

Millennium Care Services Limited

30 Sunnyfield

Inspection report

30 Sandringham Court
Streethouse
Pontefract
West Yorkshire
WF7 6GG

Tel: 01977798181

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06 July 2017

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Ratings

Overall rating for this service

Outstanding 

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?

Outstanding 

Summary of findings

Overall summary

30 Sunnyfield provides care for up to three people who have a learning disability. The service helps assist people to live fulfilling lives and to become more independent. There were three people living in the home when we visited. The home has three floors. There is a self-contained flat on the ground floor, a lounge and kitchen/dining area on the second floor, two bedrooms and a bathroom on the third floor. There is a garden to the rear of the property.

The inspection took place on 12 June and 6 July 2017. The first day of the inspection was unannounced. We returned announced for a second day as two of the people who used the service were away on holiday on the first day.

An experienced registered manager was in post. 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.

At the last inspection in November 2014 we rated the service as 'Good' overall, with the 'Is the service responsive?' domain rated as 'Outstanding.'

At this inspection we found the 'Is the service responsive' domain maintained its 'Outstanding' rating. In addition, we found further outstanding practice relating to leadership and management, and also rated the 'Is the service well led' domain 'Outstanding'. This meant we were able to rate the service as 'Outstanding' overall. We found strong evidence the service actively sought the views of people using the service through innovative methods, fully involving them in governance, quality and knowledge sharing. We found an extremely dedicated and knowledgeable management team committed to ensuring people were able to live as fulfilling lives as possible. Staff showed consistent attention to detail which meant people received an outstanding level of care and support that was completely centred on each individual's needs. This promoted people's health and wellbeing and enhanced their quality of life.

People said the standard of care and support was excellent and they were extremely well cared for. People spoke very highly about staff, the support they received and opportunities available to them. People had developed exceptionally strong relationships with staff, felt able to confide in them and saw them as role models. Staff including management knew people very well and consistently helped them achieve their dreams and aspirations.

The service fostering strong links with the local community. This empowered people to be involved in events and activities which took place in the local area. People were enabled to undertake voluntary work and encouraged to develop friendships with others. Due to the resources available and dedication of the staff team, people had access to an exceptional range of activities. These helped people achieve their dreams and build self-confidence.

The service was exceptional at helping people develop their independence through a series of well thought out goals. People were fully involved in the planning and setting of these goals. People's achievements were celebrated by the service to help build further confidence.

There was a highly person centred culture within the service which ensured that people were put at the heart of everything. Staff were passionate about providing highly flexible care and support based on people's preferences and preferred daily regimes.

People were involved to the maximum extent possible in their care and support arrangements. People were knowledgeable about their plans of care, future goals and activities. People were encouraged and supported to be actively involved in the running of the service. People chaired meetings, attended internal and external events and disseminated learning and knowledge from these to staff and the other people they lived with.

The service worked well in partnership with other organisations to help ensure they kept up-to-date with best practice in learning disabilities care. People were also fully involved in this process. The service had contributed to best practice through developing a bespoke training tool.

Care planning was comprehensive and was subject to regular review, fully involving people in this process. Staff had a positive approach to risk taking and enabled people to live as full lives as possible yet understood how to balance this with people's safety.

There were enough staff deployed to ensure people received safe care and regular supervision and support. Staff were recruited safely to ensure they were suitable to work with vulnerable people. Staff received a range of training and support relevant to their role. This was continually developed to keep up to date with changes in best practice.

The service was acting within the legal framework of the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS). People were fully involved in decision making processes and capacity assessments were undertaken where staff had doubts over people's understand.

Medicines were managed safely and people received their medicines as prescribed. Risks to people's health and safety were assessed and clear and detailed risk assessments put in place. Staff understood how to keep people safe and how to identify or raise any concerns.

The management team were highly visible and known to people who used the service. People and staff all said the service was well led and that morale was good within the service. A range of audits and checks were undertaken by management to help continuously improve the service. People had been involved in auditing, checking quality against Care Quality Commission standards. People's feedback was regularly sought and used to help make improvements to the service.

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 consistently received their medicines as prescribed. Clear records were kept of the medicine support people were provided with.

Staff understood how to keep people safe and had received training in safeguarding vulnerable adults. Risks to people's health and safety were assessed and people were fully involved in this process.

Staffing levels were suitable to ensure people received a high level of care and support. Safe recruitment procedures were in place to help ensure staff were suitable to care for vulnerable people.

