

Millennium Care Services Limited

Sunnyfield

Inspection report

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Date of inspection visit:
12 November 2015

Date of publication:
08 March 2016

Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Outstanding ☆

Summary of findings

Overall summary

The inspection took place on 12 November 2015 and was unannounced.

The service was last inspected on 19 February 2013 and was fully compliant.

Sunnyfield is a residential service which offers accommodation and care for up to 10 adults who have a learning disability or mental health condition. At the time of our inspection the service was running at capacity with 10 people living there. The service consists of the main house which accommodates six people, an annexe which accommodates three people and a bungalow which accommodates one person and was purpose built to meet their needs.

At the time of our inspection there was a registered manager, who was present throughout our inspection. 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.

We found that the standards of care in the service were exemplary. There were good numbers of staff on duty who were well trained, and knew the people they cared for well. This meant that despite the people in the service having histories of some extreme behaviour that challenges others, we saw that their needs were met and exceeded this was clear as people had stopped displaying these behaviours on a day to day basis and incidents were rare within the service, this was possible because staff knew people so well, the very early signs of changes of mood and demeanour were picked up and distraction techniques were used to manage potential situations and avoid the need for further and more serious interventions.

We found that the care which was provided was very person centred. There was evidence of innovation throughout the service, and that staff and the senior managers cared about the well-being of the people who lived at the service.

We found that people who lived at the service were enabled to have as much input as possible into their environment. From agreeing what part they each took in the daily tasks and how people were going to live harmoniously together, to their diet, daily activities, holidays, interests and company they kept. Staff were constantly looking for opportunities to access new experiences for the people using the service, to further enrich their lives. This included social evenings organised by the provider to bring people from different services together on a monthly basis, day trips out, and charity fundraising to name but a few.

We found the service to be welcoming and homely. There were activities going on throughout our visit which were planned for each person, rather than as a group, which meant that people's individuality was recognised and their specific needs met and interests expanded.

We found that the service was well led at all levels of management, and that the registered provider had regular and far reaching oversight of the quality of the care being delivered, as they had robust policies and procedures in place and comprehensive auditing was carried out to measure quality across all aspects of the service.

People living in the service told us they 'loved living there' and that the 'staff are perfect'. Family members told us that their relative was 110% better since they had moved to Sunnyfield, and 'it was the best thing that had ever happened to them.' Staff told us it was the best job they had ever had, and they could not imagine working anywhere else.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe

People who lived at the service told us they felt very safe

Management of medicines was safe and people told us they got the medicines they needed to keep them well

The staff at the service understood the process for safeguarding people and could explain how they would do this

Is the service effective?

Good ●

The service was very effective

There were lots of staff who were well trained and knowledgeable about the needs of the people in the service, and how to care for them well.

People's mental capacity had been assessed and Deprivation of Liberty Safeguards were in place where appropriate.

People had free access to healthy food and drinks at all times. People liked the food and were involved in choosing and preparing food if they were able to do so.

Is the service caring?

Good ●

The service was very caring

Staff were genuine and positive in all their interactions with people in the service

People's individuality was recognised and celebrated

People were supported to be as independent as they were able and there were medium and long term plans in place to ensure they achieved their goals.

Is the service responsive?

Good ●

The service was very responsive

The care planning paperwork was extremely detailed and personalised.

The activities planned were innovative and thoughtful, and helped people achieve their aspirations

People were supported to access education where they wished to do so

Is the service well-led?

Outstanding 

The service was extremely well led.

There was a positive culture throughout all aspects of the service, staff understood and worked within the organisations vision and values

Staff worked closely with people who used the service and communicated effectively as a team.

There were robust policies and procedures in place. The auditing of the service was extensive and the information was analysed to inform future improvements to the service and to ensure that lessons were learnt and recommendations for change were actioned.

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 November 2015 and was unannounced. The inspection was carried out by one adult social care inspector. During our inspection we spoke with the registered manager, the area manager and two support workers. We spoke with the family of a person who lived at the service. We spoke with nine of the people who lived at the service. We looked at the care records of four people, this included their healthcare records. We looked at the staff training information for all staff who worked at the service, the employment records for two staff, complaints records, compliments records, safety certificates, policies, procedures and auditing which had been carried out in the service.

