WCS Care Group Limited

Mill Green

Inspection report

Newbold Road
Rugby
Warwickshire
CV21 1EL

Tel: 01788552366
Website: www.wcs-care.co.uk

Date of inspection visit:
09 June 2016
10 June 2016

Date of publication:
17 August 2016

Ratings

Overall rating for this service	Outstanding ☆

Is the service safe?	Good ●
Is the service effective?	Outstanding ☆
Is the service caring?	Outstanding ☆
Is the service responsive?	Outstanding ☆
Is the service well-led?	Good ●

Summary of findings

Overall summary

The inspection took place on 9 and 10 June 2016 and was unannounced. The service was last inspected on 26 May 2014, when we found they were meeting the regulations.

The registered manager had been in post since the service was registered in January 2011. 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.

The service provides accommodation and personal care for up to 15 younger adults, who may live with dementia, learning or physical disabilities or a life limiting condition. Fifteen people were living at the home at the time of our inspection.

People were at the heart of the service. Staff understood the importance of being partners-in-care with people who lived at the home. People were supported to maintain their preferred and familiar routines and habits, which made them content and relaxed. Staff took time to understand people's histories and dreams and encouraged them to be ambitious in making decisions about their day-to-day lives.

Staff's training, support and skills empowered them to respond to each individual's unique practical and emotional needs. Staff were encouraged to reflect on their practice and were supported to develop specialist interests, to improve their understanding of how a physical condition affects a person's emotional well-being. Staff made people feel valued and gave people control of their day-to-day lives, which increased people's self-esteem.

People's rights to choose how to live their lives, what to eat and when to eat, were staff's highest priority. Risks to people's nutrition were minimised because suitable, nutritious meals were available every day in accordance with people's stated preferences. People were supported to eat out or buy meals, whenever they chose.

The group exercise sessions were effective and the positive impact on people's moods was visible. People and staff shared the moment of fun together, which developed trust and positive relationships.

The provider's policy of employing dedicated exercise and activity staff was adapted to enable staff to adopt the role of lifestyle coaches, which better met the varied and unique needs of people living at the home. People were supported to set up an individual exercise programme, which suited their preferred routines.

People planned their own care, with the support of their relatives and staff, to ensure their care plans matched their individual needs, abilities and preferences, from their personal perspective. Care staff showed insight and understanding in caring for people, because they understood people's individual motivations

and responses.

Staff were attentive to people's appetites, moods and behaviours and knew them well enough to recognise the possible causes of ill health. Staff ensured people obtained advice and support from healthcare professionals to minimise the risks of poor health. The registered manager worked in partnership with experts in healthcare to ensure people had easy access to the best available advice and support.

Care co-ordinators were part of the duty management system, which meant there was a named manager available to respond to issues and to support staff, seven days a week. Staff were encouraged and supported to develop specialist interests that matched people's needs.

People, their relatives and healthcare professionals were encouraged to share their opinions about the quality of the service, to ensure planned improvements focused on people's experiences. The registered manager followed the provider's principles in modelling and decorating the home according to people's preferences and needs.

The registered manager understood their responsibility to comply with the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). For people who were assessed as not having the capacity to make all of their own decisions, records showed that their advocates, families and healthcare professionals were involved in making decisions in their best interests.

All the staff were involved in monitoring the quality of the service, which included regular checks of people's care plans, medicines administration and staff's practice. Accidents, incidents, falls and complaints were investigated and actions taken to minimise the risks of a re-occurrence. The provider shared their learning with all the homes in the group.

There were enough staff on duty to meet people's physical and social needs. The registered manager checked staff's suitability to deliver personal care during the recruitment process. The premises and equipment were regularly checked to ensure risks to people's safety were minimised. People's medicines were managed, stored in their own rooms and administered safely.

Staff understood their responsibilities to protect people from harm and were encouraged and supported to raise any concerns. Staff understood the risks to people's individual health and wellbeing and risks were clearly recorded in their care plans.

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. Staff understood their responsibilities to protect people from the risk of abuse. Risks to people's individual health and wellbeing were identified and care was planned to minimise the risks. The registered manager checked staff's suitability for their role before they started working at the home. There were enough staff to support people with their health and social care needs. Medicines were stored, administered and managed safely.

Is the service effective?

Outstanding

The service was very effective. Staff's skills, values and passion for specific areas of care gave them a professional and heartfelt understanding of people's individual needs. Staff promoted people's independence by supporting them to lead their lives in the way they wanted. The range of staff skills and specialisms ensured the best possible care and support. Healthcare professionals made special arrangements to support people with life limiting conditions, in recognition of the quality of care they received at the home.

Is the service caring?

Outstanding

The service was very caring. People took pleasure in staff's thoughtfulness and kindness and valued their friendship. Care staff valued people's experience and opinions and encouraged them to live with meaning and purpose every day. Care staff respected people's individuality to maintain their independence to live the lives they wanted.

Is the service responsive?

Outstanding

The service was very responsive. People planned their own care in partnership with their families and staff. The provider's vision and values supported and empowered staff to be innovative in providing person centred care, which improved people's well-being. Staff were flexible and responsive to people's individual needs and preferences, and were creative in enabling people to live as full a life as possible. People's preferences, likes, dislikes and ambitions were understood by staff from the person's point of view. Concerns and complaints were responded to promptly,

and used to drive improvements to the service.

