

Scope

Mill Lane

Inspection report

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Date of inspection visit:
30 June 2017
03 July 2017

Date of publication:
03 October 2017

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

This inspection took place on 30 June and 3 July 2017 and it was announced. We gave the registered manager a short notice period of our visit to make sure there would be someone available.

Mill Lane provides accommodation and personal care for up to five young adults with a physical and learning disability. There were five people living at the home at the time of our inspection. The home had a registered manager at the time of our visit. 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.

There was a strong culture within the home of treating people with respect and of high quality care. The views of people and their relatives about the quality of care provided at the service were regularly sought and acted on. Relatives said they felt welcomed at the service and would recommend it to other people.

The home was extremely responsive to people's needs. Staff potential to support people with additional tasks such as personal interest and work activities was recognised and promoted. People and staff planned and worked closely together so they could attend social engagement and work activities. People were supported to take part in activities of their choosing, based on their specific requests.

A complaints procedure was available and people knew how to and who to go to, to make a complaint. The registered manager was supportive and approachable, and people or other staff members could speak with them at any time. The home had also introduced an excellent additional system to proactively obtain people's views so that the initiative was on finding out rather than waiting for people to tell staff.

The home was very well led. Good leadership was in place and the registered manager and provider monitored care and other records to assess the risks to people and ensure that these were reduced as much as possible and to improve the quality of the care provided. The registered manager was very approachable and took action promptly if changes were needed. Staff were encouraged to raise ideas and suggestions and demonstrated the core values of the home during the inspection.

People felt safe living at the home and staff supported them in a way that they preferred. Staff were aware of safeguarding people from the risk of harm and they knew how to report concerns to the relevant agencies.

Staff assessed individual risks to people and took action to reduce or remove them. There was adequate servicing and maintenance checks to fire equipment and systems in the home to ensure people's safety.

There were enough staff available to meet people's needs and the registered manager took action to make sure there were staff throughout the home at all times. Recruitment checks for new staff members had been

made before new staff members started work to make sure they were safe to work within care.

People received their medicines when they needed them, and staff members who administered medicines had been trained to do this safely. Staff members received other training, which provided them with the skills and knowledge to carry out their roles. Staff received adequate support from the registered manager and senior staff, which they found helpful.

The CQC is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) Deprivation of Liberty Safeguards (DoLS) and to report on what we find. The registered manager had acted on the requirements of the safeguards to ensure that people were protected. Where someone lacked capacity to make their own decisions, the staff were making these for them in their best interests.

People enjoyed their meals and were able to choose what they ate and drank. They received enough food and drink to meet their needs. Staff members contacted health professionals to make sure people received advice and treatment quickly if needed.

Staff were caring, kind, respectful and courteous. Staff members knew people well, what they liked and how they wanted to be treated. They responded to people's needs well and support was always available. Care plans contained enough information for staff to support individual people with their needs. People were happy living at the home and staff supported them to be as independent as possible.

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.

There were systems in place to help protect people from the risk of poor care and harm. Staff knew how to recognise and report concerns and were confident to do so.

People were supported by staff that had been recruited safely with appropriate pre-employment checks.

People's medicines were managed safely and they received their medicines as prescribed.

Is the service effective?

Good ●

The service was effective.

Staff were knowledgeable about the people they were supporting and received relevant training for their role.

People had enough to eat and drink and there were arrangements in place to identify and support people who were nutritionally at risk.

People were supported to have access to health care services and Health care professionals were involved in the regular monitoring of people's well-being.

Is the service caring?

Good ●

The service was caring.

Staff treated people with compassion, kindness, dignity and respect.

People's privacy was respected and promoted.

People were involved in their care and how it was provided.

Is the service responsive?

Outstanding ☆

The service was very responsive.

People received person centred care from staff who promoted their needs in an individualised way.

People were able to participate in activities of their choice.

People and their relatives knew how to raise concerns.

People had individual care records which were person centred and gave details about people's history, what was important to them and identified support they required from staff.

Is the service well-led?

Good ●

The service was well led.

Good leadership was demonstrated at all levels.

The registered manager actively sought, encouraged and supported people's involvement in the improvement of the service.