Is the service effective?

Good ●

The service was effective.

Staff had the right skills and knowledge to care for people. They received regular training which was relevant to their role in learning disabilities care. Staff received regular supervision and support.

The service was acting within the legal framework of the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS). People were involved as much as possible in decisions relating to their care and support.

People's healthcare needs were assessed and detailed plans of care put in place. People were supported to attend appointments including annual health checks.

Is the service caring?

Good ●

The service was caring .

People valued their relationships with people and said they were always supported with a high level of kindness and compassion. People and staff had developed strong relationships with people

based on shared interests and activities.

There was a person centred culture within the home which put people who used the service at the heart of everything. Daily routines were based around people's individual preferences.

The service was effective at helping people to increase their independence, through a series of well thought out steps. People were fully involved in this process.

Is the service responsive?

The service was exceptionally responsive.

People described the standard of care and support as excellent and said they were extremely well cared for.

The service took a key role in the local community, empowering people to become involved in local events and activities. People had access to an exceptional range of activities and the service helped people achieve their goals, aspirations and dreams.

People were involved in their care and support to the maximum extent possible. Innovative ways were used to involve people in all aspects of the care and how the service was run.

Outstanding 

Is the service well-led?

The service was exceptionally well led.

Feedback about the service from people, staff and health professionals was exceptional, describing the service in the best possible terms. There was a highly person centred culture within the service with people put at the heart of everything the service did. Well defined visions and values were in place which the service was true to.

Management and staff knew people very well and involved them to the maximum extent possible in their care and support. People were encouraged and empowered to be involved in the governance of the service.

The service including people who used the service worked in partnership with other organisations to help ensure they adhered to best practice guidance and continually improved

Outstanding 

30 Sunnyfield

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.

The inspection took place on 12 June and 6 July 2017 and was carried out by one adult social care inspector. The first day of the visit was unannounced. On the second day of the visit we gave the provider a small amount of notice we would be returning to ensure we could speak with everybody who lived in the home.

Before the inspection we reviewed the information we held about the service. This included looking at information we had received about the service and statutory notifications we had received from the home. We contacted the local authority safeguarding and commissioning departments to get their views on the service. The service had completed a Provider Information Return (PIR) which is a document which tells us about the service, what it does well and improvements it plans to make. We used this to assist in the planning of the inspection.

We used a variety of methods to gather information about people's experiences. We observed care and support in the communal areas of the home. During the inspection we spoke with all three people who used the service. We looked at the way people's medicines were managed, examined two people's care records and viewed other records relating to the management of the service such as maintenance records and meeting notes. Staff files and training records were reviewed. We looked around the home in people's bedrooms and the communal areas. During the inspection, we spoke with the registered manager, area manager, two senior support workers, and two support workers. We also received feedback from a health professional who worked with the service.

Is the service safe?

Our findings

Medicines were managed in a safe way. People told us that staff provided them with appropriate support with their medicines on a daily basis. Staff had received training in how to administer medicines safely and a meaningful competency assessment of their abilities was carried out annually which helped ensure staff retained their skills. This was comprehensive and focused on staff's understanding of all the medicines people were prescribed, the reasons they took them and their side effects. At the time of the inspection nobody had been assessed as being able to manage their own medicines in their entirety, although some people assisted in the process to help develop independence. For example, one person was supported to select the correct medicine from the medicine store under staff supervision to promote understanding of the medicines they took. This process was subject to risk assessment to ensure it was safe.

We looked at Medicine Administration Records (MAR) charts which were well completed indicating people received their medicines as prescribed. Stock balances were recorded and regularly checked to ensure all medicines were accountable for. Where people were prescribed 'as required' medicines, clear protocols were in place to support their safe and consistent use. Medicines were stored safely and securely and regular checks were undertaken on the medicines management system to ensure it continued to operate in a safe way.

People we spoke with said they felt comfortable and safe living in the home. One person said, "I have no concerns about anything, because I have done so well. I look after them they look after me." Staff had received training in safeguarding vulnerable adults and had a good understanding of how to identify and act on any allegations of abuse. Information on how to raise concerns was situated throughout the premises to remind staff on the procedure to follow. People and staff were encouraged to raise concerns through various means. For example, safeguarding was discussed at all house and staff meetings. There had been no recent safeguarding incidents within the service and our discussion with staff and management provided us with assurance that the correct procedures would be followed should an incident occur. Safeguarding training was provided to staff and management and was subject to regular revision based on changes to local and national guidance.

