

Millennium Care Services Limited

Sunnydale

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 15 January 2016 and was unannounced. The service was last inspected in October 2013 and was found to be fully compliant at that time.

Sunnydale provides accommodation and care for up to nine people, who have a learning disability, autism or a mental health condition; some of which have complex needs. At the time of our inspection the service was full with nine people currently using the service. The home offers accommodation across two floors and is situated in heart of the village of Featherstone, with good access to local shops and services. The service did not have a registered manager at the time of our inspection, however there was a manager (from another service in the registered providers group of services) who had been overseeing the service and there was a newly appointed manager in post, who told us they would be applying to register with the Care Quality Commission when they had completed their induction and probationary period.

A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People who used the service told us they felt extremely safe and well cared for. We saw the standard of care was exceptional throughout the service. There were always plenty of staff on duty to meet the needs of the people who used the service safely. The ratios of staff also meant that staff could introduce spontaneous activities which enriched the lives of all the people who used the service. We found staff were passionate in the way in which they spoke about their roles and the achievements and progress of the people they supported.

We found the staff's understanding of each person they supported was in depth to such a degree that people who used the service described the staff and other people they lived with as their family. The level of knowledge, empathy and thoughtfulness which went into the person centred care planning and delivery meant that people were kept safe and were nurtured. We saw throughout the care plans and by speaking with staff that innovative approaches were used to support people to achieve goals which had previously been thought to be unachievable. People had made progress with the support of staff which had surpassed their own expectations and those of their families and friends.

Staff used their extensive knowledge of people who used the service as the basis for their care planning, reviews of their care plans and risk assessments. Care plans and risk assessments were continually evolving as people who used the service gained new skills and abilities and gained higher levels of independence as a result. Staff also used this personal knowledge to explore how they could introduce new experiences and hobbies which they thought would be interesting to people, based on their personality and observations of similar experiences which they had enjoyed and benefited from.

We found there were very rarely any incidents of behaviour which was challenging to others in the home, despite the complex needs and historical patterns of behaviour of some of the people who used the service. This was achieved by staff understanding the history of each person, the behaviour which would be usual for them, what may 'trigger' an episode of challenge and working cohesively as a team to consistently remove these triggers to create the safest possible environment.

People who used the service were actively encouraged to be involved in the planning of their daily lives, they were free to choose how their time was spent, and when outings were planned, where they went and wherever possible who they wanted to share their chosen experience with in terms of which member of staff supported them. People in the service were aware of their personal financial constraints and staff worked hard with people to enable them to understand that they needed to budget and save to achieve their more ambitious plans for holidays. For example some people had expressed a desire to go to Euro Disney in Paris, and there was a conversation around how expensive this would be and how they would need to look at saving for a period of time to be able to achieve this goal.

We found the service was extremely warm and welcoming, and felt very much like visiting a family home. Throughout the day we spent at the service people who used the service were very keen and enthusiastic in wanting to speak with us and to tell us about their experiences of using the service. People who used the service were very keen to interact with our inspector and to make sure that they were well supplied with refreshments and had everything they needed.

We found the management of the service was very visible, open and approachable. There was clear, detailed oversight of the service and input to the service by the day to day managers and people at higher levels of senior management within Millennium Care Services. There were processes throughout the service which constantly monitored the quality of the service and we saw very clear evidence that there was a programme of continuous improvement in place and this was being carried out in line with the timescales which had been put in place.

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 who used the service told us they felt safe.

Staff were trained to safeguard people who used the service and were able to demonstrate their understanding of the signs and symptoms of possible abuse. Staff clearly explained the processes for reporting concerns and making sure people were safe.

Accidents and incidents were rare in the service; those which did occur were recorded and investigated to a high standard.

The administration of medicines was very safe. There were robust risk assessments in place for all the people who used the service. We observed good practice of administration of medication during our inspection.

Is the service effective?

Good 

The service was effective.

Staff were highly skilled and knowledgeable. Their skills and knowledge were used to find ways of enriching people's lives.

People's mental capacity had been thoroughly assessed and Deprivation of Liberty Safeguards (DoLS) were in place or had been applied for where appropriate.

People had free access to a range of healthy foods and drinks at all times. People had been supported to learn about their diet and exercise informed control which had enabled them to lose weight and improve their health and fitness.

Is the service caring?

Good 

The service was caring.

At inspection we saw all staff showed high levels of attentiveness to people; were kind, caring and considerate in all their interactions with people who used the service.