Is the service well-led?

Good

The service was well-led. People, their relatives and staff were encouraged to share their opinions about the quality of the service, which ensured planned improvements focused on people's experiences. Staff were supported and empowered by the registered manager to assess their practice in terms of its impact on people's well-being and to consider their own professional development. The provider's quality monitoring system included checking people received an effective, good quality service that they were satisfied with.

Mill Green

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 9 and 10 June 2016 and was unannounced. The inspection was undertaken by one inspector. 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 reviewed the information we held about the service. We looked at information received from relatives, the local authority commissioners and the statutory notifications the registered manager had sent us. A statutory notification is information about important events which the provider is required to send to us by law. Commissioners are people who work to find appropriate care and support services which are paid for by the local authority.

We spoke with four people and three relatives about what it was like to live at the home. Many of the people who lived at the home were not able to tell us in detail, about their care plans, because of their complex needs. However, we observed how staff interacted with people and how they supported them to maintain their daily lives.

We reviewed two people's care plans and daily records to see how their care was planned and we observed how care and support were delivered in the communal areas.

We spoke with the cook, two care co-ordinators, a lifestyle coach and three enablers about what it was like to work at the home. A lifestyle coach is a member of staff who supports people to live their lives in the way they prefer. An enabler is a member of staff who supports people with their everyday needs, including personal care.

We spoke with the registered manager, an external trainer and a senior manager from the provider's home

management team about how they were reassured they provided a quality service.

We checked whether staff were recruited safely and trained to deliver care and support appropriate to each person's needs. We reviewed the results of the provider's quality monitoring system to see what actions were taken and planned to improve the quality of the service.

Good

Is the service safe?

Our findings

People and relatives told us the home felt like a safe place to be. One person told us, "I've not felt safer in a long time." They told us this was because they knew the staff were genuinely concerned about their welfare.

People were protected from the risks of abuse. Care staff told us they had training in keeping people safe from the risks of harm and they knew the actions to take if they had any concerns about people's safety. An enabler told us, "If I had any concerns I would share them with the manager or head office. I would feel like I had done something right for that person." Staff were confident they could challenge any poor practice and report it to the manager. A care co-ordinator told us the provider's whistleblowing policy was effective because, "Staff are taken seriously." There was an information poster in the corridor, which people, relatives and staff could see, which explained how safeguarding concerns were dealt with. Records showed the registered manager had not needed to make any referrals to the local safeguarding authority.

The registered manager assessed risks to people's individual health and wellbeing. For example, they assessed risks to people's mobility, nutrition and communication. Where risks were identified, people's care plans described the equipment needed and the actions staff should take to minimise the risks, while promoting people's independence. For example, for one person, who was at risk of falls, their care plan included a low-level bed and a 'grabber stick' so they could reach items without leaning. Staff were instructed to make sure the person's wheelchair faced the bed with the brakes on, when they were in bed, because the person liked to get out of bed independently. During our inspection visit, we saw the person preferred to do everyday things for themselves. They did not call staff for help, but staff were observant and offered to support the person when they saw the person was at risk of over-reaching.

People told us the registered manager's assessment of their abilities, dependencies and risks was accurate. One person told us staff supported them to understand risks to their own health, safety or welfare and staff understood, without being asked, when they needed support. The person had recently reviewed risks to their health, with the registered manager, and had come to a new agreement about how they would be supported. Their updated care plan included a note of the discussions and the date the new agreement was made, to ensure all staff knew what actions they should take.

Accidents, incidents and falls were recorded in people's daily records and in the management handover book. The management handover book recorded everything that had occurred during the previous shift and the actions staff needed to take during the next shift. All staff attended the handover meeting and signed the book.

Staff told us they knew about accidents, incidents and falls as soon as they happened because of the small size of the service, and they discussed how to minimise the risks of a re-occurrence. Detailed records of accidents and incidents included the location and time and identified the probable cause and the actions taken. Actions taken to reduce the risk of a re-occurrence included removing a chair from the hallway that was observed to have a 'shiny' seat, which may have contributed to a person falling from it. Care co-ordinators reviewed people's risk assessments at monthly care-plan review meetings to ensure any changes

in their care and support were included in the person's updated care plans.

The registered manager analysed the accident and incident reports to identify whether there were any patterns or trends. The analysis showed the most recent accidents had been due to people's individual mobility or health conditions and their determination to be as independent as possible.

People told us there were enough staff on duty to support them safely. People told us they had the help and support they needed, when they needed it. One person told us they did not need a lot of 'looking after' because they were 'quite capable', but there were always staff to support them when they needed it. Another person told us staff came 'quite promptly' when they rang the bell. We saw staff had time to sit and talk with people, and to spend time doing everyday things, such as washing up and potting up plants together. The registered manager assessed people's abilities and dependencies, to determine how many staff were needed.

People's needs for support were varied. For example, some people did not need support with their personal care, only with household tasks, but other people needed support from staff for all aspects of their lives. Records showed each person's care plan was reviewed monthly to assess whether their needs had changed and whether more staff were required. Staff told us there were enough staff to support people when they needed it, because people liked to get up, and go out at different times of day. An enabler told us, "There are enough staff on the rota and we offer extra shifts or phone around in case of sickness. We can negotiate." Throughout our inspection visit, we saw that nothing was rushed, because there were enough staff on shift to work with people at a leisurely pace, whatever their needs.

