  
15 April 2019

Date of publication:  
23 May 2019

### Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Outstanding 

Is the service caring?

Outstanding 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

# Summary of findings

## Overall summary

About the service: The Millings is a residential care home providing personal care and accommodation to 34 people aged 65 and over at the time of the inspection.

People's experience of using this service: People living at The Millings were consulted with and included in the delivery of care that was provided by a team who had built upon the already outstanding work they did.

Everyone we spoke to including people, family members and staff said they would rate the home as "exceptional" and "outstanding." One family member said, "There are no improvements needed, they are incredibly responsive and I really admire the patience of staff."

The atmosphere of the service was exceptionally welcoming and homely. Staff told us throughout the inspection that they were working in people's home and needed to be respectful of that. People commented that The Millings was "My home, I love it here and would highly recommend it." External healthcare professionals also commented on the exceptionally friendly yet professional atmosphere.

Outstanding practice had been developed and improved upon to provide people with care that was truly compassionate, caring and inclusive. People were recognised as unique individuals with strengths who could make a contribution to society. There was a culture of people being equal partners in their care whose individuality and diversity was acknowledged, respected and celebrated.

Partnership working was exceptional and led to improved quality of life of people. Work had been completed with Bradford University to introduce a falls huddle which had resulted in a 45% reduction in falls. A system called Immedicare was used for online consultations with healthcare professionals. People were fully included in the consultation and the healthcare professional was able to see the person and any injury they may have. This had also resulted in a reduction in the number of calls for ambulances and also the number of calls to GP surgeries.

Leadership was exceptional and staff at all levels were dedicated and motivated to provide truly personalised care, which the provider described as relationship focused care. There was a focus on getting to know the person so care and support could be tailored to the person, maintaining their individuality and uniqueness.

People were matched with staff based on interests and hobbies. People had two 'care partners' who were the key staff members involved in people's support. They developed strong and meaningful relationships with people to make sure people received care and support in a way they wanted.

Staff supported people to maintain their independence and continue their interests and hobbies whilst developing new interests and maximising social inclusion. A 'Bees Knees' project had been introduced so people had photographs on display which made them feel like the bees knees. These photographs were

used to prompt conversation and staff said they acted as, "a reminder of who people were as individuals and what they had achieved in their lives."

Community involvement was exceptional. People were active members of the local community and were involved in community events from organising a Jo Cox memorial event, to the Tour de Yorkshire cycling event to hosting speakers, including the author of 'The Shepherdess.' Relationships had been developed with care homes in the south of the country and also in France so people were able to share experiences. Technology was used to maintain relationships so people could speak over video calls or instant messaging services.

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.

Staff development was exceptional and there was a focus on training staff to value the importance of building open, honest and inclusive relationships with people. Free To Be Training run by the Lesbian, Gay, Bisexual and Transgender forum had been attended by staff. This promoted a culture of inclusivity and respect. Engaging Hearts training and Ladder to the Moon Training had also been attended. This promoted an ethos of values-based recruitment which included a focus on getting to know the person, what was important to them and how to have engaging and meaningful conversations. Ladder to the Moon training focuses on creativity, coaching and learning through experience to improve confidence and encourage new ways of thinking. This results in support that is focused on wellbeing and improved quality of life for both staff and people.

Governance procedures were fully embedded and inclusive methods of consultation and seeking feedback were used to ensure exemplary quality of care was provided. Technology was used appropriately which had a focus on effectiveness and efficiency so it freed staff time so they were able to spend more time focusing on people and ensuring their needs and preferences were met.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection: Outstanding (Report published 17 October 2016)

Why we inspected: This was a scheduled inspection based on the previous rating of outstanding. The service has improved its rating of outstanding in two key questions and has now achieved outstanding in four key questions.

Follow up: We will continue to monitor the service and complete a further inspection in line with the rating of outstanding. If any information of concern is received, we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe

Details are in our Safe findings below.

Good 

### Is the service effective?

The service was exceptionally effective

Details are in our Effective findings below.

Outstanding 

### Is the service caring?

The service was exceptionally caring

Details are in our Caring findings below.

Outstanding 

### Is the service responsive?

The service was exceptionally responsive

Details are in our Responsive findings below.

Outstanding 

### Is the service well-led?

The service was exceptionally well-led

Details are in our Well-Led findings below.