People were encouraged to forge and maintain friendships and were actively supported to maintain their links within the local community.

Staff were very consistent in their approaches to people which reduced incidents where people became anxious and upset

Is the service responsive?

Outstanding 

The service was responsive.

The care planning documentation was extremely detailed and personalised, in one case a person who used the service was supported to create their own care plans.

Activities were varied and whilst some were pre-planned there were people who preferred spontaneous activities due to their conditions. We saw that spontaneous activities were equally well thought out as the pre-planned activities.

We saw that people who used the service were encouraged and supported to access work where this was possible. We also saw that people were involved in the local community and people were supported to maintain relationships with family and friends.

Is the service well-led?

Good 

The service was well-led.

We saw the registered provider's vision and values were evident throughout the service. The staff knew what the vision and values were and their practices were in line with these.

There was clear leadership and guidance in the service, this included day to day management from the senior care workers, daily management oversight and group level oversight from the senior management team.

The records in the service were exceptionally well maintained. Care records were detailed and met people's needs exactly. Records were securely stored at all times.

Sunnydale

Detailed findings

Background to this inspection

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

This inspection took place on 15 January 2016 and was unannounced. The inspection was carried out by one adult social care inspector.

Before the inspection we usually ask the provider to complete a Provider Information Return (PIR). This is a form which asks the provider to give us some key information about the service. What the service does well and improvements they plan to make. We did not request a Provider Information Return (PIR) prior to the inspection.

Prior to our inspection we looked at all the information we hold on the provider, including notifications that the service send to tell us of significant events.

We ask for information from local agencies that work with the service and monitor their standards, for information they hold on the service. We were unable to gain any information from other agencies at the time of our inspection.

During our inspection we spoke to the manager who had been overseeing the service, the newly appointed manager, two senior support workers and three support workers. We also spoke with six of the people who used the service. We reviewed a range of records including 3 care files of people who used the service, 2 health records of people who used the service, daily care records, monthly audits, minutes of staff and house meetings and policies and procedures.

Is the service safe?

Our findings

People who used the service told us, "I am always safe here, I wouldn't leave again." "Before I came here I used to hang out with the wrong people and get into trouble. I don't do that now, I am kept safe here."

We looked at the safeguarding file. This included a copy of the policy which had been developed in line with the current essential standards which our providers need to work with and the current version of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We saw there had been very few safeguarding concerns in the service in the past year, but where they had been identified the service had taken immediate action to safeguard people and had reported the incident to the local authority safeguarding team and notified the Care Quality Commission. We spoke with staff of all levels in the service, all the staff we spoke with had a very good understanding of the signs and symptoms of possible abuse and knew who they would report this to should they have any concerns, and the process for escalation of any concerns which they felt had not been dealt with appropriately. We spoke with staff about the incidences of behaviour which may challenge others, staff told us and the records confirmed that it was very rare for any of the people who used the service to display behaviour which would put other people who used the service or staff, at risk of harm. The manager told us and our own observations showed this was attributable to the high levels of consistency which were in place from all staff who supported people.

We saw there were extremely detailed and robust risk assessments in place in all the care plans we reviewed. The risk assessments were risk specific and did not contain any generic information. These risk assessments covered identified risks including participating in contact sports, the use of matches and lighters to light a cigarette, financial competence and whether a person was able to manage their own medicines safely. There were clear measures detailed to reduce or eliminate the risks which had been identified in all the risk assessments we saw.

The building was appointed a very high standard. There had been recent work carried out to replace and refurbish the bathrooms, this had been completed to a very high standard and careful consideration had been given to ensuring that the style and facilities of the bathrooms met the needs of all the people who used the service. There were plans in place to replace the kitchen in the service. This was planned to take place during the week of the year when all the people who used the service would be on their annual holiday, to avoid upset and distress whilst this work was carried out. This meant that the registered provider was taking all possible actions to avoid causing anxiety to the people who used the service when improvements to their environment were made.

There were emergency plans in place for all the people who used the service. These plans were in place to show what assistance would be needed by each person who used the service in the case of an emergency, to help them leave the building, for example if there was a fire in the home.

There was a whistle blowing policy in place and the staff we spoke with were aware of the policy and what protection this offered in cases where they would need to raise an issue about the way in which the service was run or a concern about a colleague for instance. All staff we spoke with were confident that they would

feel able to and knew who to report their concerns to if the need arose. All staff we spoke with told us that they had no concerns about any aspect of the service or the way in which it was run.