People and relatives had confidence in the management team.

The management was visible and accessible.

The manager monitored the service to make sure it met people's needs effectively.

Mill Lane

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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This was a comprehensive inspection, which took place on 30 June and 3 July 2017 and was announced. We gave the registered manager 24 hours' notice of our inspection so that we could be sure that there would be someone at the home when we arrived. The inspection visit was carried out by one inspector.

As part of the inspection, we reviewed the information available to us about the home, such as the notifications that they had sent us. A notification is information about important events which the provider is required to send us by law. Before this inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also contacted stakeholders, such as Healthwatch and commissioners, for their views of the home.

During our inspection, we observed how staff interacted with people. We spoke with two people living at the home and one visitor. We also spoke with one member of care staff and the registered manager. We checked three people's care records and medicines administration records (MARs). We checked records relating to how the service is run and monitored, such as audits, staff recruitment, training and health and safety records. Following our visit to the home we spoke with two relatives and one staff member by telephone.

Is the service safe?

Our findings

People told us that they felt safe living at the home. One person said this was because the doors were locked and there were staff working there. One person's visitor told us that they thought people were safe living at the home because staff were "rigid about paperwork" and they were "always checking things." Everyone we spoke with knew who to speak with if they were concerned about anything.

There were processes in place to protect people from poor care or harm, and these contributed to people's safety. Staff knew how to protect people from harm, they had received training, they understood what to look for and who to report to. One staff member explained to us in detail how they would decide where to report concerns. This centred on the person, the effect the possible harm had on them and whether the staff member needed to contact the police or a health care professional in the first instance. The registered manager was aware of their responsibility to report issues relating to safeguarding to the local authority and the Care Quality Commission.

People received care in a way that staff had assessed was as safely as possible. One relative told us that their family member had gone on a winter activity holiday and had previously gone on a cruise. They said staff had identified the risks involved and assessments were in place to reduce these as much as possible. They went on to say that the person had "loved it" and this had enhanced their perspective of what they could achieve.

One staff member told us that people were able to take risks and it was the staff members' responsibility to help them do this, while keeping them safe. Staff members assessed risks to people's safety and documented these in each person's care records. These were individual to each person and described how to minimise any risks they faced while in and out of the home. They included any possible risks that people may come across in their day to day lives. For example, risks associated with their mobility, using the toilet, completing person care such as shaving or cleaning teeth. They also included risks associated with other activities that the person may not experience on a day to day basis, such as using a bank cash machine, swimming or using transport (both public and private).

Staff members were aware of these assessments and our conversations with them showed that they knew the risks to individual people and the action required to reduce these risks. We spoke with staff about the risks to one person from a health condition and the actions they had taken when they identified other risks as part of the same assessment. They told us how they had spoken with the person's relatives to find out the level of risk and the person's sleeping arrangements before they moved to the home. We saw that staff took the appropriate action to reduce risks to this person and that the assessments were detailed enough to show the reasoning behind the actions.

Servicing and maintenance checks for equipment and systems around the home were carried out. We saw that one person identified they needed to have repairs made to their wheelchair. This was arranged and repaired between the two dates of our visits. The registered manager confirmed that systems, such as for fire safety, were regularly checked and we saw records to support that these had been completed. We saw that

fire safety equipment had received a maintenance check in the 12 months prior to our visit. The registered manager had been proactive in seeking advice from the fire service when they identified a problem with doors closing and an emergency light not working properly. Personal emergency evacuation plans (PEEPs) were available to guide staff or emergency services in the event of an emergency. Staff members explained the actions they would take in the event of a fire and we concluded that individual and environmental risks had been appropriately assessed and reduced as much as possible.

Both people we spoke with told us that there were enough staff to support them when they needed help. Two people's relatives also said that their family members always received individual support from at least one staff member and at times two staff members. One relative told us that staffing was, "At least one to one," (meaning their family member always had at least one staff member with them at all times).