Outstanding 

# The Millings

## Detailed findings

### Background to this inspection

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

**Inspection team:** One inspector completed the inspection.

**Service and service type:** The service is a 'care home'. People in care homes receive accommodation and nursing or personal care. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection. The service had a manager registered with CQC. This means that they, and the provider, are legally responsible for how the service is run and for the quality and safety of the care provided.

**Notice of inspection:** The inspection was unannounced.

**What we did:** Before the inspection we reviewed information available to us about this service. This included incidents the provider must notify us about, such as abuse; we sought feedback from the local authority and professionals who worked with the service. We assessed the information we require providers to send us at least once annually via their provider information return (PIR). The PIR provides key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection, we spoke with the provider, the registered manager who was also a company director, the deputy manager and four members of staff. We spoke with the nominated individual who is also a company director. We spent time with four people and five family members.

We looked at three people's care records, a selection of medicine administration records (MARs) and documentation about the management and running of the service. This included recruitment information for two members of staff, staff training records, complaints, accidents and incidents information and records relating to the governance of the service.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

People were safe and protected from avoidable harm. Legal requirements were met and there were elements of outstanding practice in relation to recruitment.

Systems and processes to safeguard people from the risk of abuse.

- Everyone we spoke with said they thought the home was safe. One person said, "I'm absolutely safe, I see it as my home really." A visitor said, "[Family member] is absolutely safe, I'm completely confident in the staff."
- Staff were trained in safeguarding of vulnerable adults and knew how to report concerns. A staff member said, "I have every faith concerns would be addressed."
- Local safeguarding policies were available to staff. Concerns were responded to promptly and effectively.

Assessing risk, safety monitoring and management.

- People were supported with positive risk taking, for example one person hoped to go roller skating and another person said, "I can come and go as I want to, my mobility isn't 100% but I do physio each day and the carer supports me, my walking has improved a lot."
- People, and their families, were involved in decisions about how risks should be minimised. Their preferences were acknowledged, and people were not unduly restricted. People had access to the in-room nurse call system but could also wear a pendant, so they could seek assistance within other areas of the home if needed. Some people chose to use sensor alarms at the side of their beds or to have them on their chairs. This gave assurances that staff would be alerted if people accidentally fell or stumbled.
- Appropriate servicing of equipment and premises was completed and monitored.
- People knew what to do in the event of a fire and said they had been involved in fire drills.

Staffing and recruitment.

- Aspects of outstanding care were evident in the recruitment practices. Values based recruitment was fully embedded and appropriate checks were completed to ensure safe recruitment practices.
- People were actively involved in recruiting staff and had a say in relation to who was offered employment. People told us they had chosen the staff who supported them. The registered manager said, "It gives a different perspective on things. It's people's home and they should have a say on who works in their home."
- Any concerns in relation to staff performance were immediately discussed with an external human resource company who provided advice. Staff were supported to improve and develop.
- People's needs, and staffing levels were discussed daily. There was a focus on staff spending time with people. It had been recognised that additional staffing was needed at key times during the day and this was provided.
- Everyone said there were enough staff to meet people's needs and comments included, "It has a reputation for being an excellent place to work." Agency staff were rarely used. One staff member said, "We are protective of people and don't want strangers looking after people. It's a great staff team."

Using medicines safely.

- Senior care staff worked as medicines champions. They had lead responsibility for ensuring medicines were ordered, checked and administered correctly.
- An electronic administration system was used to good effect to minimise errors and missed medicines. The system alerted staff if they attempted to administer medicines before they were due.
- Routinely prescribed medicines were stored safely and appropriately in people's rooms which meant discreet and personalised administration was possible.
- Staff competency had been assessed. Staff said, "We are well trained in medicines management."
- People were happy with the support they received with their medicines. One person said, "I don't run out and all the ordering is done for me. I'm very happy with it."
- Care plans included people's preferences for how they liked to take their medicines.

#### Preventing and controlling infection.

- The home was very clean and smelt fresh. This had been positively commented on by external professionals and visitors we spoke with.
- Staff were discreet in their approach to preventing infection, using hand gels, gloves and aprons.
- One person was supported with dusting and tidying within the home as this supported their sense of wellbeing and allowed them to make a positive contribution to the home.