We saw there were detailed records in place for accidents and incidents which happened in the service. We saw that there were very few incidents recorded. The staff told us this was because there were very few incidents which occurred, but they always documented any that did. The manager who had been overseeing the service told us that there had been a serious incident in another service within the Millennium Care group. All the managers from all the services had been involved in looking at the incident and analysing what measures could be put into place to stop another incident of this type happening in the future. The measures which were identified were put in place in all the services within the group. This meant that the registered provider was looking at incidents which had taken place and was using the lessons they learnt from these to improve safety in all their services.

We looked at the staffing levels which were in place at the service. We were told and staff rotas confirmed there were six staff on duty for the nine people who used the service. There were occasions where this was increased to seven staff if there were more people needed to facilitate trips out for instance. We saw that this number of staff was more than adequate to meet people's needs safely and people who used the service had access to staff at all times without needing to wait for their assistance.

We looked at the recruitment process which was employed by the service. We found the recruitment process was safe and robust. We spoke with a recently appointed member of staff who told us that they went through a two interview process. The first interview was conducted by the manager of the service and a senior care worker away from Sunnysdale, and when they passed this stage they were then invited to Sunnysdale to be interviewed by a person who used the service who was supported by their key worker. We saw the provider had put a lot of thought into the process for people who used the service to be involved in selecting the staff who would support them. We saw there had been a set of laminated cards created to support people who used the service to carry out these interviews, and to remove the barriers for people who were not always able to communicate clearly. Staff told us and the records confirmed, that the service gained references from previous employers and that all staff had a current check with the disclosure and barring service (DBS).

We saw that people who used the service had differing needs for the level of support they needed with their medicines. There was a clear policy in place to guide staff in how to order, obtain, store and dispose of medicines correctly and safely. We observed throughout the day staff were very aware of when people's medicines were due to be given and they communicated frequently to make sure that all staff knew whether medication had been given. We saw one person was able to manage their own medication and there had been a system put in place for them to sign a sheet to say they had taken their medicines. This meant that staff were able to support them by carrying out regular medication audits which would pick up any issues with their ability to manage their own medicines.

We saw the service was extremely clean and in very good repair. We saw that staff maintained good standards of hygiene by washing their hands regularly and encouraging people who used the service to do the same. We saw people wore aprons when cooking and these were removed before they left the kitchen. These standards of cleanliness meant that if there were any infections present they were unlikely to spread to people who used the service.

Is the service effective?

Our findings

People who used the service told us "Staff here know a lot, they know how to look after me." "I have learnt so much from the staff here, I have worked really hard to make progress but I wouldn't have been able to do any of it without the staff teaching me how." "I am going to go and choose what I want for lunch, I don't like what the others are having. Staff will help me find something I really like."

We observed throughout the day the staff team were highly skilled and knowledgeable. This was evident from the way in which staff interacted with people in a seamlessly consistent manner. Some of the people who used the service needed constant and consistent reminders of what was acceptable to other people and what was not. We saw this was reflected in the care plans and all staff used the exact same words and actions to give these reminders, which meant the person who needed the reminder, did not react adversely as they considered them part of their normal routine.

Staff told us they had gone through an intensive induction prior to starting their roles, and they had found the training to be a positive learning experience as it was classroom based rather than e-learning. Staff we talked with all spoke highly of the induction process and told us that they had been given the opportunity to shadow experienced staff whilst they got to know the people who used the service and gained confidence in their own ability to support them effectively.

Staff told us and training records confirmed that staff re-trained regularly to ensure they had up to date knowledge. Staff told us this also allowed them to further embed learning from previous training they had undertaken by revisiting topics. Staff told us they had access to an extensive programme of training and we saw that specialist training which had been undertaken by staff included: Relationships, when it goes wrong, epilepsy and buccal midazolam, when is it right to control?, anti-discriminatory practice, Mental Capacity Act, Human Rights and person centred care planning. The regularity and content of the training which staff undertook ensured they were aware of current best practice and were skilled in carrying this out in their everyday practice.

We spoke with staff who told us they had regular supervision every three months with their line manager. The records we reviewed confirmed this was the case. Staff told us that they found these sessions to be positive and informative as they felt their managers had the necessary experience and expertise to answer their questions. Staff also had an annual appraisal to look at their performance over the past year and how they would like to develop over the upcoming year. This meant that the registered provider was providing a good level of support to staff to allow them to learn and develop.