Staff told us that there were enough staff available to make sure people were cared for properly. They said that there were regular agency staff who worked when the number of permanent staff dropped and that new staff were being recruited. The registered manager told us that staffing numbers did not vary and they knew how many staff were required at specific times of the day. They confirmed that there were four staff vacancies at the time of our visit. The home shared staff with another Scope service, which meant that they had a pool of staff that could be drawn on to cover if the home was short staffed. They also used four staff from one agency who worked regularly at the home, so that they knew people who lived there.

People were supported by staff who had the required recruitment checks to prevent anyone who may be unsuitable to provide care and support. We checked staff files and found that recruitment checks and information was available, and had been obtained before the staff members had started work. These included obtaining Disclosure and Barring Service (DBS) checks. The DBS provides information about an individual's criminal record to assist employers in making safer recruitment decisions.

People told us that they received their medicines when they were due and that these were never missed. One person's relative told us that staff were, "Always spot on with medicines." Another person's relative said, "They [staff] are extremely strict on medicines, they are very hot on giving medicines." They went on to tell us that only staff who had received medicines training were able to give medicines to people.

Staff members confirmed that they had received medicines training before they were able to administer medicines to people. They said that there was different training depending on the type of medicine they were giving and staff who had not received the appropriate training were not able to give the medicine. Staff also told us that the registered manager or deputy manager also assessed their ability to safely give medicines. This made sure that staff members were able to put into practice the training they had been given in order to safely administer medicines to people.

We observed that medicines were given to people in a safe way and that they were kept securely while this was carried out. Arrangements were in place to record when medicines were received, given to people and disposed of. The records kept regarding the administration of medicines were in good order. They provided an account of medicines used and demonstrated that people were given their medicines as intended by the person who had prescribed them. Where people were prescribed their medicines on an 'as required' (PRN) basis, we found guidance for staff on the circumstances these medicines were to be used.

Is the service effective?

Our findings

Staff members received enough training to provide them with the knowledge and skills to meet people's care needs. People told us that they thought staff members knew what they were doing and how to care for people properly. One person told us that they knew this because staff were able to communicate with them using a combination of sign languages, which they may not have known before working at the home. Relatives also told us that they thought staff had enough training to care for their family members properly. One relative told us, "They've [staff] always known what they're doing."

Staff members told us that they received enough training to be able to carry out their role. One staff member said that they received, "Lots and lots of training." They confirmed that they received annual training in such areas as fire safety, and moving and handling. They were able to request additional training if they felt they needed this. One staff member told us that they had received training in sign language through a range of different learning methods. However, despite this they had been finding it difficult to grasp until one of the people living at the home started to help them. The staff member said that since then, using the different sign languages has become easier and they have had less difficulty understanding people. Another staff member told us how completing an information technology course now meant they could make referrals for assistive technology for people.

Staff members also said that they had the opportunity to complete national qualifications and one staff member told us they were completing a level 3 diploma. We saw training certificates that showed staff kept up to date with training and new staff completed the Care Certificate. This is nationally recognised training programme, which gives new staff the skills and knowledge to care for people. One long term member of staff also commented that they had completed some aspects of the Care Certificate and felt that it provided a good induction for the work staff were expected to carry out.

Staff members told us that they received support from the registered manager in a range of meetings, both individually and in groups. These meetings allowed them to raise issues, and discuss their work and development needs. They told us that they were well supported to carry out their roles. We saw that meetings were arranged well in advance to make sure staff were aware and were able to attend individual and group meetings.

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 so that they can 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 are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA. We found that the registered manager completed mental capacity assessments where staff had concerns that people may not be able to

make their own decisions. These were only for areas where staff had concerns and they recognised that people should be supported to continue making their own choices. One person's relative told us, "They give [family member] more choices than I do." Care records showed that staff had written guidance about how to help people make decisions. One person's records showed that they had variable capacity that was linked to a health condition. The guidance gave staff members clear information about when this may be and who to contact if a decision needed to be made in the person's best interest.

The provider was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS). The MCA DoLS require providers to submit applications to a 'supervisory body' for authority to lawfully deprive a person of their liberty. The registered manager had submitted applications to the local authority for some people living at the home. Staff provided explanations about their roles in this area and they were clear that people who were not subject to a DoLS were able to leave the home if they wished to do so. We saw that one application had not been authorised as the person was deemed to have capacity. Staff members respected this decision and the person was able to leave the home if they wished to. They told us that they sometimes went out to socialise with other people in the evening and although a staff member went with the person, they were left unsupervised while they were with friends.