Before the inspection, we usually ask the provider to complete 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 did not request a Provider Information Return (PIR) prior to the inspection.

We ask for information from local agencies that work with the service and monitor their standards for information they hold on the service. The Environmental Health department who regularly inspect the service's kitchen had awarded a 5 star rating, which is the highest score which can be achieved.

Is the service safe?

Our findings

People told us 'I feel safe here', 'I have (a mental health condition) and they help me stay well, by making sure I take my medication.'

Family of a person who used the service told us 'we can relax now (our relative) is here. We know they are safe and not getting into any trouble whilst they are looked after by the staff here.'

We spoke to staff about their understanding of safeguarding. The staff could explain to us clearly and concisely what signs and symptoms they would look out for and they told us how and to whom they would report this initially and if necessary as an escalation if they were unhappy with the action taken. The staff we spoke with told us they had not had any concerns about the safety of the people in the service since they had worked there and told us they felt it was very safe for them as well. Staff explained that they knew the people well and knew what signs to look out for to indicate that someone's behaviour may suddenly change.

Staff knew people's history and background and understood their conditions and associated behaviours. Staff told us that it was very rare for anyone to display behaviour that challenges others and one staff member who had been working at Sunnyfield for over two years told us they had never needed to use restraint and had not heard of any incidences from other staff where this had been necessary. This meant that despite some of the people living in the service having previously presented with unstable complex conditions and behaviour that challenges others, the service had found ways to manage people's environments and interactions to avoid situations where their behaviour triggers were present and their behaviour was at risk of escalation.

There were comprehensive risk assessments in place. This included a risk profile in each care file, which identified the greatest risks for each individual based on their history, conditions and current behavioural patterns. This was broken down into an individual reactive risk management strategy, which looked at how these risks could be minimised, this included identifying triggers and what behaviour would be likely to result if the triggers were present. There was clear instruction on different levels of interventions which should be used in order (according to escalation of behaviour) to manage any situation which may arise. This was recorded as a risk management plan.

The premises looked and felt like a family home. There were no obvious adaptations; however on closer inspection we saw that there were locked kitchen cabinets where all sharp utensils were stored for example. There were locks on the doors, however there were key fobs which were given to people who were able to leave the service without supervision. There were sounded alarms on all main doors so that staff knew when people were leaving and entering the premises, these alarms did not restrict the use of the doors in anyway.. The service was extremely clean and there were no malodours. The service was pleasantly decorated however there were plans in place for some redecoration to the lounge and the games room as the registered provider felt these could be improved further.

There was a secure garden area which was accessible at all times, this was accessed via the games room. There was seating outside and a locked shed which contained general equipment and bikes which belonged to some of the people who lived at the service.

All safety certificates were up to date, and including electrical appliances portable appliance testing (PAT), gas appliances and water safety including legionella. There was a current fire certificate and the home had a carbon monoxide monitor.

Staff we spoke with were aware of and understood the whistle blowing policy, however they said they had not had any reason to use it, and would be comfortable in raising any concerns with the registered manager. The staff were confident that should they raise anything then appropriate action would be taken.

We saw that there were enough staff available to assist people with all their needs, and staff rotas showed that this was always the case. People in the service told us there were always enough staff to care for them.

We found that the recruitment process was robust and safe. The registered manager made sure that all that all necessary pre-employment checks were carried out before staff were able to commence work within the service, this included written references, evidence of the person's identity and Disclosure and Barring Service (DBS) to make sure prospective staff members were not barred from working with vulnerable people and were suitable for the role.

We saw that medicines were managed on an individual basis. People's medicines were stored in their rooms in locked cabinets. People were encouraged to be as independent as possible within a safe environment and under the assessed level of supervision. There were several people who told us how important their medication was to them in making sure that they stayed well, and they told us that staff always supported them to make sure they took it when they needed it.

The medication policy was robust and there was regular auditing of each person's medicines. The audits were exceptionally clear and easy to read. The audit consisted of a list by person of each medication, there was clear figures of how many were in stock and how many were received, this was totalled and then the actual stock was checked and the totals compared. We did not find any discrepancies in any of the audits we reviewed which were for a six month period.