Risks to each person and any risks they posed to others were fully assessed and comprehensive risk assessment documents produced which provided a full account of the risks and how to help ensure they remained suitably managed. These were subject to regular review. Staff we spoke with had a good understanding of people's safety and how to protect them and others from harm, as well as maximising their freedom and independence. People were actively involved in discussions about risk and independence. We spoke with a person who was able to describe their plan of care, understood the areas where they needed supervision and the reasons why, in order to keep them safe. This demonstrated they were fully involved in the risk assessment process.

The area manager and registered manager demonstrated to us how they were constantly assessing the balance between risk and freedom, to ensure this was right for each person. This included gradually relaxing supervision when people went out into the community to given them more independence whilst taking care

to ensure risks associated with them being on their own were carefully monitored. People who accessed the community alone were enrolled on the Safer Places Scheme. The Safer Places Scheme is a voluntary scheme that aims to assist vulnerable people with learning disabilities, autism and dementia to feel safer when travelling independently. This had been done in conjunction with the local community to ensure recognised safe spaces were available should people need help whilst out on their own.

Incidents and accidents were recorded and we saw action was taken to investigate any incidents and help prevent a re-occurrence. We looked at incident records which showed a low number of incidents with no concerning trends or themes. People and staff told us they were not aware of any significant incidents or accidents occurring within the service.

There were enough staff deployed to help ensure people were kept safe. People said the service was always well staffed. One person said, "Always enough staff and they are always around should they be needed." Staff also told us staffing levels were consistently maintained at safe levels. The provider also ran two other services on the same street, and staff who worked at these services could be utilised to cover any sickness or other absence. Staffing levels enabled people to receive a high level of support and social opportunities. During the inspection we saw staff were highly visible and available to provide care and support to people and help them access the local community.

Safe recruitment procedures were in place to help ensure staff were of suitable character to work with vulnerable people. This included ensuring staff completed an application form and proved their identity. Staff were interviewed twice, the second interview involving a person who used the service. This helped ensure people were involved in the selection of new staff and got a say on whether they thought potential candidates were suitable to support them. Employment offers were subject to satisfactory references and a Disclosure and Barring service (DBS) check. New staff were subject to a six month probationary period during which time they received a range of training. Staff skill and knowledge was subject to continuous review to help ensure people were supported safely.

We looked around the premises and found it was safely managed and suitable for its purpose. Each person had a suitable amount of communal and private space in which they could spend time. People spoke positively about their accommodation and told us they had everything they needed facilities wise. One person described the building as "spot on." The building was kept well maintained with decoration and furnishings in good condition. Two people's rooms had been recently decorated whilst they were on holiday to minimise disruption to their routines and ensure their safety. Both people said they had been fully involved in choosing the colour schemes and were very pleased with the end results. Checks on key safety aspects of the building took place. For example to the gas, fire, electrical and water systems to help ensure the building continued to operate safely.

Is the service effective?

Our findings

People said staff had the right skills and knowledge to support them. They all described staff as "very good" or "excellent." They said staff were knowledgeable about their needs and preferences and interests.

Staff received a range of training relevant to their role which was constantly developed and revised by the management team to ensure continuous improvement of workforce skill. Staff we spoke with said training was effective and gave them the necessary skills to undertake the role. This included new staff who had no previous experience in care. Staff we spoke with demonstrated a good knowledge of the people and topics we asked them about demonstrating training was effective.

New staff without previous experience completed the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. The service had identified that the Care Certificate needed to be made more relevant to the principals of the learning disability sector and had created its own bespoke tool to assist people to complete ensuring their learning was focused on learning disabilities care. This helped provide assurance that staff received a comprehensive induction relevant to their role in care. We saw staff were also supported and encouraged to achieve level 2 and 3 qualifications in health and social care.

Staff received regular training updates and management used a training matrix to help keep track of when training required refreshing. This included topics such as medication, moving and handling, safeguarding and equality and diversity and fire safety. Training was also provided in topics relevant to the people they were supporting. This included learning disabilities, care planning, autism, mental health, relationships and behaviours that challenge. The matrix demonstrated the majority of staff training was kept up-to-date. Training needs were consistently assessed and reviewed. For example, health training had recently been provided to staff as it had been identified by management that there were some gaps in staff knowledge in this area.