Both people we spoke with about meals and food provided at the home; said that the meals were "Good" and that they had plenty to eat. They also told us that there was to be a curry night and one person explained what they would choose to eat instead of rice. A relative told us, "The food's really good. All the staff cook really good meals." They went on to explain that people planned their menus each week, so that they were able to eat what they wanted. Another person's relative said that their family member sometimes ate in their room if they were tired. They also sometimes asked for alternative meals, which staff were happy to provide. They said that staff were, "Very accommodating" in regard to the meals people ate.

We saw that mealtimes were a social time; people were able to eat where they want and we saw this in practice. One person indicated that they were not happy eating breakfast where they were and the staff member asked if they wanted to move into the kitchen where other people were eating breakfast. The person's smile indicated they liked this option and after moving them the staff member was able to continue helping them with breakfast. Staff members supported people to eat as independently as possible; adapted crockery and cutlery was available for people if they wished to use this. People were offered a choice of drinks during their meal and were given the meal they had already chosen.

Two relatives told us that staff members made sure their family members had advice or treatment from a health care professional quickly, if this was needed. One relative said, "They're very good on that" and "They're very good at initiating a call to the GP." They went on to tell us how staff coordinated hospital appointments to make sure the person was able to attend. Another relative told us about all of the health care professionals who were involved with their family member. They said that one health care professional had provided a list of exercises, which staff members worked to when they helped the person with their personal care. This helped the person's limbs remain flexible.

We spoke with a visiting health care professional who was visiting the service after a person had returned from hospital. They told us that staff from the home were open and keen to work with them for the benefit of the person. This meant that the person was able to be discharged from the hospital earlier than expected, which had a positive impact on the person. There was information within people's care records about their individual health needs and what staff needed to do to support people to maintain good health. We saw that people received advice from a variety of professionals, including their GP, the district nurses and speech and language therapists.

Is the service caring?

Our findings

Both people we spoke with told us that they were happy living at Mill Lane. They said that staff were kind and caring, and they told us that all of the staff were like this. One person told us, "I like them because they understand me and they understand what I'm saying." The other person said that staff were, "Good."

Relatives were also positive about the care and support their family members received. One relative told us, "They're very nice staff," and that they were, "Always kind." Another relative explained to us how their family member felt after going to live at the home, "She's much happier." They were pleased to have found Mill Lane and described it as the person's 'forever home.'

We spent time watching how staff interacted with people and found that they were kind, gentle and considerate towards people. They knew people well, spoke to them with affection and respect. We observed that staff in general spoke with people in a conversational way. One staff member in particular chatted to the person they were caring for as if they were friends. The staff member was able to understand what the person was saying to them through a combination of sign language and body language without a stop in the flow of the conversation. We noted this as it was a seamless conversation between two people, who clearly knew and liked each other. One person's relative also commented on staff members' ability to have conversations like this with their family member. They said their family member had a, "Very good relationship with the carers, more towards being friends."

The atmosphere in the home was relaxed and we overheard laughter numerous times during our visit. Staff members' interactions with people were thoughtful and designed to put people at ease. They faced people, spoke directly with them and when people were sitting at a different level, staff lowered themselves so they were not standing above the person. In turn, we saw that people responded to this attention in a positive way.

We found that staff knew people well and that they were able to anticipate people's needs because of this. They knew what people would do, although they continued to make sure people were able to make their own decisions. One person told us that they were able to have a lie in if they wanted. We saw that staff asked people where they wanted to spend their time and that they were able to change location at any point in time. We observed another staff member talking with a person and another staff member. The staff member discussed the number of sugars the person wanted in their breakfast with them. There was some discussion as the person kept increasing the number of teaspoons of sugar they wanted, and ultimately the person had sugar added to their breakfast. This was a light hearted moment and one staff member told us that the person often changed their mind before they actually ate their breakfast. It was something staff knew about the person and made sure they respected.