We found that the service was exceptionally clean and well appointed. There were no areas of concern in relation to infection control. We saw that people were able to maintain their own personal hygiene and required only prompting from staff.

Is the service effective?

Our findings

People who used the service told us, "I like the food here, we get a good choice and we can always help ourselves." "I get to cook every week, I like that, and I am cooking curry today." "I have cooked since I had been here, I like to make chilli and spaghetti Bolognese, the staff help me to do it." I have lost some weight over the past few weeks; the staff support me to choose the right foods and to get some exercise."

We found that the staff in the service were extremely knowledgeable and well trained, we saw that staff were skilled in their interactions and ability to notice small changes to people's demeanours and they were able to demonstrate their knowledge when we spoke with them by describing their understanding of the training they had received. Staff told us that there was good access to training and they found the training provided was useful and relevant.

We saw that staff had undertaken a wide range of training which included; safeguarding, food hygiene, first aid, infection control, health and safety, autism, epilepsy, DoLS and MCA. There was service specific training provided in least restrictive practice interventions and behaviour management strategies.

The registered manager told us that prior to starting work all staff had a comprehensive induction and shadowing for a minimum of one week, and this continued until they felt confident to work without supervision.

Staff told us and records confirmed that staff received regular supervision from their manager and that they found this to be positive and useful. Staff told us that this was their opportunity to raise any issues with people living in the service and to ask questions. Staff also used the meetings to put forward ideas and suggestions for outings and other activities they felt might benefit the people they cared for. Each staff member we spoke with and of the reviewed staff files showed us they had received an annual appraisal.

The Care Quality Commission (CQC) monitors the operation of the Mental Capacity Act 2005 (MCA) and specifically on the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

We saw that there had been decisions made in people's best interests where people had been unable to

make these decisions. The best interest process had been followed in line with current regulations and was clearly documented. The best interest process means that when people are not able to make an important decision people who have an interest in their welfare (family, medical professionals, social workers for example) come together and look at what options are available and make a joint decision about what they believe to be in the person's best interest.

We spoke with the registered manager about Deprivation of Liberty Safeguards (DoLS) and whether these were in place for the people who lived at the service. There were current DoLS in place for all but three people who had been assessed as having capacity to make decisions about their care and keeping themselves safe and therefore did not need a DoLS. The people who had a DoLS authorisation in place had been assessed as not being able to make decisions in relation to their care and keeping themselves safe.

We saw that there was documentation in place in people's care files which asked for and gained their consent for the care which was being delivered, staff also gained verbal consent before assisting people as a matter of course. There was strong evidence in all of the files we reviewed that there had been extensive assessments of people who wanted to move into the home prior to a decision being made about whether the service was able to meet their needs and to make sure that they would be able to live harmoniously with the people who were already using the service. There were meetings held and in depth discussions with all parties concerned during this process, to ensure that the correct decision was made and that the person was happy with the service before they arrived.

During our inspection we observed that people had free access to healthy snacks for example low fat yogurt and fresh fruit was available in both the kitchen and lounge areas. People were able to help themselves to drinks as they wished and those who did not do so frequently were prompted to have drinks. There were people who had identified that they wished to lose some weight as part of their goals. The staff were supporting people to achieve their goals by giving guidance on healthy eating, prompting healthy choices when snacks were accessed and helping them manage their portion sizes and supporting them to exercise.

On the day of our inspection we visited one of the people in the service who had chosen to cook a meal at tea time. They were supported to do this by the senior support worker who was preparing the main evening meal for other people. The person was able to choose the meal they wanted to make and was given minimal input to achieve this. The person chose to offer to share their meal with another person who lived in the service and they ate their meal together.

Each person had a separate health file. This included a very important person (VIP) hospital record which would go with a person should they need to go into hospital. This included concise details about their behavioural risks and triggers and how these needed to be managed. There was also information on their preferences and what was important to the person to make their admission as calm as possible.