We saw there were excellent communication processes within the service, both for staff and for the people who used the service. Staff had monthly staff meetings where they were able to express their thoughts and opinions and share information they had gathered on people who used the service with the rest of the staff team. We saw from the minutes of these meetings that there were discussions about best practice in relation to the support given to individuals and there was evidence of staff sharing their learning to benefit the team and the people they supported.

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 procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). 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. We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

We found people's mental capacity had been appropriately assessed and this had been carried out on a decision specific basis. Where people had been assessed they had been supported by an advocate. In the cases we saw, this had been a family member, but the service had access to independent advocates where they were needed. An independent advocate is a person who helps people to communicate their thoughts and wishes when they are not able to do so without support.

We saw that in all cases where a person was being deprived of their liberty, there was a current Deprivation of Liberty authorisation in place, or an application had been submitted to the local authority for an authorisation to be considered, there were also copies of mental capacity assessments which had been carried out and records of best interest meetings which had taken place where a person lacked capacity to make their own decisions. We saw that the manager reviewed each person's circumstances regularly to ensure that the measures in place were appropriate and current. This meant that people's human rights were being protected and that the registered provider was working within the current legislation.

We saw that whilst there was not always signed consent by or on behalf of the person who used the service, in the cases where this was not present there was a mental capacity assessment which showed that they did not have capacity to give consent and there was a best interest decision made on their behalf. We observed throughout the day that staff asked people and waited for permission before approaching them any further to support them. Most of the people who used the service were largely independent and did not require any physical support with their personal care or personal hygiene.

We looked at care plans and records which related to people's eating and drinking. We saw there was a winter menu in place at the time of our inspection which was a four week menu that had been agreed at one of the house meetings. The menu covered each meal of the day, with choices for breakfast and lunch and one main meal each evening, although there were alternatives offered in cases where a person did not want the main meal offered.

People told us they enjoyed the food they were given, and that they got a good variety of meals which they liked. On the day of our visit the evening meal was pulled pork sandwiches and potato wedges. The meal was prepared from fresh ingredients; none of the components were pre-prepared or processed. At lunchtime we saw that a support worker supported people to choose and prepare a meal of their choice. Some people chose to have omelettes which one person told us 'was cracking'. Most people had chosen to have porridge for breakfast which was made individually for each person to their own taste. This meant that people were receiving a balanced, healthy diet which included fresh fruit and vegetables and was presented in a way which people enjoyed.

The manager, who had been overseeing the service, told us they were very proud of some of the people who used the service as they had made changes to their diet and lifestyle to positively affect their health and well-being. One person had managed to improve their fitness and enjoyed playing football three times a week and going out for regular bike rides, another person enjoyed walking. The senior support worker on duty on the morning of our inspection told us that they had taken people to a slimming group for six weeks to help them understand what they needed to do and what changes they could make to lose weight safely. The people who had attended the group had then been asked whether they wanted to continue to attend the group or to carry on with the principles they had learnt on their own with staff support. They had chosen to continue with staff support and all had achieved considerable appropriate weight loss.

We saw there had been adaptations made to the building to meet the specific needs of people who used the service. There was a recent example of this where a person had become unable to use the bathroom independently and was increasingly unhappy with this situation. The registered provider had recognised the need to address this for them and had made necessary changes to the downstairs bathroom by refurbishing it with adaptations in place to allow the person to regain their independence when showering.

We saw from looking at people's care records that there was evidence that all the people who lived at the home had regular visits from or to health professionals, to ensure that their on-going health and well-being were monitored, via an annual health check which was offered, and in response to concerns which arose when people were unwell in anyway. Records showed that staff were proactive in their approach and made referrals to health professionals in a timely manner.

Is the service caring?

Our findings

People who used the service told us, "I wouldn't live anywhere else, this is my family." "I have been working with (support worker) on life skills this morning, I listen to (support worker) because he is kind and he helps me. My (other support worker) is always really good to me, and very kind."

We saw that without exception staff were extremely kind, caring, empathetic and fair when interacting with people who used the service. We saw there were occasions when people who used the service were not open to staff interaction. Staff knew when this was the case and respected their need for some space. Staff monitored and recognised the signs which meant that people were ready to interact again. We saw that all the staff who were on duty showed a high degree of consistency in the attention they gave to people.

Throughout the day we spent at Sunnydale, we saw and heard people who used the service being given choices and being asked for their opinions and preferences in relation to food, drink, outings, activities and even simply what they wanted to chat about.