#### Learning lessons when things go wrong.

- There was an open and transparent culture and an ethos of reflection and learning was promoted.
- The deputy, registered manager and directors analysed any incidents for trends so lessons could be learnt and improvements made.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

People's outcomes were consistently better than expected compared to similar services. People's feedback described it as exceptional and distinctive.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law.

- Management and staff kept up to date with research and best practice to develop the service and provide an innovative approach to deliver high quality care.
- Following a piece of work with Bradford University a Falls Huddle was implemented. Falls were closely monitored, discussed daily and action taken to minimise risk. This initiative had a significant and positive impact on people and reduced the number of falls by 45% over a twelve-month period.
- The Millings was an active member of the Older Lesbian and Gay Association (OLGA). This led to a review of practices and changing details regarding 'next of kin' to 'significant other' to encourage inclusivity. The LGBT rainbow symbol was displayed on the website and marketing materials. This actively encouraged families to seek the support of The Millings for a loved one as it supported them to be open about relationships.
- The registered manager or deputy manager met with people, and their family if appropriate, to assess people's needs. Information from health care professionals was sought so care could be planned and delivered in a way that met people's needs and preferences without compromising the support provided to other people.

Staff support: induction, training, skills and experience.

- Training defined as mandatory by the provider had been completed by all staff. This included 'Free To Be Me' training run by the York Lesbian, Gay, Bisexual and Transgender (LGBT) forum. This promoted a culture of inclusivity, acceptance and respect. One staff member said, "I was overwhelmed by their (staff) sensitivity and compassion and felt free to explore areas which we all were unclear about." They added, "It has had a very positive impact on us as a community."
- Additional training was provided including sexuality and the older person, personalised activities, and engaging hearts. The registered manager said, "Engaging hearts training is about recruiting the right staff for the resident group, how we can learn to look after them as individuals. It includes values, culture, race, religion. It looks at how people learn and have engaging conversations."
- The staff support and appraisal system recognised continuous learning, skill development and competency of staff as integral to ensuring people received high quality care and support. The registered manager said, "I like helping people and seeing people's development, people gaining more confidence, I love it!" They added, "The company have an excellent reputation for well trained staff."

Supporting people to eat and drink enough to maintain a balanced diet.

- There was a strong emphasis on the importance of a well-balanced and varied diet. Drinks and meals were fortified with cream and butter as an alternative to fortified drinks prescribed by the GP or dietician. The chef met with each person to discuss their dietary requirements their likes and dislikes.

- Through regular meetings people were involved in developing the menu and discussing options to make sure their needs and preferences were met.
- Staff were aware of people's preferences and flexible meal time options were available. One person chose a fork mashable diet and the chef ensured everything was mashed separately and that food items were recognisable and well presented.
- Involvement from dieticians was available when needed.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support.

- A 24-hour system called 'Immedicare' provided innovative, joined up and inclusive healthcare consultations and advice. The system worked via technology so people had 'online' consultations with a medical professional who could see and speak with them directly. People made active decisions about their healthcare and how it should be managed. People, staff and family members were very impressed with the system which provided them with added assurances around health and wellbeing. One family member said, "It prevents hospital admissions and offers huge reassurance." Over the past 12 months 71% of calls had prevented a GP consultation and a further 13% of calls had prevented an ambulance being called.
- Staff had been trained in oral healthcare. They were aware of the impact poor dental care could have on people including weight loss, pain, and social isolation.
- Appropriate referrals had been made, with people's involvement to external health care professionals, including speech and language therapy, dieticians, opticians and chiropody. Local GPs were involved in people's care and regular visits were made to the home. Any advice or guidance was included in care plans.
- The service had dedicated 'champions' for medicines, falls, moving and handling and dementia care. Champions supported staff to ensure people's experience of healthcare had a positive impact on their lives.

Adapting service, design, decoration to meet people's needs.

- People had been actively involved in decisions about the décor of the premises as well as improvements to the outside areas.
- There were multiple available spaces for people to either spend time alone, or to engage in joint activities. Some areas had direct access to the garden and the availability of space meant multiple activities could be ongoing at any one time.
- Wifi was available throughout the home. Some people had personal computers which they used independently, or with support. For example, some people used their computer to video call their family members and friends who lived out of the area or abroad. Others did online shopping. Technology was still available for those who didn't have their own computer by way of laptops provided by the service.