Each person was offered the opportunity to attend an annual health review which included monitoring of essential health testing for example weight and blood pressure. Everyone was also offered the opportunity to have their annual flu vaccination if they wished to do so. We saw from records we reviewed that one person had been uncooperative on the day of their planned health check, rather than this person missing out on the opportunity to have their health monitored and their flu jab, the registered manager asked them if they still wanted to undertake this process, which they did. The staff team contacted relevant medical professionals and arranged for the health checks be carried out at their next hospital appointment when they would be more likely to cooperate. This meant that despite their initial refusal the service had made sure that the person was able to make their own choice of whether they wanted to have their health monitoring and looked at how else the goal might be achieved whilst not risking triggering an episode of

challenging behaviour. People were regularly assessed by medical professionals. We saw that everyone had good access to healthcare services and were accompanied to their medical appointments by staff for example to the dentists and opticians as needed.

Is the service caring?

Our findings

One person told us "'I keep my cigarettes myself and I go to the shop to buy them on Tuesday's and Thursday's, I set myself an alarm so I know when to have a cigarette otherwise I smoke too many and I run out.' Another person told us 'I manage my own money with help from the staff. I can go out on my own now, I couldn't do that before. I used to drink lots of alcohol and do really bad stuff; since I came here I don't do that anymore."

Staff told us that working at Sunnyfield was the 'best job they had ever had' and that they got a great sense of achievement from the work they did and when they could see their work had made a difference to the lives of the people who used the service. One of the examples given was a person who when they arrived at the service was displaying behaviour which challenged others on a daily basis. The staff team at Sunnyfield worked with this person, involving them in every aspect of their care planning and spent time speaking to them, working alongside them and observing their behaviour to understand their patterns of behaviour which was challenging to others. The service works with people using the principles of positive behaviour management. This is a process where staff look at all aspects of a person's life and behaviour both currently and historically, to identify what triggers episodes of behaviour which challenged others and looks at how these triggers can be reduced if not entirely eliminated to prevent these episodes from occurring.

Staff were extremely skilled at monitoring people's behaviours and knew the signs to look out for with each of the people in the service, which would indicate there was a potential for behaviour which was challenging to others to occur, if action was not taken to distract the person from the situation by finding things which interested the person and helping them set their own goals and working towards these goals using manageable steps with the support of their staff. This person had not had an incident of behaviour which was challenging to others for a period of two years. For example staff had noticed that a person was becoming agitated and they distracted them by asking them if they would like to go to the local shop.

People living in the service told us the staff were caring and that they were 'perfect' and did everything for them. People knew the staff well and it was evident from the way in which they interacted and sought out the company of their support workers that people regarded their support workers very fondly. People told us that all the staff were 'great' and they thought they were all equally good and supportive. We saw that people who used the service gently teased staff about their favourite sports teams for example and this was taken in good humour and reciprocated, there was lots of laughter throughout the day and staff included people who used the service in conversations they were having generally with colleagues. We saw a particularly nice interaction where a member of staff who had accompanied one of the people who used the service on their annual holiday was being gently teased as they had got lost on the way to the location; other people in the service were joining in the joke and laughing together. The environment was very warm and welcoming, the people who used the service and the staff were very friendly and helpful and overall this made the service feel like a family home.

Staff demonstrated that they led by example and they picked up opportunities to gently show people who

used the service how to get along with each other and how to respect each other's space and feelings. An example of this was that one person had made a purchase on the day of our inspection of which they were very proud. Staff encouraged other people who used the service to comment positively on the item and to congratulate them on saving up to buy a large item. We also saw that staff encouraged people to find ways to compromise when people had differing ideas, for example there was a discussion about evening meals, and they were supported to find a solution which was agreeable to both parties. These positive role models and the subtle support given meant that people treated each other with respect and affection.

We saw that the staff understood and recognised the cultural needs of the people who used the service and had built their cultural needs into the care and activities they provided. This had included travelling to areas where there was good access to particular cuisines, to enable people to experience authentic foods from their heritage.

The registered provider felt that it was important to recognise that Sunnyfield is the home of the people who use the service, and that they needed to be involved in all aspects of the running and planning of the service. As a result they implemented house meetings each month when all the people who use the service come together and discuss and agree on current matters. The first item was that they think about and agree on what house rules they wanted to have in place. Once people had agreed what the rules would be and how they would use them to live together a document was created called 'respecting my neighbour'.

These house rules are displayed in the home and are easily accessible to everyone who uses the service. The rules are reviewed and revisited periodically in the house meetings to ensure that they are still working and that people understand the rules and what they need to do to live together harmoniously. The way in which 'respecting my neighbour' was created by the people who lived at the home meant that everyone had agreed to the rules and were happy to live by them, this created an environment where people lived harmoniously and cooperatively.