The provider's recruitment process ensured risks to people's safety were minimised. Records showed new staff underwent an application and interview process so the registered manager could check their skills and experience, and check their behaviours would fit well with the team and the ethos of the service. The provider checked staff's identity and right to work, obtained references from previous employers and checked whether the Disclosure and Barring Service (DBS) had any information about them. The DBS is a national agency that keeps records of criminal convictions. An enabler told us the registered manager assessed risks to people and to staff, before they were employed.

The provider assessed risks to the premises and equipment and took action to minimise the identified risks. Records showed the provider had implemented a system of regular checks of the premises, the fire alarm and essential supplies such as the water, gas and electricity. Equipment, such as hoists, profiling beds and wheelchairs, was serviced by the supplier and staff regularly checked this equipment was safe and fit for use. Staff understood the importance of having the right equipment in good working order. One enabler told us, "I assess risk all the time, for example, checking no wires are in the way when using the hoist and each person's sling is the right number." Slings were supplied by a specialist supplier to ensure they fitted the person accurately. Another enabler said, I would report if any equipment was faulty. It gets repaired."

People and staff knew about the provider's emergency policy and procedures. People who were able to understand were involved in agreeing their personal emergency evacuation plan (PEEPS). For example, one person who was able to walk and leave the building independently had asked the registered manager to write in their PEEPS, "Use wheelchair", because the person recognised they might not act rationally in an emergency. Most people needed assistance from staff to evacuate the building, and this was shown in the PEEPs folder, with their name, room number and the nearest exit. The list of names was colour coded to indicate their mental and physical ability to understand and evacuate the premises safely.

The provider had assessed the risks of fire and implemented a schedule of fire safety checks, tests, servicing

and regular maintenance of fire-resistant measures and fire-fighting equipment. Individual staff were named as the responsible 'owner' for each element of fire safety, for carrying out checks and for their role in fire drills. Staff told us they had fire training and practised the drill.

Medicines were managed and administered safely and the risk of errors was minimised by effective auditing procedures. Everyone who lived at the home had a lockable cabinet in their own room to store their own medicines, which offered a more personalised service. The registered manager told us they had recently changed pharmacist, in line with the provider's policy, and all medicines were now received in their original boxes and packaging. A care co-ordinator told us the change had resulted in fewer errors because, "Staff are much more involved and engaged as a result of the change. They are on the ball", which meant people could be confident they had the medicines they needed. They told us the new policies and procedures to support the change included a medication lead, a continuous record of the amount of medicines remaining and regular audits.

The care co-ordinator told us only trained staff administered medicines. Medicines were delivered from the pharmacy with a medicines administration record (MAR), which listed the name of each medicine and the frequency and time of day it should be taken. Staff signed to say when people's medicines were administered, or recorded the reason why not, for example, if a person declined their medicines. Manufacturers' information leaflets were included in each box, so staff could understand and explain to people about the importance and benefit of each medicine. There were written protocols for administering pain relief, which included, 'when [Name] requests' and 'update MAR and care plan'. For people who were not able to communicate their pain verbally, the care co-ordinator told us, "Pain relief is offered regularly. [Name] might say 'yes' when asked. We've just got to know her."

The care co-ordinator showed us one person's administration record, the boxes of tablets in their cabinet and the remainder of the month's supply stored separately in a locked cupboard. Records showed staff kept a running total of the number of tablets administered and the number remaining in each person's cupboard. The care co-ordinator told us they checked the numbers were accurate by counting how many tablets were remaining. They told us, "I check one medicine every day and I do a full medicines audit once a fortnight, when I check absolutely everything." Records showed that errors in administering medicines had reduced significantly under the new system.

Outstanding ☆

Is the service effective?

Our findings

People told us the care staff were very effective, because they were supported to enjoy their life and maintain their independence. People told us, "The staff are great", "The ladies have been fantastic" and "Staff do what I want." Relatives told us they were very pleased with the way staff supported their relations and said, "Staff have expertise." The registered manager told us one person, who had 'lost interest in life' while receiving hospital care, now liked to visit the shops and had joined the garden club.

People were not passive recipients of care, but set out their own requirements for care. Staff had the skills and knowledge to meet their needs effectively because staff understood the uniqueness of each person's needs. One person told us the staff were an effective team because of the mix of their individual skills and specialisms. They told us, "[Name] is the emotional support and [Name] is the practical support. They make a good pair. [Name] is a great carer. They respond to questions honestly."

The provider's emphasis on person centred care was understood by all staff. Staff saw beyond people's medical conditions, and encouraged and supported them to 'be themselves'. One person, who was not able to walk independently, had spent their morning happily painting the garden shelter with staff, while sitting in their wheelchair. A care co-ordinator told us all new staff understood the importance of 'person centred care' because they delivered individual care plan training. They told us, "It's the small things that count." An enabler told us, "At induction they told me everything I needed to know. I went round with seniors and read care plans" and "I got to talk with people, bond with them over dinner."

People experienced a level of care and support that promoted their wellbeing. The registered manager championed care for people with Huntingdon's disease and the care manager was a trained learning disabilities nurse, with a special interest in supporting people who lived with epilepsy. They had the skills, experience and passion to support younger adults who lived with these particular conditions to live a meaningful life.