Staff including management received regular supervision, appraisal and support. These were an opportunity for quality issues to be discussed as well as providing a support mechanism for staff. Following supervisions, action plans were produced which were regularly monitored to ensure any areas for improvement were actioned. We saw these were detailed and comprehensive. New supervision paperwork was being introduced into the home to integrate reflective practice into the supervision process. Staff told us they felt highly supported by the management team.

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 authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). 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. People reported no restrictions and we saw care and support was provided in the least restrictive way possible.

Everybody living at the home had been assessed as having the capacity to consent to living in home and there was a low level of restrictions placed on people. As such no DoLS were in place. People's capacity to understand and make decisions relating to each element of their care and support was regularly assessed and used to inform the development of care plans which provided people with maximum freedom whilst helping to keep them safe. Where people lacked capacity to understand specific, complex areas of their care and support, detailed mental capacity assessments were in place. These showed people were involved to the maximum extent possible and decisions were made in their best interest. Staff and management had received training in the Mental Capacity Act and they understood the principals of MCA indicating this training had been effective.

People were supported to maintain a healthy diet. Whilst people could choose what to eat on a daily basis, a weekly menu had been drawn up in agreement with people to provide structure and a varied, balanced diet. We saw people had access to a varied and nutritious diet and were involved in the shopping, preparation and cooking of food. Two people who used the service had goals to lose weight. Staff supported people with healthy eating options, and one person had been supported to purchase a soup maker to allow them to make fresh, healthy soups. We saw both people were losing weight in line with their goals which showed this plan was effective.

People's healthcare needs were assessed and appropriate plans of care put in place for staff to follow. These were detailed and person centred. Each person also had a health action plan, providing clear information on the support they needed help keep healthy. People received annual health checks which are important for people with learning disabilities to help improve health outcomes in the sector. We saw the service regularly liaised with external health professionals which included psychologists, dentists and when people had required help and support in these areas. Hospital passports were also in place, a document summarising people's care and support needs which could be given to the hospital should they be admitted. This aimed to reduce distress and ensure people's care needs were known by hospital staff.

Is the service caring?

Our findings

People spoke in a highly positive manner about the staff who provided their care and support. Comments included; "Staff are very, very good," "My keyworker is absolutely wonderful" and "Staff are friendly, kind and genuine, I respect them all, I do, really, really good staff", and "Absolutely spot on, very friendly." A health professional described staff as "very approachable and accommodating."

Staff had developed strong relationships with people and people truly valued the relationships they held with staff. People felt really cared for and said the level of support from staff was excellent. One person said, "I treat them like my second family, I look after them and they look after me." Another person said they were so grateful and "proud" of their support worker, because of the positive way they had sorted out a recent problem they had whilst out doing an activity. They said of staff, "They really do everything they can for me." Staff and management all knew people very well and were knowledgeable about their needs and preferences. Several of the staff including the registered manager, had worked with the people for over ten years. This meant staff knew people extremely well. This was evident from our conversations with people, where they recalled past memories of events such as past activities they had enjoyed with staff. We observed people confiding in staff including the registered manager about their concerns or anxieties, showing people truly trusted staff and valued and respected their opinions. Staff responded in a thoughtful and patient manner, providing people with advice and emotional support. It was clear people had a great deal of admiration for staff, seeing them as role models and fully respecting their opinions and views. For example people said of staff "hilarious", "very respected," "top quality" and "so proud of her."

Each person had an assigned key worker who provided a key point of contact for the person. People we spoke with knew who their key workers were and it was clear from their responses and our observations that they felt able to closely confide in them about a range of issues relating to their care and support. Staff in that role were able to confidently describe what being a key worker meant for the person which demonstrated the role was meaningful and effective. Staff demonstrated the care and support they provided was very person centred revolving around understanding people and their views. One staff member said, "It's like a little community, we make sure they feel they can always approach us and discuss any problems. If anything is wrong we sit down and sort the problem out."

We saw staff engaged with people at every opportunity, listened and were interested in what people had to say. Staff knew people well as individuals and were able to tell us about their wishes and preferences in a way that showed it was clear people mattered. During our observations, we saw staff consistently interacted in a positive manner with people, having the time to spend with people, providing companionship and sharing jokes. We heard friendly conversation, joking and laughing between staff and people about taking turns making cups of tea. One person told us how they loved having a laugh with staff and that they were "hilarious." We saw staff and people who used the service were all sat on sofas in the living room chatting. The atmosphere was relaxed, friendly and inclusive. Conversation focused on a range of topics including people's lives and their plans for the day.

