

# Clifton St. Anne's Personal Care Services Limited

## The Millings

### Inspection report

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### Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

# Summary of findings

## Overall summary

The inspection was carried out on 22 and 24 August 2016 and was unannounced. At the last inspection carried out on 11 September 2014 the provider was meeting all the regulations that were assessed.

At the time of our inspection the service was providing support to 35 older people.

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

People's independence was actively encouraged through a range of imaginative, person-centred approaches to activity-planning. The service provided innovative support to people to enable them to live fulfilled and meaningful lives. Links had been made with local services such as schools and Durham University to ensure people were offered very person centred opportunities not just to undertake activities they enjoyed but also to learn new skills. The activity staff worked as a team to ensure their individual skills such as creative writing, gardening and exercise were utilised so their job satisfaction and motivation were visible to see. Staff were skilled at ensuring people were safe whilst encouraging them to stretch their potential and achieve as much independence as possible.

The registered manager and staff team demonstrated commitment to providing the best possible care and opportunities for people. The close links with the local community meant the service provided support to local schools, churches and community groups via sharing their facilities and we saw people either independently or with support could access the community freely.

We saw people were actively involved in all aspects of the service from meeting with the cooks regularly to recruiting staff and assisting the writing of the home's brochure. People told us, "You can be involved as much as you want in how things are done."

The registered provider demonstrated how they had sustained outstanding practice, development and improvement at the service. The leadership sought out creative ways to provide a personalised service and had achieved good results through close working with other agencies. The staff team were highly motivated and were actively involved in and contributed to continuous improvements in care and running of the service.

There was enough staff to meet people's needs and to ensure they were able to access activities and be part of their local community. The provider operated safe and robust recruitment and selection procedures which people were involved in where possible.

Staff protected people's privacy and dignity. All interactions between staff and people were caring and

respectful, with staff being patient, kind and compassionate. Staff supported people with patience and an unhurried approach to ensure they promoted active involvement in their care and do as much as possible for themselves.

Thorough investigations had been carried out in response to safeguarding incidents and these had also been appropriately reported to CQC by the provider. Learning from incidents was evident in adjustments to procedures such as how medication was managed, to ensure people were protected from harm. Comprehensive audits were carried out by the management team to ensure the appropriate improvements took place within the home.

Records and conversation with the registered manager, people and relatives showed that people were listened to and complaints or concerns were taken seriously and responded to appropriately.

The registered manager ensured that staff had a full understanding of people's support needs and had the skills and knowledge to meet them. Training records were up to date and staff received regular supervisions and appraisals. Staff were clear about their roles and responsibilities and told us they received support from the registered provider and registered manager to provide care for people.

A variety of choices of food and drinks were offered at the home. Staff supported people to eat and drink with patience and dignity. People told us they had good access to their GP, dentist and optician. Staff at the service had good links with healthcare services and people told us they were involved in decisions about their healthcare. This meant that people who used the service were supported to obtain the appropriate health and social care that they needed.

There were robust systems and processes in place to protect people from the risk of harm. Staff were aware of different types of abuse, what constituted poor practice and the correct action to take if abuse was suspected. Appropriate checks of the building and maintenance systems were undertaken to ensure health and safety for people and staff was maintained. We saw accidents and incidents were closely monitored by the registered manager.

Staff had received training in the Mental Capacity Act 2005 (MCA) to make sure they understood how to protect people's rights. There was guidance in relation to the MCA and people were asked for their consent before staff carried out any care or treatment. CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The registered manager, registered provider and staff ensured that people were supported in ways that did not restrict their freedom and were supported appropriately to uphold their rights.

There was an emphasis on person centred care. All the care records which were in an electronic format, showed people's needs were continually reviewed. The plans ensured staff had all the guidance and information they needed to enable them to provide individualised care and support. People and their family members were consulted and involved in assessments and reviews.

The registered manager used effective systems to continually monitor the quality of the service and had on-going plans for improving the service people received. The registered manager gathered information about the quality of their service from a variety of sources including people who used the service, their family and external agencies. This was used to enable the registered provider to identify where improvement was needed and to implement and sustain continuous improvement in the service.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

People were protected from the risk of harm because the registered provider had systems in place to manage risks. Recruitment procedures ensured the employment of suitable staff and involved people who used the service.

The registered manager had worked to improve the standard of medicines management and had sought advice from pharmacists to ensure medicines were stored and administered safely..

People were safeguarded from abuse. The provider had an effective system to manage accidents and incidents and learn from them so they were less likely to happen again.

Staffing levels were provided to meet the needs of people using the service.

### Is the service effective?

Good ●

The service was effective.

Staff received training and support to meet the needs of people using the service.

The service understood how to apply the Mental Capacity Act 2005 and Deprivation of Liberties Safeguards to ensure people's rights were protected.

People's dietary needs were well catered for and people told us how they were involved in the planning of menus and were given choice.

People were well supported to stay healthy, active and well.

### Is the service caring?

Good ●

The service was caring.