The house meetings have continued and give people the opportunity to talk about their ideas including outings, planning holidays, looking at choices for menus and redecoration of the building. The registered manager ensured that people are involved in all decisions which need to be made and worked with people to carefully explain the reasons for changes, the options available and the need to work together to make choices which are agreeable to all the people involved. The service was currently planning to redecorate the games room which was mainly used to play pool by the people who used the service. Discussions about the choice of decoration were on-going at the time of our inspection.

The records we looked at showed that people who were lacking in capacity were supported to make decisions. In all the cases we saw family members had acted as advocates for their relative, there was also input from assessors from the local authority. The registered manager confirmed that if there was a person who did not have access to a family member to advocate for them that they had access to advocacy services who could appoint an independent advocate for them.

The staff team looked at individual's traits, abilities, limitations, interests and risks with people who used the service and helped them to identify personal goals. The goal planning was in two parts; the long term goal in detail and short term goals which were the steps to achieve their end result. Staff were aware of the importance of being realistic when setting expectations and goals for people who used the service and were very careful to not raise expectations where there would be a resulting disappointment for example where a person had identified independence in community as their goal, but the risk would be too great. Staff were highly skilled at guiding people to selecting achievable goals which would bolster their confidence and self-esteem.

There was extensive evidence of the work which had been carried out and was on-going in improving people's level of independence, this was shown in the daily records which we reviewed, by talking to the people who used the service and the staff who worked with people. There were numerous examples of very significant reductions in the level of support required to facilitate family visiting and trips out, we saw this documented in care plans and action plans for short and longer term goals. There were clear examples where people had been able to achieve a level of independence which had surpassed their own and their family's expectations and meant that they could for instance go out without support. For some people this was a walk to the local shop to buy their own snacks, and in other cases trips to shops further away using public transport independently or visiting friends. We saw evidence of this in the care records and this was confirmed by the people who used the service that we spoke with. One person told us "I can go out to shop to buy my own cigarettes and snacks, I didn't used to be able to do that before I came here." Another person told us "I can go on the bus to the shops to buy things myself; I have learnt where the buses go from and what time they come, so I don't have to wait a long time."

We saw that people were encouraged to do as much as possible for themselves and that staff worked hard to improve people's skills in terms of household chores and life skills. People were managing their own finances under lessening supervision, people were selecting and preparing their own meals and there were people in the service who had identified that they wanted to eat less or have a particularly healthy diet to facilitate weight loss, which they were supported to do safely and sensitively.

Staff recognised that people, who used the service, needed and had the right to privacy. The people who used the service were encouraged and prompted to maintain their own personal hygiene. This was done discreetly to maintain people's dignity. People were able to go to quiet areas in the home for example the garden or the games room if they needed some quiet time and they had free access to their bedrooms if they wanted their privacy. Staff were thoughtful of people's needs and were careful to maintain people's human rights by ensuring they were treated with dignity and respect.

Is the service responsive?

Our findings

People told us, 'I went on holiday to Brighton and stayed in a lovely Penthouse, I have been to the Yorkshire show, and the International Air show, and I loved those days out.' 'I go ice skating, that is one of my favourite things, I do some DJ'ing and I have my own equipment.'

Staff told us that the person who enjoyed DJ'ing was encouraged to do this and was given every opportunity to provide the entertainment at events which were organised for the people in their own home and other homes in the registered providers group. This meant that the person got to share their hobby with other people and to see that they were helping other people to have fun and enjoy themselves, by providing them with music.

The relatives of a person who lived at the service told us 'They (the staff) bend over backwards and have organised some great experiences which are based around (their relatives) interests. For example one of the people who used the service was very interested in the air ambulances which they saw on a regular basis, staff contacted the air ambulance station and asked whether there was any chance that they could visit, unfortunately due to health and safety this was not possible, however the air ambulance staff had arranged to send some goodies to the person instead.