The service was effective at helping people to maintain contact with their family and friends. People's

families were encouraged to visit and arrangements had been made for one person's family member to stay at the service to ensure they could spend meaningful time with the person. Twice a year a family day was held, where an event such as a barbeque was held to encourage people to maintain relationships with their families. Activities run by the provider helped people from different locations mix and develop friendships. One person had developed a close personal relationship with a person who used another service run by the provider. The person explained their friend was welcome to visit the service and confirmed events were held to encourage them to meet and spend time together. Staff said they thought they were excellent at "encouraging relationships."

The service was effective at empowering people to gain independence. This was evidenced through discussions with people, staff and health professionals. One person told us, "They are really helping me to build independence so I can move forward." Staff demonstrated to us a passionate commitment to working with each person to maximise their potential. We saw how people's independence and confidence had been slowly built up. All three people had clear independence increasing goals, to be achieved through a series of well thought out steps allowing them to slowly increase the complexity of tasks and/or duration of time spent alone. For example with regards to cooking, medicine management and spending time alone in the community. People were very knowledgeable and motivated about these, showing they had been fully consulted and involved in the process. Care planning focused on increasing people's independence and life skills in a structured way. People were encouraged to take responsibility for aspects of their medicine support, signing MAR charts and selecting medicines. People were encouraged to cook for their fellow housemates and undertake cleaning and other tasks within the home.

People reported control over their lives and said they were able to do as they pleased within reason. They said they felt listened to and had plenty of opportunities to voice their opinions. During the inspection, we saw staff constantly listened to people's views and helped them make social plans based on their preferences. A staff member said, "Our job is to make their lives as fulfilling as possible. They choose activities and choose what they want to do and we make it happen." Advocates were available to people, and the different type of advocacy services were explained to people through service user meetings to promote understanding. A charity had visited the service to explain people's voting rights in recent elections and help them make an informed choice over whether they wanted to vote. People were empowered to discuss issues, through chairing their own house meetings and attending various internal and external meetings with other organisations within the local health economy.

Is the service responsive?

Our findings

At the last inspection in November 2014 we rated this domain outstanding. At this inspection we found outstanding practice had been maintained.

Without exception people all described the care and support they received as excellent and said they felt extremely well cared for. They said their lives, opportunities and confidence had improved since living in the home. One person said, "They are doing a really, really good job looking after me. Since day one they have looked after me so well." Staff gave examples of how detailed and well thought-out care and support regimes drawn up with individuals had led to the development of confidence and decreased reliance on staff for personal care. Staff demonstrated to us they were very proud of people's achievements and were consistently dedicated to helping people continually better themselves. A health professional told us people had achieved very positive outcomes through robust care planning and that people had been involved in decision making to the maximum extent possible.

We looked at two people's care records. Each file had a section where people had written down what was important to them, how they wanted to be supported and what people admired about them. This demonstrated people had been fully involved in the creation of their care plans. The home used the Millennium Outcomes Assessment Tool (MOAT), which covered all the domains in a person's life assessing where they are now, where they want to be and what they want to work on. Care plans developed from the MOAT focussed on people's strengths and provided detailed information about the care and support people required from staff to achieve their goals. Daily records completed at each shift showed how support was given in accordance with each individual care plans and demonstrated a strong focus on ensuring plans of care were met. Monthly reviews were detailed and monitored people's progress in achieving their care plans. People told us they were aware of their care plans and had regular discussions about all aspects of their care.

The service was excellent at empowering people to set and achieve goals. Goals focused on maximising people's independence and building self-confidence. Goals were broken down into a series of small and achievable steps and we saw evidence this method had been highly effective in helping people to positively develop. For example, one person was being supported to achieve more independence in the community. They had achieved initial steps such as safely crossing the road on their own and then moved onto going to the local garden centre alone. A visit to the local town centre was planned next. Detailed thought and care planning had gone into how this could be safely achieved. Staff spoke passionately about the plan and had an excellent understanding of next steps needed to help the person progress. The person said about their plan of care, "I have no concerns about anything as I have done so well [developing]." Two people had set goals around weight loss and the service had worked with them to develop a holistic plan which looked at areas including exercise, activities and diet. We saw this approach had been effective and had helped both people lose weight over recent months. We spoke with people about their goals. They were all very clear about what they were and the next steps they needed to take, showing they had been fully involved in the process. Goals were evaluated monthly and without exception staff and management were both very knowledgeable about people's goals.