People agreed with us that staff listened to what they said and made changes if needed. One relative told us that they had discussed with staff about other people visiting their family member in the person's room. They said that staff had listened to them and worked with people to make sure the person was able to spend time with people outside of their room. We saw that staff helped people to make decisions by giving

them options. Some people were given limited options, if this helped them to make a decision.

People were able to express their views in a variety of meetings and discussions with staff. This ranged from a weekly conversation that reflected on the previous week and made plans for the coming week, to a monthly meeting where people shared what they had been doing with others. Information about a local advocacy service was available to people and this service was available to people as a group as well as individually. This provided people with the opportunity to hear about other services, such as healthcare. It also helped one person to have their support plan independently reviewed.

We saw that people were encouraged to be as independent as possible. One person was encouraged to eat breakfast themselves instead of only having staff help them. Another person contacted their wheelchair repair company and arranged for someone to visit to make these repairs. Staff members helped the person make the call, although the person spoke with the repair company and arranged to day and time for the visit. This gave the person a great sense of satisfaction and excitement as they anticipated the arrival of the workmen. A staff member also told us how they had set goals for one person to help them with their wheelchair. They said they were able to see how this increased the person's confidence and mood when they achieved the goals.

Care records provided staff members with guidance about how able people were and we saw that people were encouraged to continue to do as much as possible for themselves. There was information in relation to the person's individual life history, likes, dislikes and preferences written within the person's care records. Staff had developed two one page pieces of information to record the most important things about each person and how they wanted to spend their time. They also spent a short amount of time each month talking with people about their goals and their accomplishments. This allowed people to look at what they still wanted to do and any additional support they needed to achieve these.

People told us that staff respected their privacy and dignity. They said that staff members always knocked on doors before entering their rooms, always called them by their chosen name and never put them in a position where their dignity was at risk. One person told us, "They [staff] knock, they're never rude." We saw that staff never discussed personal care with people in front of other people. One relative told us that they had been asked about the gender of care staff for their family member. The person had always received care from female staff, as was their choice.

People were able to have visitors when they wanted and one person's relative commented that there were no restrictions on how long they were at the home. People were helped to stay in touch with friends and relatives who were not able to visit them. This included the use of electronic technology and social media.

Is the service responsive?

Our findings

People received care and support that was very responsive to their needs and goals. Both people we spoke with told us that they were able to do what they wanted and this was because staff helped them. They told us how staff knew how to support them so that they could carry out their jobs and social lives, and the positive effect this had on their lives. Both people were very proud of their achievements, which they could not have completed without this help. One relative told us that the care and support the person received meant there was a, "More fulfilling experience for [the person] definitely."

Staff who cared for people had detailed knowledge and understanding of each person and their care and support needs. Staff spoke with pride and affection about the people they cared for. They were able to describe people's needs in detail and the actions they took to support people. We saw this happen in practice when staff supported a person to meet with their employer to discuss the work they had completed and further work they needed to perform. They explained how the person had started to work as an advocate and the support staff needed to provide so that they could continue to make changes for people with disabilities.

People were able to maintain hobbies and interests that they enjoyed before moving to the home and develop new interests, which they were encouraged and helped to take part in. One person told us how staff supported them to attend an acting group and the play that they were taking part in. They said going to the group was important to them; it gave them something to focus on and allowed them to develop other skills as they also had to make part of their costumes. Staff members told us how important this was to the person and explained some of the other, possibly unrecognised benefits to the person from attending the group. They were able to meet up with friends outside the home who also attended the group and they were able to enhance their skills in safely using their wheelchair. The person told us that they were with other wheelchair users during their performance and that they had to synchronise movements with them to avoid collisions.

Staff supported people to maintain their religious beliefs if this was what they wanted. This was especially significant for one person for whom their religion was very important. Staff helped the person attend a church service regularly each Sunday and other religious events in the evening. The person had consequently developed close links with the church community since moving to the home and valued the time they spent there.