The registered manager told us training for staff in supporting people who lived with Huntingdon's disease was, "To talk about the impact on each person who lives with it. The characteristics of the illness are well known, but this is about each individual. Each one is at their own stage. I want staff to share my passion about supporting the person and their own plans and ideals." People told us staff understood the impact of their medical condition on their abilities. A relative told us, "Staff have all learnt about [Name's condition] and that's improved the effectiveness of care."

Staff were encouraged and supported to take a lead role in aspects of daily living that promoted people's well-being. Staff had recently been invited to express their interest and enthusiasm, for mealtimes, lifestyle, environment and technology and innovation, "For staff to take ownership and develop a specialism." The registered manager told us they had already identified that empowering staff to take a lead had resulted in renewed enthusiasm in their work. They told us, "Staff take pride in their achievements. I've seen staff offer to stay late to complete projects." They told us staff's effectiveness in their new lead roles will be measured through feedback from people about their satisfaction with their lifestyles. People and relatives told us, for

example, they noticed a difference in the way people used the garden since a care co-ordinator had taken ownership of the 'garden project'.

Staff told us they had regular opportunities to discuss their training needs, practice, career development and any concerns at regular one-to-one meetings with their manager and at team meetings. Staff told us, "The manager makes time to listen" and "I want to progress. I would like a career with the company." Staff were confident their skills and ambition would be recognised and supported by the provider.

The staff team had excellent links with healthcare services. People told us staff supported them to receive healthcare services when they needed them by arranging visits to the home or supporting them at appointments. One person told us, when they tried to book a chiropodist appointment for themselves, they had been told they would have to wait for 'several weeks'. However, staff had managed to get an appointment for them within one week of their moving into the home. The person told us they were 'extremely happy' after the chiropodist's visit and would be able to have regular appointments from now on.

The registered manager had recognised the challenges for people in getting to appointments with healthcare professionals and made arrangements for specialist healthcare services to visit the home. A neuro specialist consultant from a hospital in Birmingham had agreed to visit the home every three months to re-assess people who lived with Huntingdon's disease. The consultant recognised that the registered manager's specialist interest had a positive impact on people's well-being.

The impact of the excellent working relationship with healthcare professionals meant staff were able to access training from a specialist, and to understand and implement best practice. The neuro specialist had delivered training in supporting people with Huntingdon's disease to the whole staff team and had referred other people to the home for respite (short-term) care.

People were supported to maintain their independence with eating and drinking. Sometimes people chose to eat out and sometimes people chose to buy their own meals to re-heat at home, which promoted their independence. People were repaid the cost of buying their own 'ready meals', if that was their preference for the day. One person told us staff had supported them to go out for a meal with their relative. While the person was telling us, we could see by their smile, that the meal, and the memory of the day, gave the person great pleasure. They told us this was something they would have done in their earlier life and appreciated the opportunity to eat out. Another person showed us they had a kettle and fridge in their room, so they could make a hot drink in the privacy of their own room.

People told us they were supported to eat what they wanted, when they wanted, according to their dietary needs and preferences. People told us, "My scrambled egg at breakfast is done how I like it" and "The food is excellent and there is a choice every day. They come around and ask you. You get a choice again at lunch time." A relative told us, "The meals look lovely. [Name] rings me every night and tells me what they have had to eat. They like sandwiches, puddings and salad." The cook knew each person's likes, dislikes and preferences because they spoke with people every day and knew their regular choices.

At lunchtime and teatime, we saw people came to the dining room in advance of the meal being served, and took the opportunity to socialise with others. One person told us, "I am here for lunch and to chat, because I am friends with people." People were offered meals in a form that matched their abilities to eat or to swallow, such as 'soft' meals. Staff referred people who had difficulty in eating and drinking to a dietician and followed the dietician's advice. Two people were able to obtain nutrition only through a tube directly into their stomach (a PEG feed). One person told us the staff were 'experts' at managing the procedure and

knew the exact quantity and flow rate they needed. Staff were trained by nurses in how to clean and maintain the equipment and a care co-ordinator told us they were confident in maintaining the person's nutritional needs.

Staff monitored people's weight and their appetites and sought advice from healthcare professionals, such as a dietician, if they were at risk of poor nutrition. On the day of our inspection, we saw people were encouraged and supported to weigh themselves. People who used wheelchairs to move around were able to weigh themselves on specialist scales that allowed them to stay sitting safely in their wheelchairs. People had turned the activity into a game and lined themselves up along the corridor. Staff joined in the 'weigh-in game' and weighed themselves too, and joined in with the friendly banter and laughter.

We checked whether the provider was working within the principles of the Mental Capacity Act 2005 (MCA), and whether any conditions on authorisations to deprive a person of their liberty were being met. The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The registered manager understood their responsibilities under the Act. The registered manager completed risk assessments for people's understanding and memory, to check whether people could weigh information sufficiently to make their own decisions or whether decisions would need to be made in their best interests. Records showed that people, or their legal representatives, signed to say they agreed with and consented to how they were cared for. Where people lacked capacity to make decisions, the decision was made in their best interest by a team of appropriate health professionals and people who knew them well. The registered manager told us they had written to all the people who had declared they had the authority to make decisions on their relation's behalf, and asked them to send a copy of the court document that gave them that authority. The registered manager understood they could request an attorney to be appointed by the court, if a person did not have someone who was authorised to speak on their behalf.