The service was passionate about celebrating the goals and achievements of people living at the service. Staff were genuinely proud of the achievements people had made, speaking with pride about people's success stories. People also spoke positively about their achievements, and it was clear they had been praised by staff which had helped build confidence. The registered manager had set up a "Glimpse of Brilliance" book. This was a booklet showing a chronological journey through the year for the service and people who lived there. It included pictures of people's achievements including holidays and meeting goals. It was evident from viewing this that the service was exceptional at helping people achieve goals and ambitions. In addition, a "good stories" bulletin was produced which was displayed and disseminated throughout the provider's services. This again celebrated people's achievements, such as the pride one person had felt in being supported to lay a poppy wreath at the local war memorial and charity events people had taken part in. People were aware and had consented to their stories being shared through these methods.

Staff were matched to support people based on people's preferences. For example, people could choose which staff took them on activities and the registered manager would make every effort to make this happen. This showed a highly person centred approach to care and support. Where people did not have a strong preference of who supported them, staff were matched to people based on shared interests and abilities. For example, one person liked to go fishing and the person had been matched with staff who enjoyed this activity. Another person supported a local rugby league club and a staff member who was also a fan and had contacts within the club was matched with them. Their contact with the club enabled the person to meet players and the club mascot. These systems helped staff foster positive and meaningful relationships with the people they supported and allowed people's enjoyment of activities to be maximised.

The service took a key role in the local community encouraging people to build links and relationships with local organisations and supporting people to engage with services and events outside the service with the aim of increasing employment opportunities. Many of the activities people undertook involved close work with the local community. For example, one person had a keen interest in gardening and links had been developed with the local memorial gardens where they attended weekly to undertake a voluntary gardening job. The person told us they enjoyed the occupation and social opportunities that this brought. The person had also been supported to represent the service, manning a stand at a local expo to help raise awareness with local businesses about the need to increase employment of people with learning disabilities. We spoke with the person who said they had enjoyed engaging and talking to people to help them understand their lives. People were also encouraged and supported to fundraise for charities who worked with people with learning disabilities. For example, one person who had a keen interest in cycling had been supported to undertake a sponsored cycle between five of the provider's services located in different towns to raise funds for a charity. This had been a great success raising money and resulting in positive memories for the person.

People had an exceptional quality of life and enhanced sense of wellbeing and care and support was highly person centred. Staff were constantly looking at ways to optimise the experiences and activities people had access to. The provider ran 47 activity groups which people could access and mix with other people across the services as well as undertaking any activity they liked with their regular support staff. These included rock climbing, five a side football, walking and photography. One person said, "I can see all my friends, got loads of friends here [within the provider.]" Two people attended a weekly walking group which visited locations throughout Yorkshire, which as well as providing meaningful activity, helped people stay fit and healthy. One person told us how they liked to attend the weekly fishing group. A pub night was held once a week, where a room was hired out and people across the service attended to increase interaction and reduce the chances of social isolation. Staff helped people's dreams and aspirations become a reality. One

person told us how staff were helping them to plan a deep sea fishing trip off the Yorkshire coast. Staff supported people to go on holiday, two people had recently come back from trips away which they both said they thoroughly enjoyed. We saw people had attended recent events such as an Elton John concert, hospitality events at local sports clubs, and wrestling. Staff were dedicated to ensuring people had the best experiences possible, for example helping a person to source last minute tickets for a popular concert.

The service was highly flexible and responsive to people's individual requests. For example, one person announced on the first day of the inspection, they wanted to go on a trip with a friend who lived in another service. Staff arranged this immediately and the next day they visited a wildlife park. We spoke with the person who said they had thoroughly enjoyed it and proudly showed us photographs from the activity. This showed a responsive and very person centred service.

We saw people actively in discussion with staff about future activities and events. Staff were good at suggesting ideas and helping people plan these events. Staff were able to describe the positive impacts of ensuring people had fulfilling and interesting lives, including positive impacts on their mood, behaviour and confidence. People knew their routines well and were confidently able to describe to us the range of activities they participated in. People were kept informed to the maximum extent possible. For example, one person explained to us how they knew in detail about changes in their future routine. They had agreed to cancel a regular weekly activity scheduled in several weeks' time to ensure sufficient staff were available for the Summer ball which would be taking place the same week.