We saw that when staff were going out they asked people who were not engaged in an activity if they would like to go along. People who used the service were evidently pleased to be asked and in every case we saw people accepted the offers made to go out, whether for a walk to the shops or a ride out in the car. This meant that staff were consistently reinforcing to people that they wanted to spend time with them and through this behaviour demonstrated that people were valued.

Staff described to us their motivations for choosing to work at Sunnydale, in several cases this was due to having personal experience of supporting people who had a learning disability and were motivated to making a difference in this field of care based on that. Other staff told us that they wanted to support people to achieve their goals and felt they had a lot to offer people who needed support. Staff were passionate and committed to finding new ways of bringing out the best in the people.

There were close friendships evident in the service between people who used the service, for example one person had worked hard to increase their level of independence and to gain the life skills needed for them to move into a supported living environment as the next step in their journey. They told us they would miss their friends at Sunnydale and one person in particular would miss them.

We looked at how the service was managing to protect the human rights of the people who used the service. We saw that staff were aware of people's rights and that they worked hard with people to maintain these rights. For example article 8 of the Human Rights Act states that everyone has the right to have a private and family life. The service was respectful of people's relationships with their families and friends and respected the privacy of these relationships as appropriate.

People described to us how their family and friends were always made very welcome in their home and that staff offered people drinks and to stay for meals. Staff told us that one person had a lot of friends in the local community and the staff had put on a special impromptu tea for a group of these friends to make them as

welcome as they had made the person in their own homes. We saw during the day of our inspection, people were encouraged to contact their family and friends by telephone, and people told us they had regular contact with the people who were important to them. People described to us that their family and friends were always made very welcome in their home and that staff offered people drinks and to stay for meals sometimes.

There were some people who used the service who did not understand the boundaries of what was an acceptable level of affection to show to the staff team or visitors to the service and needed to be constantly reinforced in their understanding of this and reminded when they forgot to respect other people's personal space. There were detailed assessments and plans in place to make sure that the management of these behaviours was consistent. By making the response the same on every occasion this meant that the people who were needing support with understanding the importance and complexity of boundaries of relationships did not view the reminders as a rejection or react in a challenging manner. Whilst there were instances where people did try to be inappropriately affectionate to support workers during our inspection these were quietly and efficiently managed without any negative responses. This meant that because staff were kind in their reminders people were able to maintain their boundaries without any negative impact on their self-esteem.

There was clear evidence of the positive results of this caring and consistent treatment. For example one person had arrived at the service and had been unable to tolerate anything in their room. Anything which had been placed in their room was destroyed; this included scraping plaster off the bare walls. Staff described the long process which had been necessary to improve this person's situation. Staff had observed the person, looking for what they liked particularly. Staff identified that the person liked wood. They used this information as a starting point. They started activities which involved working with wood, they got to a point where they could put wooden panels on the bedroom walls, later a bed was introduced which was made of wood.

This painstaking process continued over a period of years, accommodated by staff that were immensely patient and understanding. On the day of our visit we were shown the room of this person. The room was fully appointed and decorated and had lots of personal effects displayed openly on wooden shelves, the only barrier yet to be overcome is that they were still unable to tolerate curtains, this had been overcome by fitting a wooden blind to their window.

People who used the service told us they had a circle of support; this was pictorially shown in their care plans, which the person could use as a reminder and reassurance of the support available to them. This circle consisted of a key worker and two other support workers who worked closely with each person. People told us they were very fond of their support workers and regarded them as family members due to the time they spent together and the positive impacts the staff had on their lives.

We saw that whilst there were no people in the service who had specific cultural needs, there were people who expressed their individuality through the choices they made and this was respected and encouraged by the staff team, for example people were given free choice when they went out for meals and which allowed them to access the types of cuisine they enjoyed.

There was information available to the people who used the service relating to all aspects of their lives, from easy read minutes of meetings they attended to pictorial easy read versions of their own care plans and the policies which were relevant to people who used the service. Staff took time to explain to people what was happening and when things would happen to give people structure to their days and reassurance that their

routines would be met where this was important to people.

Staff were mindful of people's well-being and whether people who used the service were occupied and fulfilled. For instance one member of staff talked about their approach to making sure that one person who particularly liked arts and crafts was not only able to access the materials they needed but that they were supported to make progress in their understanding of art as a subject and that the projects they set for them were challenging and rewarding whilst being achievable.