Staff understood their responsibilities under the MCA. People told us, "They are good at communicating and always ask my opinions" and "I am coaxed sometimes, but never forced." An enabler told us, "The MCA is about consent and whether people understand risks." A care co-ordinator told us, "It's hard to get feedback from [Name], but we watch their expression. You can tell if they are tense or relaxed." We saw care staff followed the code of conduct of the Act and asked people whether they wanted assistance before supporting them. For those people who were unable to communicate verbally, staff maintained eye contact and watched the person's facial expression and body language, to understand whether they consented to support.

The registered manager had applied to the supervisory body, for the authority to deprive three people of their liberty, because their care plans included restrictions. At the time of our inspection, the registered manager was waiting for the local authority's decision. People's rights and liberty were not restricted unnecessarily. For example, one care plan identified that the person was at risk of falling, because they were unsteady walking long distances. The person understood the risks to their health and welfare and had agreed they would like staff to accompany them when they went out of the home.

Outstanding ☆

Is the service caring?

Our findings

People and relatives told us the staff were kind and cared for them as individuals. People told us, "They are polite, caring, real darlings" and "They've made me feel extremely welcome. They treat you like family." Relatives told us, "There's a cheerfulness about the place" and "[Name] looks forward to coming back after visiting us. They always ask if they are 'going home' now." Feedback from a recent visit by Age UK reported, "People said staff were 'wonderful and obliging' and could have a laugh and joke."

One person told us staff felt like their extended family and they liked to spend time with them. The person said, "Staff here are great, but they have a lot to do. I do a bit of washing and drying up. It feels more homely if I help." People who lived at the home had complex physical disabilities. This meant for some, making a cup of tea, or walking into the garden was a major milestone in maintaining their independence.

We saw staff were innovative in supporting people to maintain their independence. For example, one person with limited speech and mobility liked staff to walk in front of them, so they could hold the staff's shoulders while they walked round the home. We saw the staff understood the person's signals for which direction they wanted to walk in and when they wanted to sit down, because the person's face and body language were relaxed and they appeared content with their progress around the home.

The registered manager and staff took particular care to respond to the needs of people who were not able to express themselves verbally, but responded to sights, sounds and smells. Their assessment of needs included an assessment of people's ability to engage with others and noted whether they were able to 'plan, explore, respond to or sense' activity, which determined the level of support needed from care staff. Staff had an empathetic understanding of people's preferences and needs. For example, one person who needed full support from staff had a specialist, full-body wheeled chair. We saw staff ensured the person spent time out of bed and was regularly in the communal areas with different sights and sounds to stimulate their senses.

People's rights and independence were promoted, and were enshrined in a 'Bill of Rights' on a poster in the corridor. People told us their right to live their lives in their preferred way were respected. They got up, went to bed, and went out when they wanted. Staff told us one person was always ready to get up early in the morning, because they liked to maintain the routine that suited their family's occupation before they moved into the home.

One person told us they liked to spend time on their own listening to their favourite music, either in their room or in the garden. We saw staff let them know when other people were about to join them in the garden, so they could choose whether to stay or take their music to their room. The registered manager had ensured the person felt safe going into the garden independently at night by putting up an additional fence with a lockable gate. The person told us they did appreciate the new fence and gate, as they were now more confident outside on their own.

Staff were highly motivated to empower people to maintain a sense of purpose and achievement in their

lives. People told us staff supported and encouraged them to spend their time according to their own interests and mood. We saw people chose when and how they socialised with others and were encouraged to be as independent as possible. One person told us they did their own washing, but staff did their ironing because they were 'not so good' at ironing. We saw people who were able to, made their own drinks and washed up after lunch and were involved in maintenance jobs in the garden.

People felt cared for and valued as individuals. One person told us, "Staff do 'get me'." Relatives told us staff knew their relation well, and understood their motivations and preferences. Care plans were written from the person's perspective, so staff understood their needs and abilities from the individual's point of view. Care plans included a personal profile, entitled, 'All about me'. The profile included a brief history for each person and details about their preferences, likes, dislikes and people who were important to them. People's relatives were encouraged to share their knowledge of their relation, so staff could get to know them better.

We saw people's own rooms were decorated according to their individual taste in colour and style. People's personal possessions, photos and mementos were arranged in their rooms. One person told us, "I like to watch television in my own room because it is a large screen." We saw another person had chosen to decorate their room in the colours of their favourite football club. People had chosen to mark their own room with a box outside their door with pictures and memorabilia that best represented them and their interests.

People told us they had chosen the décor for their room and were involved in planning the décor throughout the home. One person told us they had been supported to change bedrooms when they asked, and then changed back, because they actually preferred the first one. The registered manager told us they had put up samples of wallpaper in the lounge for people to choose how they would like the communal areas to be decorated. We saw the communal areas were decorated in themes to invoke different moods. For example, there was a seaside themed bathroom and spa themed bathroom.

The provider planned to replace the bedroom floor coverings with vinyl to better-enable people to propel wheelchairs independently, but had asked people's opinions beforehand. One person had chosen to have carpet in their room, because it felt 'more homely'. There was a large mural of trees in the corridor leading to the garden, which helped people to think about outdoor spaces, and mentally prepare their reaction, before they went outside. The registered manager showed us an innovative idea of clear light panels on the ceiling painted with sky and clouds. They told us, "It's a trial. People and staff will decide if they like it."