Both people we spoke with told us that staff had an excellent understanding of their individual needs, which resulted in them receiving personalised care. They said staff knew their preferences and how they liked to be supported. One person said, "They're very good." Another person told us how they were able to go back to bed in the afternoon and were able to have their evening meal in bed if they were tired. Staff recognised the importance of valuing people's differences and empowering them to live the lives they wanted and chose. Staff told us that not all of the people living at the home got up or went to bed at the same time, they were able to do this when they wanted. They told us that people were able to choose where they ate their meals. We saw during our visit that people did indeed get up at different times and each person had breakfast

when they wanted, with some people eating mid-morning as they had got up late. We saw how staff were responsive to people's specific requests. During our visit one person has asked to have a curry for dinner, staff asked all of the other people whether they also wanted this meal option. When they had received confirmation of this, staff arranged for people to visit a local curry restaurant that evening for their meal.

Everyone had a care and support plan in place. We found that care plans contained comprehensive information and guidance for staff members about how to meet people's care and social needs. Staff had written these in great detail and provided a clear description of people that we were able to determine who people were without knowing them. One person told us that they were familiar with their care plan and thought that it was a good description of their care and support needs. People kept care records in their rooms and we saw that staff always asked people if they could look at them before making entries or reading them. A staff member explained that this empowered people and made sure that people knew what was written about them in their care and support records. We saw that staff members went through people's day with them, asking them what they had done and how they wanted staff to write about this.

There was clear information in plans written about how to help people with physical care needs such as personal care, mobility and eating and drinking. For individual care needs, such as guidance for managing behaviour that challenged or might upset others, there was also detailed enough information. For example, we saw in one person's records that their plan for this described events that may trigger the behaviour and clear guidance about actions staff should take to reduce it or calm the person. Care records contained information about people's wishes and preferences, such as food likes and dislikes, hobbies and interests that people had.

Staff members had a good understanding of how to respond to people if they became upset or distressed. They were able to describe to us the reasons for this and the actions they needed to take to reduce the person's distress. Care records showed that there was clear information for staff regarding how they should approach the person if they were upset or distressed, and actions they should take if this occurred. We saw that staff put this guidance into practice; they recognised when people were in situations that may distress them and helped resolve or change the situation. We concluded that staff had the skills and guidance to help people when they became distressed and reduce the impact this had on people.

People were involved in the review of their care and support plan and there was a strong emphasis of taking people's views into account. People told us that they were involved in the development and review of their care and support plans and they felt able to discuss with staff how they would like to be supported. A relative told us about the review of these plans that they had attended during our visit. They said that they and their family member were involved completely, although they did not feel the need to look at the plans as they were happy with the care their family member received. They were satisfied that staff would consult them on any big changes in their family member's care. We saw that staff spent a great deal of time helping the person understand the process so that they could obtain their views. This was done in a number of ways, through visual and written prompts, and through speech and sign language. It showed that staff were innovative in their use of a wide range of methods to ensure people's views of their care were understood and listened to.

People also told us how staff helped them to arrange and visit other places around the country and the world. One person had recently returned from a visit overseas and told us that they had really enjoyed the trip. Another person had visited holiday areas in this country with their family that staff had helped arrange. They told us that they were able to continue their regular activities, such as swimming, as staff were with them and continued to provide the level of care and support they were used to. Staff told us that they were arranging a visit for one person to a theme park overseas and another person had gone on a winter activities

holiday in the recent past. They described how the trips were organised and the work that went into making sure people were safe while away from the home. We saw that despite the level of work involved, staff made it their priority to arrange for people to have a holiday each year in a place of each person's choosing. These were excellent examples of people and staff working together so that the person could receive the care they needed and still enjoy a holiday experience.

People told us they would be able to speak with someone if they were not happy with something. They would approach the registered manager or deputy manager and they were confident that their concerns would be resolved. Relatives also told us that they would raise any concerns with the registered manager. Two relatives said that although they had not made formal complaints, they had raised issues and that these had been resolved to their satisfaction quickly. One relative also told us that their family member had raised concerns with the registered manager and had these resolved. Another relative said, "I am happy that [family member] is able to speak up."