We saw from people's care records people were offered the opportunity to have an advocate with them when assessments and reviews were carried out. This was mainly from family members, but there were arrangements in place for the manager to arrange an independent advocate if needed. An independent advocate is a person who does not know the person who uses the service and comes to support them in making significant decisions if they do not have anyone else that they would want to assist them. Using advocates helps to ensure that people's rights are protected and that their voice is heard when making decisions as an advocate would help them to communicate their wishes.

There were monthly house meetings held, where people who used the service came together to review what had been previously agreed, for example, the house rules which had been agreed by all the people who used the service and were entitled 'respecting my neighbour'. There were pictorial easy read minutes produced after each meeting which were accessible in a file within the home as well as being given to each person after the meeting. We saw there was lots of consultation and planning carried out during these meetings and there was a representative from Sunnysdale who went to Millennium Care Group meetings to meet with other house representatives to look at group wide projects, for example the Christmas Ball which had taken place in December 2015.

We saw that all records were stored securely and the office was out of the way at one end of the home. People who lived at the service could access the manager as they were in the service for long periods, although the office door was locked to protect people's confidential information. All conversations relating to people who used the service took place in the office, this included staff handovers, to ensure that confidential information was not overheard or shared inappropriately.

People who used the service had their own rooms in the home. These rooms were locked and people had a key to access their own rooms. Staff did not enter people's rooms without permission and we only looked at the rooms of people who wanted to show them to us, to respect their privacy. There had been an issue where a previously independent person had become unable to shower themselves independently. This had been an upsetting situation for this person who liked to be very private and was embarrassed when staff had to assist them. The registered provider arranged for one of the service's bathrooms to be adapted to have a shower with a seat. This meant that the person was then able to shower independently again without being at risk. This meant that the registered provider recognised the person's needs and took appropriate action to meet them as quickly as possible.

People who used the service had varying levels of independence at the time of our inspection. We found when looking at care records and from speaking with staff and people who used the service that in all cases there had been significant progress made in the level of independence that people had achieved. This ranged from being able to visit family unsupported, to being able to go out independently to in one case being able to move to a supported living environment as they had become so independent they no longer needed the level of support which was offered at Sunnysdale.

Sunnysdale is a service for younger adults, there were no people who used the service who were at the end of

their life, and the newly appointed manager told us that they would not expect to have any people where this would be the case.

Is the service responsive?

Our findings

People who used the service told us they were involved in writing their care plans; one person told us "I did my own care plans with my key worker; I even typed them up on the computer." The member of staff who had supported this person to write their own care plans told us "They did all the paperwork with my support; they were very open and honest and put in everything we would have covered. Their support plan does not look like everyone else's; it is how they want it. The plans tell staff how they want to be supported and when, they also tell staff when they don't want support and want to be left alone. I can't see how it could possibly be more people centred than them being able to write it themselves."

We looked at the care records which the person had been supported to create. The records were detailed and had all the information contained within them that staff would need to support that person. The plans were written in the person's own words. The person told us that they had enjoyed being able to do their care plans and that it was very important to them to be independent to that level, as they were about to move into a supported living environment and were planning to take their care plans with them.

We reviewed the care records of three people who used the service. We found that in all cases the records were very detailed and exceptionally person centred, as they referenced things which made each person an individual, including their wishes, beliefs, likes, dislikes and preferences. Millennium Care services have developed a tool which is called the Millennium outcome assessment tool (MOAT). This allows the assessor to record in great detail each person's history relating to subjects including their condition, family life and relationships, previous care provision, behaviours and risks.

This allowed staff to establish what could be reasonably considered usual behaviour for each person, what their triggers for behaviour which may challenge others were, and how this was best avoided and if necessary managed safely. For example it has been identified that one person was at high risk of making poor choices if they went out without a planned activity and support, therefore staff ensured that this did not happen until the person had gained the skills to allow them to make better choices.

There was extensive information which illustrated people's personalities, how they communicated and how they could be supported to communicate with other people who did not know them well. For example there were people who relied on using signs to communicate with people. In one case the person struggled to learn a recognised sign language (Makaton), although they were able to use some of the signs. Staff worked with this person to develop signs which they were happy with to refer to members of staff in the home and to ask for everyday things. These signs were taught to everyone who was involved with this person to make sure they could make themselves understood without becoming frustrated or agitated. This meant that staff were innovative in their approach to communicating with this person.