The service used a variety of methods to involve and empower people in their care and support. People were involved in the recruitment of staff, asking their own questions to potential candidates at a second interview and influencing who was recruited to the service. People were supported to chair and run their own house meetings with staff there only to offer support and direction. People attended and co-chaired the Millennium inclusion group which was a provider level meeting where representatives from each service as well as managers discussed a range of topics about people's care and support, as well as safety, and leadership issues. People escalated issues from house meetings to this meeting and disseminated knowledge gained back to the house. People had also been supported to attend learning disabilities meetings and events run by the local authority to maximise their involvement in the local health and social care economy. The service had recently commissioned a film director to produce a short film promotional video with people who used the service. This involved people sharing the activities and opportunities available to them at the service, to help promote the service through the eyes of people who used it.

People all knew how to raise concerns and complaints and had various mechanisms to do so, including informal discussions with staff, management and through the meetings they chaired and attended. A system was in place to listen, record and act on complaints. Information on how to complain was on display in an easy read format throughout the service with photos of the registered managers and senior managers to ensure people could identify and approach them to raise concerns. People were encouraged to raise concerns through various mechanisms including one to one meetings, house meetings and informal means. We saw there had been no formal complaints received about service since the last inspection.

Is the service well-led?

Our findings

People who used the service and the health professional we spoke with said the overall standard of care was excellent and that positive health and support outcomes had been achieved. People consistently said the service had helped them achieve their goals around varied and meaningful activity and independence. They said they had no concerns over any aspect of care and support within the home. One person said, "Top marks, I would give it 30 out of 30." Staff were proud of the work they did with people and the things they had helped them achieve under their care and support. Without exception, they demonstrated they were truly committed to ensuring care and support each day fully revolved around people's needs, preferences and ambitions.

Management led by example, in creating a highly person centred culture placing people at the heart of the service. Daily routines in the home focused entirely around people's wishes and preferences and management were heavily involved in this approach, constantly listening to people and co-ordinating staffing resources and planning activities and events around people's requests. Staff said the management team was very effective and extremely approachable and as a result morale was excellent. One staff member said, "Really proud to say I work here, I love my job." The management team was very visible and accessible to people who used the service. It was clear they spent a lot of time with people and knew them well as they demonstrated an in depth knowledge of the people they were caring for, their needs, the risks associated with their care and their goals and objectives. We observed people confided in the registered manager about their concerns, ambitions and future activities. The registered manager responded positively, fully listening to people, making suggestions and offering emotional support. One person told us that staff supported them to go on holiday twice a year and they always had a chat with the registered manager about where to go and they helped them plan it. Another person said to us, "[Registered manager] is a really, really good manager. I have respected him since day 1. He has taken me on holiday and he is doing a really good job making sure we are safe and sound." The person went on to describe the admiration they also had for the area manager who also demonstrated they knew and understood people very well. Another person said of the area manager, "Very kind, polite, known her for ages." A staff member said, "Never known a service where management are so involved with the service users, as here." This showed a highly accessible management team very connected to people's individual lives.

The service had a set of well-defined aims, objectives and values focusing on helping people realise their potential and making a difference to their lives in an inclusive way. Staff and people who used the service were actively involved in ensuring the service was true to its values. For example, at a recent meeting attended by both people who used the service and staff, everyone was asked to describe their views on the service to assess whether the service was true to its values. The results were very positive with people and staff both speaking about the service and its work in very high regard and concluding the service was true to its values. For example people had concluded the service "made a difference to people's lives" and "had the right work ethic". This demonstrated the service recognised the importance of clear visions and values and placed people at the heart of discussions about them. Our observations of care, discussions with people, staff and review of records demonstrated the service was highly effective in meeting these values, making a difference to people's lives and helping them to reach their potential.

The service was extremely thoughtful about how to enrich the lives of people living in the home. Staff including the registered manager and area manager demonstrated they cared deeply about people and were highly passionate about providing the best possible experiences for people. The provider's range of facilities greatly enhanced people's opportunities. For example, they owned a resource centre which gave people access to 47 regular activity groups who had the resources to ensure activities such as fishing, wall climbing, golf, football and walking had the right equipment and expertise to ensure people got the maximum benefit from these. These helped people build confidence, developing skills, friendships and strong links with the local community. These centralised activities were complimented by any other activities people wanted to do with their care and support workers on a 1-1 basis. People spoke very highly of the opportunities available to them. One person said, "The support is great, I can do anything I want within reason".