Ensuring consent to care and treatment in line with law and guidance.

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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA.

- Staff had attended training and were knowledgeable about capacity and the need to make decisions in people's best interest if they had been assessed as lacking capacity.

- Everyone had capacity and were able to make their own decisions, live independently within the home and seek support when needed.

## Is the service caring?

### Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

People were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service

Ensuring people are well treated and supported; respecting equality and diversity

- There was a strong culture of person-centred, relationship focused care. Staff were highly motivated to provide exceptionally compassionate and kind care. A staff member said, "We've always thought is this how I would want my family cared for, if it's not good enough for them it's not good enough for our residents."
- Each person was allocated two 'care partners,' one for during the day and one for overnight based on shared interests and hobbies. Care partners worked as the main contact for the person and had a vital role in building close relationships with the person and making sure their care and support was as personalised as possible. Care partners had a lead role in involving people with care planning and reviews, organising special events and choosing personalised gifts for people.
- Great focus was placed upon forming close relationships with people and making sure people felt respected and their opinions valued so people received care which was personalised.
- Staff cared for people, visitors and each other in a way which far exceeded expectations. For example, by providing one to one support to someone to prevent a hospital admission, supporting events and activities in their own time and involving their own families to support and encourage a genuine community event.
- People's personal histories were included in care plans and information on people's hopes and dreams were being collected so staff could support them to be achieved.
- An initiative called 'Bees Knees' project had been introduced, based on a story in 'My Home Life' which encouraged people to identify photographs of themselves which made them feel like 'the bees knees.' The photo, with people's consent was displayed near their room and was used to build self-esteem and lead to sharing stories about achievements in their lives. Staff said, "It makes you see people differently, a reminder of people's lives and realisation of who they are and what they had achieved."
- Staff were particularly sensitive at times when people needed care and compassion. Taking time to listen to and comfort the person but their family members also.
- An external healthcare professional said, "There's just an air of a happy family home, it feels like coming into a family home, there's a genuine kindness with people. Care for people, staff know people really well, their likes and dislikes no concerns at all, it's a lovely place."

Supporting people to express their views and be involved in making decisions about their care

- The service was exceptional at listening to people and involving them in decisions about their care. People had capacity so were active partners in the support they received.
- People, and their family members, said they had been consulted about their care. One person said, "Yes, I was involved in writing my care plans with my family."
- A relative said, "I was involved in the decision to move [family member] to The Millings, it was top of their preferred places as they had visited previously. I was involved in the care plans, sharing history about [family

member], their needs and preferences."

- People, with their care partners, and family if appropriate, were involved in six weekly reviews of their care plans, or sooner if needs changed. Annual reviews were also held with people's full involvement.
- People, and their family members, told us their needs and preferences were met by staff who were skilled to do their job.
- People were local to the area or had local connections so there was a focus on maintaining people's community presence. A wheelchair accessible car was available for staff and relatives to use to support people to appointments or events. Family members had been trained in using the wheelchair restraints and one family member said, "They even have a car we can use!"

Respecting and promoting people's privacy, dignity and independence

- Relationship centred care was a high priority for staff. Engagements between staff and people consistently demonstrated a high regard for people's dignity and independence. Staff were extremely professional, displayed complete respect for people whilst also showing genuine care and appropriate affection.
- People told us they felt respected. One person said, "I am definitely respected and treated with dignity. I'm happy for the female staff to support me as they genuinely care and help me be independent."
- The training staff attended, and the values of the company resulted in an equality, diversity and human rights approach to supporting people's privacy and dignity which was well embedded in the service. Staff were comfortable in discussing relationships and feelings with people and some people had do not disturb signs which they used to ensure they had privacy and dignity.
- A visitor said, "[Person]) loves it here. It gives social interaction and engagement, it's flexible, you can interact and take part if you want to, but if not and they want 'me time' to sit quietly and read a book they can do that too." They added, "They love to be outside and adore the grounds, they feel safe outside and the ground staff are great."

## Is the service responsive?

### Our findings

Responsive – this means we looked for evidence that the service met people's needs

Outstanding: □ Services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control.