Relatives told us they visited when they liked, and always felt welcome. We saw staff preparing a table in the dining room for one person to share tea and cakes with their relative. The relative told us, "The girls are always waiting in the hall to greet me. They always bring cakes and make tea." Relatives told us they were encouraged to share in caring for and supporting their relation, as they would have done in their own home. We saw relatives sat with people in their own room, and relatives working with their relation in the garden, potting up plants.

Staff were fully committed to the culture of person-centred care. Staff saw people first and their condition second, which demonstrated they respected and valued people. People and relatives told us the staff treated them with dignity and respected their choices. One person told us, "They are polite. They are never disrespectful" and a relative said, "This is the most liberating regime."

The provider continually monitored the impact of care and support on people's lives and implemented innovative methods to support people to express themselves. They had recently implemented an 'explorer tool', to gain a deeper understanding of people's aspirations and motivations and match them with staff

they had most in common with to improve their well-being. An enabler told us, "The Explorer sheets are a voyage of discovery for people and staff. We can match up by our common interests to connect with the person." Records showed the explorer tool started with a conversation in which staff asked people what they would take to a desert island and whether they had a 'secret ambition'. Staff's role was to discuss and plan how they could support the person to 'make the ambition a reality'. One person clearly remembered having this conversation and they told us they were confident that a particular member of staff would support them to achieve their ambition. They were looking forward to making the arrangements and having a 'friend' to share the visit with.

Outstanding ☆

Is the service responsive?

Our findings

People told us the registered manager and staff were very responsive to their needs to 'be the person they always were', not a person with a disability. One person told us staff had known and understood their needs before they moved into the home and taken prompt action to 'put things in place' to support them. They told us they felt that they had been given back control of their life. A relative told us, "The standard of care is wonderful. I have no worries about the future."

Staff recognised that people needed to view themselves as equals, not recipients of care to maintain their self-esteem. During our inspection visit we saw people enjoyed an outdoor exercise class to music because all the staff, including the manager, housekeeper and senior manager joined in, which made them feel less self-conscious. Staff sang and danced and gave people coloured pompoms to wave in time to the music. Staff organised a 'wheelchair conga' to ensure everyone felt involved. We saw some people who had seemed reluctant at the beginning, were laughing aloud and singing along. Staff understood why the session was so successful. One member of staff told us, "People love to see us making fools of ourselves."

One person told us they had been anxious at the thought of moving into a care home, but had been overwhelmed at staff's understanding, thoughtfulness and willingness to support them to regain control of their day-to-day life. They told us within one week of being at the home, staff had co-ordinated their care with the local commissioners, arranged a visit from a chiropodist, welcomed their relatives to the home, arranged for their pet to visit twice and supported them to go out for lunch. The person was filled with confidence and excitement at having 'their life' back and at the possibilities for the future.

The registered manager told us about their recent notable successes in responding to people's needs. One person, who had initially come to live at the home for rehabilitation, had recently moved on to a home of their own, because staff had enabled them to recover their independence sufficiently to live in their own home. We saw another person, who was said to have 'lost interest in life' while receiving hospital care, was socialising with other people and staff in the garden. The registered manager told us, "The community nurse said the support [Name] has received is 'marvellous'."

We saw the person trusted staff enough to let them share in 'looking after' their most treasured possession, (which the person considered a living being). Staff responded to the person's feelings about their possession by following the person's lead. During the exercise class, we saw the person laughing while staff gave their most treasured possession a shoulder ride in time to the music. An enabler told us, "[Name] likes shopping, but we have to leave the TV on while we are out for [possession]. This showed staff understood and respected the person's view of their possession as a living being.

People told us they were supported to maintain their interests and preferred pastimes. People's care plans included a social history record, which outlined people's previous lives, family, work and experiences. This gave valuable information for staff to know and understand how people might choose to live their lives. People told us staff encouraged them to spend their time as they liked and ensured they were supported to maintain their interests. One person told us, "I enjoy that I see different things, see the daylight." A relative

told us, "[Name] was really encouraged to visit a narrow boat." The provider had supplied the home with an adapted minibus, which was accessible for the specialist wheelchairs that some people used, to ensure everyone could access their community.

During our inspection visit, we saw that people were encouraged to spend time in the garden and staff ensured people were sat in the sun or the shade, according to their preference. People and staff clearly enjoyed sitting and talking together in the garden. The garden had good access for wheelchairs with shrubs, flowers and vegetables for people to tend or just enjoy. One person told us, "I love the sun and I have been able to sit out here. I love gardening and I have been potting-up plants." An enabler told us, "We looked on the internet and found a wheelchair accessible workbench for handicrafts and gardening."

People were encouraged to maintain links with people who were important to them. On the first day of our visit, some relatives were in the garden potting up plants into tubs. The relatives told us gardening was a long held interest in their family and they pointed out the tomato plants they had helped their relation to plant. We saw the vegetables were planted in high-level planters where everyone could tend to them easily. On the second day of our visit, people and staff were busy together painting the wooden shelter. One person later told us, "I enjoyed painting."