People who used the service told us that staff were caring and

treated them well, respecting their privacy and encouraging their independence. Our observations showed this to be the case.

Staff at all levels interacted warmly with people who used the service and had formed positive bonds with people, who consistently told us they felt at comfortable and well supported.

The registered manager and all staff we spoke with had a good understanding of people's needs, preferences, likes and dislikes.

### **Is the service responsive?**

The service was extremely responsive.

People received care and support to enable them to develop and maintain an active part in the local community. The registered provider used a range of imaginative projects to ensure people retained their independence and took pride in completing meaningful and innovative activities.

The service had proactive procedures for enabling people to share their views of the service through resident meetings as well as involving people in recruitment, service development and day to day matters such as activities and menus.

People's care plans were very person centred and contained meaningful information about how a person wished to be supported. People told us they felt really involved in their care and in all aspects of life at The Millings.

**Outstanding** 

### **Is the service well-led?**

The leadership and management of the service was outstanding.

The registered manager promoted strong values and a person centred culture which was supported by a committed staff group. The registered manager ensured this was consistently maintained.

The service worked effectively in partnership with other organisations and forged positive links with the community to ensure the service was an active part of local community life.

There was strong emphasis on continual improvement which benefited people and staff.

There were robust systems to ensure quality and identify any potential improvements to the service. The registered manager

**Outstanding** 

promoted an open and inclusive culture that encouraged continual feedback.

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# The Millings

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the registered 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.

We inspected The Millings on 22 and 24 August 2016. This was an unannounced inspection. The inspection team consisted of one adult social care inspector.

Before our inspection we reviewed all the information we held about the service. We examined notifications received by the CQC. We also contacted the local authority safeguarding team, the local authority commissioners for the service and the local Healthwatch group. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

At the time of our inspection visit there were 35 older people who used the service. We spent time talking with people who use the service and staff members. We spent time with people in the communal areas and observed how staff interacted with people. We looked at all communal areas of the home, and visited people in their own rooms when invited. We spoke with twelve people who lived at the home and four relatives during the course of our visit.

During the visit, we also spoke with the registered manager, deputy manager, the chef and five care and activity staff from the home.

During the inspection we reviewed a range of records. This included five people's care records, including care planning documentation and five medication records. We also looked at staff files, including staff recruitment and training records, records relating to the management of the service and a variety of policies and procedures developed and implemented by the registered providers.

## Is the service safe?

### Our findings

People and relatives we spoke with were confident their family members were safe living at The Millings. People told us, "Yes, I feel very safe living here," and "I'm in safe hands, they are all angels in disguise." Relatives we spoke with said, "It's peace of mind knowing she is safe and well looked after."

Detailed policies were in place in relation to safeguarding and whistleblowing procedures. There was a copy of the local authority safeguarding procedures in the office which was accessible to all staff. Records showed and staff confirmed they had received training in safeguarding adults as part of their essential training and this was regularly updated. Staff were knowledgeable and able to describe the various kinds of abuse. One staff member told us, "It's about keeping everyone safe and that includes visitors. I'd report any concerns I had straight away." They knew how to report any suspicion of abuse to the management team and agencies so that people in their care were always protected. Staff told us they felt confident that any reports of abuse would be acted upon appropriately. The registered manager was very clear about when to report concerns and the processes to be followed to inform the local authority, police and CQC.

The registered provider followed safe and robust recruitment and selection processes to make sure staff were safe and suitable to work with people. We looked at the files for three of the most recently employed staff. Appropriate checks were undertaken before staff started work. The staff files included evidence that pre-employment checks had been carried out, including written references, satisfactory Disclosure and Barring Service clearance (DBS), and evidence of the applicants' identity. As part of the staff recruitment process, people who lived at The Millings were given opportunity to meet, ask questions and spend some time with applicants. The way applicants related to people and how people responded was observed and considered before a decision to offer employment was made. This made sure people felt comfortable and safe with staff who would be supporting them.

The training information we looked at showed staff had completed training which enabled them to work in safe ways. Staff we spoke with confirmed they knew the procedures to follow in the event of an emergency. One staff member told us, "We all know what to do from our training; I have found people on the floor and know exactly what to do to get help and keep them safe until assistance comes."

There were enough staff to meet people's needs and provide personalised care and support with activities. Staff were always present when people spent time in the communal areas and people who were spending time in their rooms were checked regularly. Staff members told us there was enough staff on duty to meet people's needs and support them with their activities. One staff member said; "Sometimes sickness and holidays can cause a problem but team work ensures everything gets done." One person told us; "I can raise my concerns here, I felt there wasn't enough staff on a morning as some of the girls were harassed but they told me there was." The registered manager explained that they had discussed this comment with the person concerned and they had explained how staff numbers were deployed and the person was happy with the explanation. We were told by the registered manager that in an emergency, relief staff, who were employed by the service to provide cover, could be called in to cover any staff absences such as holidays or illness.