- Staff continued to develop outstanding care which met their needs, preferences and interests. People, and their families where appropriate, were empowered to direct the care and support they received. Staff had developed a proactive approach to consulting with people around their care to ensure opinions and preferences were valued and responded to. The registered manager said, "Our next step is for people to write their own care plan."
- There were clear links between the initial assessment completed with people and care plans. People's preferences and choices were well documented, and in some instances, it was explained why people had made these decisions. A partnership approach to developing and reviewing care and support plans had been introduced which put people in control of their care.
- One person told us how staff supported them by doing their prescribed exercises with them. They explained how this supported and motivated them to do the exercises which meant their mobility was improving as had their general well-being and happiness.
- The exceptional training staff received had developed an inclusive approach which promoted equality and diversity. One person said, "Staff are well trained and respect my views and opinions, I feel valued." A staff member said, "This is one of the most open and accepting places I have ever worked. The care and support, the well-being of staff and residents alike. It's supported many staff and residents through life's more challenging times."
- Staff welcomed opportunities for learning, development and reflective practice on equality and diversity, both individually and in teams, which influenced how the service had developed. One staff member said of Free to be Me LGBT training, "There should be more training as we are such a mixed and multicultural society, it's very refreshing, more please!"
- Visiting professionals spoke with us about the personalised care and exceptional outcomes achieved. One said, "It's the best home I've come to, the care and compassion is exceptional. There are positive relationships with professionals, I feel part of the team. There's always an air of happiness. I would love to work at The Millings and would rate it as outstanding, they show care for everyone."
- The Millings played a key role in the local community and since the last inspection had developed further links, both locally and further afield. Contact with community resources and support networks was exemplary, encouraged and sustained.
- Arrangements for social activities, and voluntary work, were innovative, met people's needs, and enabled people to live meaningful lives whilst contributing to their community. People had been involved in hosting a Jo Cox memorial service; bikes for people with different physical abilities were being sourced so people could be involved in the Tour de Yorkshire cycling event and people actively participated in community events and hosted the local schools who regularly visited people.
- Regular speakers were invited to The Millings, including the author of The Shepherdess. Local interest in

this event had grown to the point where the registered manager had arranged for the event to be hosted outside of The Millings, so people from the local community also attended.

- In addition to local involvement, The Millings had recently twinned with a home in France. Links were being established to include video calls were one of the volunteers would support with translations. There were also links to a home in the south of country with whom people video called and shared 'local parcels' so people had experience of produce from another part of the country.
- Staff had gone the extra mile to find out what people had done in the past and had introduced an initiative to make peoples dreams and wished come true. The registered manager told us about one person who had been the first woman to work in the local Town Hall so staff had arranged for her to return which she was delighted with. Activities were planned with people so they continued the interests and hobbies they had prior to their move. One person spoke with us about their previous job which had involved travelling in the Dales. They said they were still able to go out with staff and visit the places their work had taken them.
- Three volunteers supported with the already comprehensive activity programme. This included drives out into the countryside, hand and arm massages, one to one time and library support.
- Staff said, "It's people's home and it's about what they like and what they want to do."
- People's communication needs were met and documents and information were available in alternate formats which meant the Accessible Information Standard was met.

Improving care quality in response to complaints or concerns.

- A robust and comprehensive complaints policy was in place. Everyone we spoke with knew how to raise a concern or complaint but said they had never had cause to do so. One person said, "I would speak to [staff member] but there's nothing I'm not happy with." One visitor said, "Any niggles are dealt with straight away no matter how small so you never need to make a complaint."
- Complaints were thoroughly investigated and dealt with in a professional and efficient manner arranging meetings to discuss concerns with the person and achieve an outcome to the person's satisfaction.
- Everyone had the opportunity to share feedback regularly. On a day to day basis the registered manager, deputy manager and nominated individual had contact with people and their visitors. More formal avenues were also available including residents meetings, reviews and satisfaction surveys.

End of life care and support.

- Since the last inspection the registered manager had fulfilled their aim of enhancing end of life care and developing staff training.
- Staff were motivated and passionate about providing high quality, sensitive and compassionate end of life care which met the persons needs but also supported their loved ones.
- Staff had developed their skills in speaking about end of life care and at times which were appropriate, staff sensitively discussed people's wishes with them and their family members and developed compassionate end of life care plans which were detailed and included people's preferences.
- An external healthcare professional said of end of life care, "They are there for everyone and follow everything we say, whether we request extra special attention to fluids, turning people, keeping people's heels off the bed anything, we know 100% it will be done. We never have any bother here." They added, "I can't think of anything that isn't 100% at all."
- People's families, other people who used the service and staff were supported when someone passed away. Staff were offered support to express their feelings and were encouraged to attend funerals. Some families had chosen to maintain their relationships with the service and kept in touch. Photos and memorials were kept onsite to encourage people to share their memories.