People were supported to feel part of their local community. Staff told us they enjoyed spending time with people and supporting them to visit places they liked. An enabler told us, "I take people for walks, to the football ground and watch children play football or we go to the pub, or the shops. We go to the garden centre and walk around and get a coffee." Staff were creative in overcoming obstacles to people going out into the community. Staff told us, if it was not feasible to take a person to their preferred places, they could 'bring the place to the person'. They told us, "[Name] is still 'travelling,' by us bringing in foods from around the world and themed evenings. For example, we had a Thai supper."

The registered manager was responsive to the needs of the local community and enabled other people to access specialist healthcare services at the home. The registered manager developed their excellent working relationship with a neuro specialist consultant from Birmingham to benefit the wider community. In recognition of the registered manager's enthusiasm and expertise in Huntingdon's disease, the neuro specialist consultant had agreed to hold consultations with other local people at the home, which minimised travel, costs and disruption to people's daily routines. The consultations were held on the first floor, so people who lived at the home were not inconvenienced by this arrangement.

Two members of staff had attended the provider's training programme to deliver personalised activities and exercise for five hours a day, seven days a week. In order to meet the needs of younger adults, the provider had arranged a second session in 'leadership', to equip staff to act as 'lifestyle coaches'. The registered manager told us, "We are not talking about 'activities or holidays', but everyday life events, visiting garden centres, buying plants – casual, ordinary, domestic things." One person who did not join in the exercise class told us they did not feel the need because they had their own, "Weights to work out with" in their room.

People were encouraged to celebrate national events. The registered manager told us they planned to join in the National Care Home Open Day, which included a special lunch and dressing up. They told us, "The theme is 'Celebration' – celebration of living with Huntingdon's disease, the Queen's birthday and of being British." A relative had agreed to play the part of the Queen to make the celebration realistic.

People told us they planned their own care, with the support of staff and their relatives. Relatives told us they were included in planning their care for their day-to-day and future lives. There was a dedicated page in people's care plans to record their religious beliefs, cultural needs and how staff should support each

person to maintain their traditions or practices. One person told us, "I recently wrote an advanced care plan with my relative." An advanced care plan describes how a person wishes to be cared for if they become too poorly to communicate their wishes at a later date. Their relative told us the staff listened to their suggestions for how to support their relation. They told us, "Staff are always good at receiving feedback and acting on it."

Records showed people's needs and abilities were reviewed every month and their care plans were updated when their needs changed. The registered manager told us staff were responsive and good at accommodating changes in people's needs or routines. They told us, "The care plan scores drive actual staff levels, plus additional needs for anyone on respite care. We can change the shift times 2pm until 9pm to 3pm until 10pm, if that suits people's needs better. Staff are flexible to needs." Respite care is when people live at the home temporarily for short periods, sometimes just a week.

People and relatives told us they were confident any concerns would be dealt with appropriately and fairly. The provider's complaints policy was shared with people and their relatives and was displayed in the reception area. The registered manager logged all issues raised, not just formal written complaints. Records showed the registered manager responded promptly to the two complaints received and took appropriate action to resolve issues.

The complaints log included the original complaint or concern, a record of the registered manager's investigation into the cause of the complaint, and the action they took to resolve it. The investigation and resolution was shared with all those involved and people's care plans were updated to minimise the risk of similar incidents occurring. The registered manager used the complaints as an opportunity to improve the service. For example, one person had been supported to better assess risks related to their lifestyle choices and had agreed a new support plan to minimise the risks of a re-occurrence.

Good

Is the service well-led?

Our findings

People told us they were very happy with the quality of the service they received, because it felt like their home and they continued to live the lives they wanted. People told us, "It's a privilege to live here", "They are always trying to improve things" and "I don't have any problems with the home or care." Relatives told us they were happy with the quality of the service. One relative told us, "It's the best place [Name's] been. There is nothing to change about it" and another relative said, "Mill Green is a star as far as I'm concerned. It's bright, cheerful and friendly and most of all, [Name] is happy."

Relatives told us the registered manager was approachable and a good leader, because they led by example. They said they always felt welcomed as a friend and appreciated the registered manager's honesty. The registered manager told us people and relatives did not want to attend meetings for the whole home, because people lived with a variety of conditions and abilities, which required specific and individual solutions for care and support. The registered manager met with relatives individually to discuss any changes in people's needs and the provider's plans. Records showed two recent meetings with individual relatives included discussions about accident prevention and health and wellbeing.

Staff told us they felt well supported. They said they attended regular meetings and received the training and development they needed to be confident in their role. They told us they felt well informed about the home, their responsibilities and areas for improvement. Staff told us the meetings were interesting and useful because they discussed people's needs, their rotas and were invited to suggest improvements. They told us, "The manager makes time to listen" and "They ask for our ideas to solve problems." Staff were inspired by the registered manager's achievement of developing from a member of care staff to a registered manager. This gave staff confidence that the provider welcomed ambitious staff and their skills and experience would be recognised and rewarded.

A recently appointed care co-ordinator told us, "I did the management training and leadership skills training. I identified my own strengths and weaknesses and my management style. We looked at our traits, and how to improve, and had goals at the end of each session. We plan to have fun at work." We saw that staff had 'fun at work', through the exercise programme and through their own suggestion of a gardening club. Staff's sense of fun had a positive impact on people's moods and desire to socialise.