We spoke with the registered manager about the complaints process. It was during this conversation that they explained how information in a satisfaction survey had prompted them to look differently at the complaints process. A person had commented that the complaints process expected people to contact staff or the organisation if they were not happy, although not everyone was able to do this. The registered manager developed a short, simple questionnaire for people and arranged to meet with them once a month to discuss whether they had any concerns. Both people and a relative also commented on the meeting and one person told us it was a meeting where they could tell the registered manager about anything that was worrying them. A staff member told us how the registered manager brought broad themes from their meeting with people to discuss at the staff team meeting. Staff were asked to 'problem solve' to identify how things might be done differently to achieve different outcomes.

A copy of the home's complaint procedure was available in a format that people living at the home could understand. This provided appropriate guidance for people if they wanted to make a complaint. The registered manager told us that complaints were immediately dealt with and we saw that only one complaint had been made in the previous 12 months. Records showed that they had not only acknowledged and responded to this, but had invited the complainant into further discussions to try to make changes before concerns were raised. We concluded that not only were complaints managed and dealt with properly but the registered manager actively encouraged people to raise concerns. This continued, even though people were happy living at the home, which made sure that their views would be heard and action taken to resolve them.

Is the service well-led?

Our findings

The home was run by an experienced and skilled registered manager who had been working there for over 12 years. The registered manager had led the home through a number of CQC inspections and visits where they had improved their performance and we had judged them to be fully compliant since 2012. We found the registered manager's leadership in the home to be excellent with a strong emphasis on promoting excellent care for people. Our discussions with people, their relatives and staff members showed that the registered manager inspired a positive, inclusive and open culture. When we spoke with people about the registered manager, they both smiled and said they liked them. Relatives told us that the registered manager was open and they could speak with them or the deputy manager at any time. One relative said, "Absolutely they listen, where possible they change the process and improve the procedures."

The registered manager was central in ensuring that good standards of care were implemented at the home. They told us that they worked to continually improve the service and provide an excellent quality of life for people who used the service. Feedback was regularly sought from people, through both informally talking with people each day and more formally through satisfaction surveys, reviews of care and meetings. We saw that the registered manager was available throughout the day and was visible in all parts of the home regularly. Staff members told us that the registered manager was always visible and available when they were at the home.

The service was well organised, which meant staff were able to respond to people's needs in a proactive and planned way. One staff member told us that they "Find a way for people to do what they want. There are barriers and you have to try to overcome them." Throughout our inspection visit we observed staff working well as a team, providing care in an organised, calm and caring manner. All of the feedback we received was entirely positive and people expressed great satisfaction with the care they received. We found that there were strong, respectful relationships between people living at the home and staff, and this went both ways. The staff team were enthusiastic and dedicated to their work. They were all extremely friendly and helpful throughout both days of our visit, despite this being disruptive to people and staff member's routines.

People told us that they were happy living at the home, that staff members looked after them well and that the home was a nice place to live. One person said, "It's a really nice place." Both people smiled broadly when we asked if they liked living at the home. A relative told us that their family member was very pleased with their decision to live at the home. Other relatives agreed with this and said that knowing the person was living in a home where they were happy had taken a lot of worry away from them. One relative told us that their family member was "Happy there, they regard it as their home. They're very relaxed there." Another relative told us of the positive emotional reaction their family member had when returning to the home after being away. They said, "When I bring [family member] back, they start laughing when they recognise the road near here." People, their relatives and staff all said that they thought the home was well run and that they would recommend it to other people to live or work in.

Staff members told us that although they had different roles, they all worked as part of the same staff team and their goal was to care for people well. One staff member said, "We work really well together." They went

on to say, "It's a really friendly place ... Who wouldn't want to work here?" Another staff member told us, "I couldn't be any more pleased with other staff, there's no cattiness and staff get on really well with each other." They went on to say, "We all really support each other. I really like working here." This staff member also said working at the home was "Friendly, enjoyable, there's a really positive atmosphere" and "I'm happy about coming to work and if I didn't have other commitments I'd be here more often."

We observed how staff worked together and found that they spoke to each other with respect they checked up on each other throughout the day. There was a caring and considerate ethos, promoted by the registered manager and this resulted in a compassionate staff team. They told us they felt well supported and that their work and time was valued. One staff member said, "It's a very welcoming place, people like to see me." They went on to describe the positive reaction by one person when they knew the staff member was working.