## Is the service well-led?

### Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

Outstanding: □ Service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility.

- Everyone thought the team continued to be led in such a way that they had developed an exceptional and outstanding service. The vision and values of the organisation were compassion, joy, respect, openness and creating a community where everyone thrived. These values were meaningful and owned by staff who put people at the heart of the service.
- The focus was on developing meaningful and equal relationships with people and supporting them to achieve their hopes, dreams and aspirations as well as providing support which was directed by the person and supported them to maintain their independence.
- Staff were incredibly proud of The Millings. Training had evolved so staff were skilled and motivated to ensure people's experience of care was exceptional. There was a strong organisational commitment to developing the leadership skills of all staff and recent thoughts had turned to succession planning to ensure the culture of providing exceptional care could be sustained.
- Interaction and engagement was constructive and meaningful with people, their families and staff which led to incredibly high levels of satisfaction from everyone.
- The staff had developed an absolute commitment to promoting and ensuring equality and inclusion and were aware of their responsibilities under duty of candour. The registered manager explained their approach as, "Open and honest, share everything with everyone who needs to know, keep people in the loop, inform relatives of falls and incidents. Apologise."
- The provider had achieved accreditation from the Living Wage Foundation in recognition of their investment in staff.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care.

- The registered manager and staff team continued to be committed to continuous improvement and had used technology and innovative ideas to sustain and develop outstanding practice.
- The introduction of technology to support medicines management, care planning and health care support had resulted in increased autonomy and independence for people and staff were able to spend more time focusing on meeting people's needs.
- The nominated individual said, "Technology is used. We do a lot of research and a lot of consultation to make sure it's the right technology and will make efficiencies." They explained that the efficiencies related to reducing the time staff spent completing administrative tasks so they were free to spend more time with people focusing on their needs.
- There was a continued focus on ensuring the comprehensive and robust range of audits focused on

improving outcomes. Monthly quality assurance audits and home quality assurance meetings were used to review outcomes for people and analyse information for trends and areas for improvement.

- We discussed new initiatives such as supporting people to achieve their dreams. The registered manager said, "You need to allocate time to staff so they can do the things they need to do. If you look after the staff they will look after the residents well."
- An external healthcare professional said, "No concerns about The Millings, it's highly recommended. My number one home, yes it's the top one outstanding." They also said, "I would put my Mum here, I would move in tomorrow."
- The registered manager said, "Staff are professional but need to be themselves at work." They spoke about Ladder to the Moon training which aims to 'encourage enjoyable, vibrant cultures' within care communities. It uses creativity, coaching and learning through experience to stimulate confidence and encourage new ways of thinking. The result of which is wellbeing and focused support that leads to improved quality of life for both staff and people, along with reduced costs and enhanced motivation.'

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics.

- The registered manager had established a culture where constructive feedback and challenge was welcomed, listened to and responded to. There was a strong focus on involving people, staff and the community in the service. People were equal partners in developing their care plans and ensuring they had an active community presence.
- A recent customer satisfaction survey had been completed in February/March 2019 with exceptional results. One respondent said, "A great bunch of dedicated people, superbly led by (registered manager)." Some areas for improvement had been identified such as making sure everyone knew how to complain and everyone knew about emergency procedures. By the time of the inspection everyone we spoke to knew how to complain and could tell us about the emergency procedure they would follow.
- The nominated individual [NI] was very visible. Staff said, "They are really approachable, you can talk to them about anything at all." The registered manager said, "[NI] is approachable, they text and speak with staff, and are involved on a day to day basis, they are just normal people who want to make a difference."

Working in partnership with others.

- There was a strong track record and a continued systematic approach to working with other organisations to improve care and outcomes for people. This included Skills for Care outstanding group, the local Independent Care Group and The Friarage hospital to access staff training and to further develop skills.
- Partnerships had also been strengthened and developed with local schools and nurseries, community groups such as the local knitting group. Other partnerships included veteran's societies, and care homes in other regions of the country and abroad.