An external professional from an accredited training company told us, "Staff love what they do. It comes from the top. The whole team, including management, get it straight away in training. They are going to have a laugh, sing, dance – its mental stimulation as well. They see the benefits for people, everyone agrees, everyone joins in."

All the staff attended training in the provider's vision and values, which were demonstrated through the management team's leadership and behaviour. For example, the registered manager and a senior homes manager joined in the exercise class and staff understood that people liked to see them enjoy the class. The registered manager told us they had already noted benefits from the training. They told us, "It's infectious. We have seen an impact. Staff take pride in their achievements and offer to stay late to finish projects."

The registered manager told us, the recruitment process for care co-ordinators included applicants' written proposals for a '90-day challenge'. Applicants had to describe an issue at the home they had identified as 'requires improvement' and present ideas and options to make the improvements. Two staff had been appointed with a remit and budget to implement their ideas, one for developing a coaching and mentoring support programme for new staff and one for improving the environment.

The care co-ordinator who had written the proposal for improving the environment, had subsequently written to local and national companies asking for support for improving the garden. They had received a positive response and several useful donations of tools and products, which we saw people using. One of the companies had been sufficiently impressed with the application that they had nominated the home to a national panel for a grant. If the application is successful, the grant will allow for an ambitious upgrade of the garden design and facilities matched to people's specifications.

The registered manager understood staff were more engaged if they took responsibility for 'making a difference' to people's lives and promoted champions for all aspects of care. They had asked staff to 'express an interest' in becoming the mealtimes 'champion', to ensure staff were involved in identifying how to improve people's experience. The provider had also agreed to the registered manager's request for changes to the layout of the kitchen-diner, to enable people to be more independent and more involved in preparing meals. The new layout was still being discussed at the time of our inspection.

The appointment of 'mealtimes champions' was in response to the most recent survey undertaken by the provider. The provider's quality assurance survey asked people, relatives, staff and healthcare professionals about their experience of the service. The questionnaires asked what they thought of the food, the care, the staff, the premises, the management and their daily living experience. The survey respondents had reported a less than 100% satisfaction with the mealtime experience and the provider was keen to improve the level of satisfaction.

The provider had a history of taking action to improve the quality of the service based on the results of their surveys. In response to feedback, the provider had introduced a seven-day duty manager system during the previous 12 months. This meant people, relatives and staff had a senior member of staff with the appropriate authority, to refer to between 7:00am until 9:00pm, seven days a week. The registered manager told us, "Staff have been supportive and appreciate the duty manager system. There is less need for on-call, as there is always someone here to support." We saw the duty manager's name was displayed in the reception area, so visitors knew who to ask for if they had any concerns, whenever they visited.

The provider sought feedback about the quality of the service from other agencies, for example, from Age UK. Records showed an 'expert by experience' from Age UK had spent time at the home observing and listening to people's experience of the service. Age UK's most recent visit to the home, in December 2015, had highlighted the, "Outstanding staff", "Most calming and most welcoming of all homes visited." Age UK's feedback matched the feedback we heard from people and relatives.

The registered manager understood their legal responsibilities. They sent us notifications about important events at the service and their provider information return (PIR) explained how they checked they delivered a quality service and the improvements they planned.

The provider's policies and procedures relating to safety were implemented consistently and effectively. The information we held about the service showed a continuous history of meeting the regulations since the initial registration. The registered manager's approach to risk management, and their response to issues, was effective. This was reflected in a complete absence of people, relatives, staff or other agencies sharing

any negative comments with us in the previous 12 months. The local authority told us they had no concerns about the service.

The registered manager promoted an open culture by encouraging staff and people to raise any issues of concern with them. All the staff team were involved in monitoring the quality of the service through regular audit checks of, for example, people's care plans, the premises, equipment, food and medicines. Where gaps or omissions were identified in recording, staff were reminded of the importance of keeping good records at group or one-to-one supervision meetings.

The provider had created cleaning and safety audit schedules for daily, weekly and monthly checks with designated responsible staff. The registered manager's role included checking that staff monitored and reported their findings to make sure appropriate action was taken when necessary and to minimise the risk of a re-occurrence. Records showed, for example, medicines errors, accidents and incidents were analysed by looking at the individual affected, the time and location of the incident, the possible causes and the actions taken. Actions taken as a result of analysis included referring individuals to healthcare professionals, refresher training for staff and sharing information with relatives, the local safeguarding team and CQC.

The registered manager delivered monthly reports to the provider so the provider could be assured that care was delivered and monitored consistently across the group of homes. The provider produced monthly statistics for a range of indicators, which enabled managers to compare their performance and learn from others. For example, the provider monitored how many people were at risk of poor nutrition, the number and causes of accidents, incidents and falls and how complaints were handled. The registered manager attended regular meetings with other registered managers to discuss the monthly reports, to reflect on their practice and share ideas for improvements.

The provider learnt from their experience and took action to improve. When issues arose at any of the homes in their group, they investigated the issue and applied their learning across all the homes. For example, the provider had recently reviewed and updated their policy for assessing people's mental capacity and for how they recorded when they made decisions in people's best interests. The updated policy and procedures were shared immediately by email and then through workshops for all staff who were responsible for implementing the policy. The registered manager had enacted the policy and completed mental capacity assessments for everyone at the home. They had subsequently applied to the supervisory body for the proper authority to restrict the liberty of those people who were assessed as not having the capacity to recognise risks to their well-being.