We saw in all care records we looked at, there were varied activities being organised and taking place which would not only meet the needs of the people living at the service, but also enriched their lives by offering them new experiences and interests. We saw that all the people living at the service went on holiday each year; the destinations had included Scarborough, Great Yarmouth, Wales, Blackpool and Newquay. Day trips were a regular part of people's lives and we saw that people had set themselves targets to save up so that they could plan and enjoy trips away including overnight stays at destinations of their choosing, one person had saved and gone to a theme park which they had seen advertised, another person went on holiday with their family every year with support from their regular staff team.

We looked at care records for some of the people living at the service. We found that the care plans were extremely detailed and person centred. There was a Millennium outcomes assessment tool (MOAT) completed for each person. This is a tool which records a very detailed history of each person, their conditions, risks and outcomes in an ordered, easily accessible format. The information was broken down into sections by subject, for example history, family relationships and current risks. This was the foundation of the care planning and informed every aspect of the planning and supported decision making for the individual. The files included in depth planning and instruction around people's outcomes, what they were able to do safely without supervision or what level of supervision was needed to keep them safe. People's preferences and interests were referenced throughout the documentation, for example their hobbies were carefully recorded and used to plan activities and trips out to ensure their relevance and appeal for the person they were designed for.

We saw during the day we visited that people had lots of activities planned. People went out for walks, cycling, shopping and to visit another site of the service. We saw that some of the activities were

spontaneous and were the result of people having some spare time when they had completed their daily tasks or they did not want to complete a re-planned activity for some reason on that day. For example on the day of our inspection a person who used the service was spending time carrying out their domestic tasks and decided that they wanted to buy a new electronic item to replace their existing one which was no longer meeting their needs. Staff checked with the person that they had enough money saved to make their purchase and supported them to look online at the choices they had. The person chose the item they wanted and were supported to order it for collection. Staff supported the person to make sure they had the correct amount of money and that they were confident that they knew where they were going and that they knew how to purchase the item. Staff suggested to another person who used the service that they might like to go to the shops along with their housemate, which they did. Later in the day it was identified that the internet needed to be enabled by a member of staff at another service. Staff contacted the member of staff and made arrangements for them to meet up with the person who used the service later that afternoon to get the device fully functional, whilst maintaining the level of independence that the person had achieved throughout choosing and buying the item.

There was evidence throughout the service that there was access to activities at all times and staff were on hand to support and encourage people to get involved. The food shopping order was delivered on the day of our visit and everyone knew what was expected of them and played a part in putting away the shopping as part of their life skills, this task was undertaken efficiently by people who used the service whilst being guided by the staff who were on duty. People had their own regimes for doing their washing and other chores to make sure there were no potential conflicts for instance because they needed to wait for equipment.

People who had expressed a wish to own and had demonstrated that they had the ability to care for a pet had been able to have one in their room. One person told us that they had a budgie and that they cared for this in their own room, there was a great sense of achievement for this person in having the responsibility of caring for their pet.

We saw that one person had expressed that they wanted to enrol in a college course, to follow their aspirations, staff had supported this person to enrol in the course of their choice, and to make sure that they were prepared to start their course both physically in terms of making sure that they had everything they needed, but also mentally and emotionally by giving them an understanding of what to expect and what would be expected of them. This person had successfully completed their initial phase of their course and were progressing really well. They told us 'I really like college; I get to do things which interest me. I need to go shopping today and buy some more equipment for college.'

We saw that everyone in the main house and the annexe came together throughout the day and interacted well. There was a bungalow attached the main house which had been built to meet the specific needs of one of the people who used the service who preferred to be away from other people. This had been reviewed periodically and the person was seen to be much happier and more settled when they were not expected to interact with other people unless they chose to do so.

We saw that there were robust policies and procedures in place to deal with concerns and complaints; however the service had not received any in the past 12 months. The policy included details of how a complaint would be recorded, investigated and responded to. The people we spoke with including family members told us they had never had any cause to complain. Staff we spoke with told us that if people had any minor concerns these would be raised at the house meetings and were recorded in the minutes of these meetings.

We saw that people's families were able to be involved in their care planning if the person who used the service wanted them to be and the family we spoke with told us that the service always kept them well-informed of what was happening with their relative and that they came in to see the registered manager at least once a year for an annual review. The family were happy that they were able to be involved in the decision making process in for any decisions which were made with their relative and that they felt included.