People were encouraged and supported to identify their own goals as part of their care planning, which meant that people were constantly working towards gaining new skills and confidence to allow them to become more independent. Once a goal had been agreed, staff worked on creating a step by step programme consisting of very small steps which would allow the person to attain their goal by gaining skills

and confidence which were consistently reinforced. For example one person had shown they were interested in learning to cook and being more involved in their food choices and shopping. There was a plan in place which they were working through to achieve this.

We saw in all the care records we looked at that staff reviewed care plans at least once each month; we also saw there were changes made if anything changed between these reviews. For instance if someone needed short term medication or there had been a change in their daily routine for some reason. The care plans were evolving as people progressed and increased their independence, and there were clear changes to people's activities as a result of this.

The manager who had been overseeing the service told us about a person who had made sufficient progress that they were moving into a supported living environment, as part of their on-going development. We asked how this person was being supported through their transition, the manager who had been overseeing the service told us the person had been visiting the new house and had met and got along with the person they would be sharing with. They had been saving up and were in the process of looking for the furniture they would buy to put into their new room. The person told us "I have been saving up and I am buying a new bed, wardrobe and drawers for my new room, I am going to go shopping to get these with the manager. I would never have been able to do this if staff hadn't taught me how to budget my money, I used to spend all my money and have nothing to show for it. I am really grateful."

We spoke with the newly appointed manager and asked what process they would go through if they were considering admitting a new person into the service. They told us they would arrange to meet the person and carry out extensive assessments with them to assess their needs and make an informed judgement about whether the service could meet the person's needs and whether they would fit in with the other people whose home was at Sunnydale. The newly appointed manager explained that if they accepted a person into the home who was not compatible with the existing group that could not only be detrimental to the new person, but it could also have a very negative effect on the dynamics within the house and impact adversely the other people who used the service; potentially setting them back with their own progress.

We spoke with a person who used the service who told us that they worked alongside the maintenance team, helping out with all aspects of repairs and do it yourself (DIY). They told us that this had started because they had shown an interest and they had worked more and more with the maintenance team as a result. Staff confirmed that one person did work with the maintenance team and told us that this really made this person happy, as they always looked forward to the days when they could do this. Whilst this work was on a voluntary basis this showed that staff had thought creatively about how to expand the person's opportunity to grow their skills and use them in a practical environment.

People accessed groups at the local church and local shopkeepers knew people who lived in the service and worked with the staff at the service to ensure that their actions towards people were helpful and positive. For example there had been an issue where a person had been visiting local shops and takeaways, and being given goods for free or for very small amounts of money. This was causing problems with the person's health and well-being. Staff wrote to and then visited the local businesses and explained to everyone what was happening, why things needed to change and how they could help without anyone feeling that they were 'being unkind'.

Staff arranged with people in the local businesses that they would cut down on what they were giving to the person and would distract them by chatting to them instead. It was also agreed that they would let staff know if they had given the person anything. Working in partnership with people in local businesses meant

that the person could still access all their friends and groups without the negative outcome of being able to eat to excess which was affecting their health. This meant that the staff team worked both innovatively and creatively with the local community to make sure that when people who used the service went out independently that they were as safe as possible.

We saw that staff had particular areas of interest and expertise which they shared with people who used the service. For example one member of staff worked with a person who used the service on their art projects. We spoke with this member of staff and they explained to us that they not only wanted to expose the person to different mediums and materials, they wanted them to learn to appreciate and understand art as they had seen this person showed real aptitude in their work. The person also attended a day centre three days a week to further their interest in arts and crafts where they accessed sessions on cooking, textiles and general crafts.

One person was involved in playing sports for local teams, and was supported to travel to weekly training sessions and matches. Another person was supported to help maintain the flower beds in a local park as part of a volunteer programme they were involved in; they also maintained the garden at Sunnydale. We saw on the day of our inspection, people were going out for lunch and tea, either with staff or members of their families, this was a regular part of people's activities.

We saw that there was a complaints and concerns file in the service. This had a copy of the policy and procedures which were in place and included an easy read version which was accessible to the people who used the service. People told us they would talk to staff if they had a complaint, and that they thought it would be dealt with. There were no complaints or concerns in the folder. We asked the manager who had been covering the service about this and they confirmed that there had been none received.

Is the service well-led?

Our findings

People who used the service told us "The manager is great, they are around a lot of the time and they look after us." "The manager we have had is lovely, we have a new manager now, I like them a lot too."