People benefited from staff who understood and were confident about using the provider's whistle blowing procedure. We saw information about this displayed in the home. Whistle blowing is where a member of staff can report concerns to a senior manager in the organisation or directly to external organisations.

We spoke with staff about the culture and ethos of the home. Staff members told us that they felt part of a team, they felt supported and they were encouraged to contribute to the running of the home. They had regular meetings, such as team meetings, where they were able to discuss changes around the home. One staff member told us they were encouraged to reflect on how they worked and whether they could change anything for the better. They told us that the registered manager and deputy manager were both very approachable and that they could rely on them for support and advice. One staff member described the registered manager as "Firm but fair at the same time. She's all about the people, she fights their corner. The [people who live here] are the centre of everything." They went on to tell us that the registered manager was focussed on developing and improving the service for people. Another staff member described the registered manager in similar terms, saying, "She's very supportive, she's lovely. Not too soft and makes sure things are done, she's wonderful. Runs it (the home) very, very well."

The registered manager and staff showed their commitment to continually improving the quality of the service people received. The system of monitoring and assessing the quality of the service was well developed and ran alongside the day to day running of the home seamlessly. Relatives and staff told us they thought the home was very well run. One relative told us, "They're very pro-active in getting their [people's] views." This showed that people were very happy with the home, how it was run and how they were cared for. We saw that where an issue had been raised it was clearly recorded that the registered manager had taken action. For example, one person had raised a concern that people had to negotiate the home's complaints system to make a formal complaint. The registered manager had taken the action to develop a short questionnaire and to meet with people each month to give them the opportunity to relay any concerns they had or to talk about anything they were not happy with. Although no issues had arisen since they had started this, the meetings and questionnaires continued to make sure people had the opportunity to share their views.

Relatives told us that there were no formal questionnaires each year to obtain their views of the service. Instead, they were invited to coffee mornings throughout the year to discuss their thoughts on how the home was run and to update them on any changes in the organisation.

We found that monitoring systems were well established and used for evaluating information about the service. These systems were supported by a wide range of audits and reviews, which focused on improving the service for people and making sure they had positive outcomes. They were carried out by a number of

different staff within the provider organisation. When we spoke with staff members they were also familiar with the monitoring systems, how these were carried out and how the information identified in them was fed back to staff. The registered manager described the monitoring process that was used at Mill Lane. An organisational compliance check was carried out to look at whether records and checks had been completed. Any deficits in this check were relayed to the registered manager to rectify. The registered manager completed their own quality assessment, which looked at how the home was performing in relation to a range of questions similar to the questions we ask during our inspection. They had identified a few areas for improvement, such as the relooking at people's experience of dignity and respect, and which staff member was responsible for taking the action needed to improve. The registered manager told us that people living at the home and staff had developed dignity day in response to this, which included a management consultation and where they invited staff and people's relatives to talk about what dignity meant to them.

The home was part of a company consisting of 35 care homes and domiciliary care services nationally. Managers from the same area met each month to share important information from Scope and to discuss how their services were running. This provided them with the opportunity to ask their colleagues advice and to ensure messages were cascaded on in the same way across the area. Managers from the area had also developed a weekly telephone contact and used this working relationship to discuss individual issues, obtain a different perspective and ideas about how to resolve. This meant that a 'fresh pair of eyes' were looking at problems, and how they may be resolved and managed.

We looked at accident, incident and complaint records for trends or themes from these. We found that there had been no incidents or accidents. The registered manager had identified that they were not able to carry out an analysis for trends and themes, and had instead looked to the wider organisation for these. They had found that an incident had occurred at another service and presented the information to staff members at a team meeting. Staff were asked to think about how to prevent a similar incident from occurring at Mill Lane. One staff member told us that they had been asked to reflect on their working practice and whether any changes could be made to ensure people's safety.

Staff confirmed that they received excellent support from the registered manager and it was obvious that they held her in high regard. They confirmed that they received a wide range of varied training that gave them the skills and knowledge to carry out their roles. They showed us an excellent understanding of the ethos and values of the home in the way that they interacted with and cared for people. Staff members told us that it was a "Very well run home" and the registered manager listened and acknowledged what they said.