The service had very close working relationships with medical professionals, to allow them to find ways to keep people well by making sure that people's medication was effective without causing side effects which would make them unable to participate in activities and achieve their goals. The service worked with external partners to find alternative ways of achieving people's goals when they were unwilling to cooperate, for example with annual health checks, or visits from other professionals.

Is the service well-led?

Our findings

There was a registered manager in post at the time of our inspection.

Family members told us that the service was exceptional, and they had no concerns about any aspect of the care their relative received. The family of a person who used the service told us that this was the best thing that could have happened to their relative and that they were 110% better since moving to Sunnyfield. They told us the service kept them well informed and they were included in decisions which affected their relative.

Staff told us that the service was well-led, and that the management was extremely approachable and supportive. Staff told us and we saw that the registered manager led by example and was very visible within the service. For example on the day of our inspection the registered manager was the person chosen to assist the person who was buying the electronic device, to advise on which was the best item to meet their needs as they valued the registered manager's opinion, and they came back to the registered manager to ask for their assistance in contacting the IT person at another service to connect them to the internet. All staff told us that they could approach any member of the management team at any time and felt confident in doing so. They also told us that they were equally confident that their issue would be dealt with appropriately and quickly.

Staff told us and we saw that they had an outstanding sense of teamwork. In all interactions that we observed staff communicated extremely well with each other, the registered manager and the people in the service. There was a very pleasant sense of the service being a family, with give and take, fun interactions, and laughter and joking throughout the day. The processes within the service were integrated into everyday routines, which meant that people did not notice staff writing notes for example as that was done to fit around people's regimes at times when they were occupied with household chores or eating meals for example.

The service was extremely thoughtful about how to enrich the lives of the people who lived there. For example one person had been to see their favourite company, driven a lorry around a specially designed track and had the uniform worn by the company employees, they had been fishing, been on a gyrocopter and a fixed wing plane and learnt to play the accordion.' The staff I spoke with including the area manager were passionate and cared deeply that the people had the best experiences they could provide, and the effect this had on people's behaviours were extremely impressive.

Without exception people in the service had demonstrated drastic improvements in the frequency and severity of their behaviours which may challenge others. There was strong evidence in all cases that exceptional progress had been made by people who used the service in gaining increasing levels of independence and to achieving more than had been anticipated by themselves, their families and the medical professionals involved in their care, this was because of the tireless efforts of the staff team led by the registered manager. A person's family told us "This is the best place they could have come to, they have achieved more here than we ever thought possible."

The service had clear leadership, and visions and values which were very effective in their messages. The leadership was evidentially based on respect from the conversations we had with staff. The staff team from the management team to the newest member of staff had a shared aspiration to give people the best care possible. Staff knew who they were caring for, what level of support they needed to give, the level of risk when taking people out, the activities they had planned, their routines and household regimes, triggers for behaviour that challenges others and how to manage the risks at the earliest point by looking for subtle changes in people's demeanour or mood. Staff were confident in the training they had received, their knowledge of the subjects which were relevant to their roles and their ability to manage difficult behaviour should it arise.

The registered manager was open in their conversations with us, and told us that another service in the group had suffered a serious incident in recent months. The registered provider had used this to look with all the managers of the services to analyse how this had happened, and what could be improved to ensure that it would not happen again in the future. This incident and the learning which resulted from it were shared with all staff in the group to ensure that they could use the incident and the improvements to safety measures which had been implemented across the group to keep themselves and each other as safe as possible.

The provider had also carried out a large project on updating their policies and procedures, to be aligned to CQC regulations in a more concise and accessible format. We looked at five of the new policies and found that they were robust, accessible and clear.

There was a very clear understanding of responsibility across the service at all levels, including the people who lived at the home and accountability was equally present. This was evident by the Staff understood and could explain how they were responsible and understood that the risks of not following plans were not only to the people they cared for and themselves, but also other people in the service and the public when they were taking people out.

Staff were able to balance the risks posed by some of the people they cared for, and the behaviour they were capable of, whilst treating them with dignity and respect. Staff were not complacent of risk and showed this throughout our conversations. Staff told us they had been supported to reach this balance by the management of the service.