The service is required to have a registered manager and whilst there was not a registered manager in place at the time of our inspection there was a newly appointed manager who was going to register as soon as they were able. Staff told us that they felt that things had been really stable since the manager who had been overseeing the service had taken over, as they felt that there had been a period where they had not had consistent management before then. Staff were very positive about the newly appointed manager and said that they were confident they were the right person for the role and that they would manage the service well.

The newly appointed manager told us they were very impressed with the service as it was and the staff team they had come to work with. They said that the changes in the people who used the service were the biggest endorsement of the quality of work the staff had carried out.

The newly appointed manager told us they had lots of ideas and plans to continue to build and improve the service now they were in post and could concentrate on the service. The manager who had been overseeing the service told us there had been work needed to improve some aspects of the home, this was partly in relation to physical improvements of the home, but also about the support of the staff team who had not had consistent management support for a period of time and they had become self-sufficient as a result. The manager had worked closely with the staff team to give them clear messages about their roles and responsibilities and shown them consistent support throughout the period they had been overseeing the service. There was a planned handover from the manager who had been overseeing the service to the new manager which was designed to create a smooth transition for both the people who lived at the home and the staff team.

The senior care workers reflected on how they worked very closely and were lucky because they got on so well, they agreed with the manager's comment that they had been an effective barrier between the instability of the management of the home and making sure that it was not allowed to affect the wider staff team and more importantly the people who used the service. The senior care workers told us they had ensured that there was consistency in good practice in the service and in the management of behaviours which challenged others, they told this was achieved as they led by example and made sure they were aware of current best practice and that their own training was up to date. The senior care workers and all the members of staff we spoke with demonstrated their commitment to making positive changes to the people they supported and further improving the service as a whole.

We found the service to be outstanding in its approach to supporting people, including people in decision making, developing people and making a difference. It was clear this was the foundation of the service and that the example was set at the senior management level and was embedded in the staff teams who learnt by example and benefited from the investment made into their development by the organisation. Staff we spoke with told us that they had worked their way up from starting as a support worker and were loyal to the

organisation as a result.

The culture in the service was one of open communication and transparency. Key information was shared with staff as a matter of course, staff told us that they knew what was going on in the service and that they felt included and valued, they told us this was because they were given opportunities to share ideas and that these were listened to and put into practice. There was clear leadership within the service, both from the managers who were working towards handing over the service and from the senior care workers who led by example and gave structure to the service.

Both managers demonstrated their understanding of the vision of the organisation to provide their high quality services to a larger number of people, and the values which included 'with not for', 'inclusion', 'developing potential', 'being responsive' and 'making a difference'. We saw strong evidence in every aspect of the service that these values were intrinsic in the planning, recording and delivery of the support which was given to the people who used the service every day. We saw that these values were used as a basis for the care planning which was in place as care plans were written in partnership with the person to whom they referred, and were written in their voice, and showed that goals were identified and staff worked with people to enable them to achieve those goals.

We saw there were good links which had been forged and maintained with the local community, that there was partnership working with the local community and people who used the service benefited greatly from this work. For instance we saw from care records that a person who attends the church very regularly and most of the people who used the service enjoy visiting the local pub where they are made very welcome and are able to enjoy some free time relaxing in a safe environment, whilst interacting with other people from the local community. These links have been forged with the encouragement of the manager and the communication which has been created by the senior staff with the local community.

The registered provider has a duty to notify the Care Quality Commission of any notifiable events which take place, and we saw that this was being carried out in line with the requirements of their registration.

We looked at the auditing and oversight which was in place across the service. It is important that registered providers regularly audit and review the records and practices within each of the services to ensure that they are picking up on any shortcomings, are identifying any areas for improvement and that they are working to continuously improve the services they provide.

We saw there were processes in place for auditing to take place both internally within the service which was carried out by the manager, but also by regular visits from a member of the senior management team to verify the findings of the internal audit and to look at overall performance and improvements. We saw there were regular, robust audits carried out, these included medication audits, care plan audits, reviews of DoLS and MCA and direct observation of staff practice. The senior management audit included checks on the manager's audits, a care file audit and an environmental survey of the building. The information from these audits was brought together and any actions were then planned and carried out. The results of these audits and the learning which had been gained from them was shared with staff at their regular staff meetings.

The registered provider had completed an extensive project to rewrite their policies and procedures for all their services. These were designed to be user friendly and accessible for staff and were written in line with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, which is the current legislation care providers are required to work within. This meant that when audits are carried out they are linked to the relevant regulation and 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.

Staff were passionate about the organisation, the service they worked to provide and showed immense pride in the people they supported and the changes and achievements they had made.