The service used innovative and creative ways to empower people to be involved in governance and quality, providing numerous ways for them to voice their opinions. The service had worked with people who used the service to map its performance against the Care Quality Commissions (CQC) key lines of enquiry. One person explained to us how they were asked questions such as whether they thought the service was safe and the reasons why. People then selected pictures to represent the current quality and a report was made up of the provider's performance. As well of giving people an understanding of the CQC's inspection process, this empowered people to be involved in audit and quality checking of the service. We spoke to one person about this who told us they had thoroughly enjoyed the work and demonstrated they understood what they had contributed to. They told us the area manager had taken them out for a meal following the work to thank them for the hard work they had put into the project.

People were also actively involved in governance through several other mechanisms. People chaired their own house meetings empowering them to take control over the agenda and areas for discussion. A provider level meeting was held called the Millennium inclusion group. One person from the service sat on this where a range of topics were discussed. The person explained to us how they escalated issues from house meetings to this meeting and disseminated learning and knowledge back to their peers through house meetings. Staff also attended these meetings with one staff member stating "we are at these meeting 'to support, not lead.' People had also been supported to sit on groups run by the local authority, these included the patient experience group and Learning disabilities partnership board. People confirmed and minutes showed that people were then supported to share local updates from these meetings to their peers at either the house meetings or Millennium inclusion group. As well as involving people in governance, this helped people develop life and work skills and build confidence.

The service including people living in the home worked in partnership with other organisations to make sure they kept up-to-date with best practice and provided a high quality service. They did this in an imaginary way fully involving people in this process. For example, one person who used the service sat on a local authority partnership board, reviewing local health action plans and helping develop and set up screening for people with learning disabilities, updates on practice were then shared with both staff and other people who used the service by the person with the support of staff. At the Millennium advocacy group, external visitors including trading standards, the fire service and experts in staying safe in the community had been to talk to people about safety related matters. People then disseminated knowledge learnt to staff and their peers through house meetings. A person who used the service told us they had attended a session by trading standards and now knew how to look out for fake goods such as cigarettes. This showed that the service helped both people and staff build up knowledge and expertise in creative ways.

The service used innovative methods to enhance skills and develop its workforce. Management had identified that the Care Certificate undertaken by new recruits needed to be better linked to the principals of

learning disabilities care. It had created its own bespoke tool to do this called 'The Millennium Map.' This linked Care Certificate standards to specific knowledge, practice and further role specific training staff needed to ensure staff had a broad understanding of learning disabilities care. The area manager told us this tool had helped ensure induction training provided an increased focus in key topics relevant to learning disabilities care such as non-verbal communication. Due to the success of the mapping tool, it had been shared with the local authority who were keen to share with other services as an example of good practice. Management staff had attended a 'Safeguarding Week' run by the local authority where seminars and discussion had been given to update care providers as to the latest best practice in areas such as child sexual exploitation, alcohol, self-neglect and changes to legislation and local safeguarding procedures. Following this, the management team had written a report on learning from the event and used it to make changes to the provider's internal safeguarding training. This demonstrated a service actively seeking to improve and keep up to date with best practice. The management team worked closely with other organisations and professionals, for example the area manager sat on the local partnership board for transforming care.

The provider was strongly committed to continuous improvement. The registered manager and area manager both spoke passionately about the service demonstrating they were constantly looking at ways to further develop and improve the service. Training for the management team and staff was continually developed and reviewed. An advance social worker practitioner worked with the service two days a week to develop expertise through providing training, and clinical supervision to members of the management team. Managers had recent received detailed training on how to reduce discrimination and retain talent within the service. Staff and management both received in-depth supervisions to maximise staff performance. We looked at records which were very detailed, including actions to help staff achieve their maximum potential.

A range of audits and checks were undertaken to help assess, monitor and improve the service. Monthly medicine audits took place and clinical file audits took place to ensure care plans and health files reflected people's needs. The area manager undertook an overall general audit against CQC standards on a regular basis, providing assurance to senior management on how the service was operating. An annual audit was also undertaken by a service directors. We saw evidence audits were detailed and were effective in identifying issues and driving improvement through action plans. Monthly staff meetings were held. These were very detailed and minutes demonstrated people and their care and support were at the heart of these meetings. Minutes demonstrated discussions took place over healthy eating, goals and healthcare needs and choosing holidays. This demonstrated a person centered approach fixed on ensuring the best possible outcomes for people.