The service made real efforts to include people in community events in a safe environment; this was accommodated by regular social evenings which included people living in all the groups' homes. This gave people the opportunity to make friends outside of their usual circle and the service worked at maintaining these friendships. This included people visiting each other in the various services. For example one person spent one day each week at Sunnyfield as they had made friends with other people who lived there.

The record keeping and auditing was of the highest standard, there was evidence throughout all the records we looked at of regular analysis of the information gained, this included analysing people's responses to the previous month's activities to identify what they had enjoyed the most and to look at how this could be expanded upon. Monthly auditing included a full medication audit which was exceptionally effective due to the detail in which it was carried out, each person's full medication list was recorded and each medication fully audited clearly and concisely. In the audits we reviewed we saw that there had been no errors or omissions made by staff.

There was a monthly senior management audit, carried out by the area manager. This looked at all aspects of the service, including auditing a care file, looking at the environment and any improvements which were

necessary, medication audits were double checked for two people who used services, staffing levels were analysed, staff supervisions were checked and comments made about special projects and activities which had been carried out since the last inspection. This meant that the wider management team had oversight of the service and were verifying the quality of the service which was being delivered. The findings of this monthly audit were discussed with the registered manager, to look at what further improvements could be suggested and agreed and this was the base process for continuous improvement within the service.

The registered manager was passionate about sharing the good stories and achievements of the people living at the service. The registered manager had also set up a 'Glimpse of Brilliance' book. This was a detailed scrapbook which was kept in the visitor's room. This was a chronological journey through the year for the service and the people who lived there. It included pictures of trips, family days and holidays, positive feedback from the managing director who had visited the service, a letter of thanks from a Doctor who was responsible for the mental health of one of the people who used the service and had written to express their gratitude for the extensive and essential work done with their patient between visits and the impact that this had on the person's presentation and progress, compliments from families about the way in which they were welcomed and articles on what people had personally achieved, for example the person who had completed their initial period at College. The registered manager identified that the glimpse of brilliance book was not being accessed by people, and had set up a wall 'Good Stories' in the games room which was a display of all the day trips and experiences which had taken place so far this year, to remind people of where they had been and the good times they had shared. We saw that people took pride in the display and we keen to show us pictures of themselves which were displayed there.

The quality of the service was exemplary with clear evidence from the almost unrecognisable current presentation of the people who used the service compared with the care records and histories of when they had arrived at the service of the outstanding work which was ongoing with people who had extensive histories of very challenging behaviour and complex mental health conditions. The progress made by people was beyond personal and professional expectations in a lot of cases, this was evident from letters from professionals thanking the service for the work they had carried out with people, and from speaking to people who lived at the service who had been able to progress to needing less supervision and others being able to go out into community settings unsupported and unsupervised. The staff team worked closely with health professionals who were involved in the care of the people who used the service. This was evidenced throughout people's daily care records and their health files. There were examples where staff had contacted health professionals to change arrangements for planned visits to fit in with a person's compliance on a particular day, to ensure that they attended their appointments and that they were likely to be cooperative.

The service helped people to raise money for various charities. We saw that they had raised money for various charities including Breast Cancer and the Lennox children's cancer charity.

The service held regular house meetings to share information and to plan. The minutes we looked at for the October 2015 house meeting included an invite to a Halloween party which was fancy dress, a reminder about the clocks going back and reminders about safety in the kitchen and when smoking. The summer meeting had talked about planning holiday clothes shopping, what other activities they wanted to arrange, and reviewing the milk rota they had instigated which was going well. The house meetings were an opportunity for people who used the service to share their thoughts and give their feedback on how they felt things were working within the home, what was working well and what perhaps needed to be looked at. People were supported in this forum to share ideas and work together to agree when changes needed to be made to ensure that everyone was on board with the change.

The provider produced a weekly bulletin, which shared news stories from each service in the group, with pictures of activities, good news stories and achievements. This gave people who used the service the opportunity to see what was happening within the other services in the group and see when their friends from other services were doing well.

The service held regular staff team meetings each month. Staff were brought together to talk about the individual care which had taken place, share information on their personal interactions with people who used the service, what had worked well and what had not. Staff were encouraged to share their ideas for future activities based on the information they had gained from working with the people who used the service, and to work together to plan activities and outings. Staff told us that they were able to share any concerns at these meetings should they have any, in an open and transparent arena.