A range of environmental risk assessments that had been conducted and recorded with detailed action plans provided guidance for staff about how to minimise risks. These covered both the internal and external areas of the home such as the garden. The risk assessments identified specific hazards and control measures, which had been put in place to minimise the potential risk in the event of accidents and incidents.

The registered manager monitored and analysed all accidents and incidents and reported these to the registered provider for further analysis. This would ensure any learning was identified and adjustments made to minimise the risk of the accidents or incidents occurring again.

A fire safety policy and procedure was in place, which clearly outlined action that should be taken in the event of a fire. A fire safety risk assessment had been carried out so that the risk of fire was reduced as far as possible. Records showed that all necessary checks were carried out on equipment and installations such as gas and electricity. This ensured they were safe and in good working order. All the staff had taken part in a fire drill in the last year to make sure they understood what to do to keep people and themselves safe. Each person had an up to date personal emergency evacuation plan (PEEP). These were kept in an easily accessible place and included important information about the care and support each person needed in the event they needed to evacuate the premises, were taken to hospital or elsewhere in an emergency, ensuring continuity of care for people.

All medicines were stored securely and at safe temperatures. Staff who handled medicines were trained to do so safely. Support was received from the local pharmacist who dispensed people's medicines into a monitored dosage system. Records showed that a full audit of medicines, including people's Medication Administration Records (MAR), were audited each month. Records were signed to show that the medicines had been administered at the correct times; however we saw that handwritten entries onto the MAR sheet were not always double signed. National Institute for Care Excellence (NICE) guidelines state any handwritten entries should be signed and signed by a witness to confirm the medicine information has been transcribed correctly. We raised this with the registered manager who stated they would address this straight away. Information about the management of medicines was easily accessible by staff and guidance was available which described safe dosages and how to recognise any adverse side effects.

We saw that the registered manager had responded to learning from a medicines incident by requesting support from their local pharmacy and providing further training for staff working at the service. This showed the service pro-actively responded to incidents and used them for learning opportunities.

## Is the service effective?

### Our findings

We asked people who used the service if they felt staff were well trained and knew what they were doing. People told us, "The staff are all very good" and "The girls all know what to do and how to do it, they are all competent and aren't let lose until they know us and what they are doing." Relatives we spoke with also commented that staff were confident and, "Know what they are doing."

The registered manager showed us a training chart which detailed training staff had undertaken during the course of the year. We saw staff had received training in health and safety, infection control, moving and handling, safeguarding, mental capacity, wound management, Parkinson's and fire safety. We saw the registered manager had a way of monitoring training which highlighted what training had been completed and what still needed to be completed by members of staff. One staff member told us; "The end of life training I did was brilliant, I can put what I learnt into practice."

We saw that a formal induction programme was undertaken by the registered provider that included an introduction to the organisation, conditions of employment, introduction to the home and the role, health and safety, policies and procedures, and education and training. The registered manager had explored options for the implementation of the Care Certificate. The Care Certificate is a standardised approach to training for new staff working in health and social care. The registered manager said they were prepared to look at local training providers from a local college or to use an assessor from the registered provider's sister home to support Care Certificate candidates if any were recruited.

We looked at supervision and appraisal records for four staff members and looked at the supervision matrix. We saw supervision was planned to occur regularly and that records for 2016 were currently up-to-date. Supervision is a one to one meeting between a member of staff and their supervisor and can include a review of performance and supervision in the workplace to ensure someone is competent in a specific task. All staff we spoke with said they had regular supervisions with the registered manager, deputy and senior carers and records we viewed demonstrated that supervision meetings were meaningful discussions with development areas for staff and positive feedback. One staff member told us, "It's good to get feedback to know you are doing something right."

We saw records of regular staff meetings between the registered providers and management and for care staff and ancillary staff. Items included discussions on health and safety, feedback, people who used the service and training. One staff member told us, "Yes we have meetings regularly but we do address things as and when they happen." Another staff member said, "I feel able to raise anything." This meant staff members felt involved in the running of the service.

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 this 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. The registered manager told us no-one at the service was subject to a DoLS but the registered manager knew the legislation and processes they were required to follow. Staff were able to explain the DoLS process to us and said they had received training to ensure they understood the implications for people. One member of staff told us, "If for example someone tried to leave and we stopped them, we would be restricting their rights." One person told us, "I enjoy being able to come and go as I wish to. I enjoy living here".

We saw that recorded consent was obtained from people in relation to medicines, photographs and having keys for their room. We witnessed staff obtained consent before they carried out care interactions. We witnessed the service had an open access policy and people were encouraged to spend time in all communal areas of the home. One person popped into the office whilst we were talking to the registered manager and mentioned they were going into town for a coffee, so people clearly felt comfortable coming and going from the home as they pleased.

We observed the lunchtime meal in the dining room. Staff took their time when asking people about their choice to ensure people received exactly the meal they wished. The mealtime experience was calm and enjoyable, people were offered second helpings or offered an alternative if they appeared not to be enjoying it. Where people needed assistance with their food we saw staff were very patient with them. We saw for one person with a visual impairment that staff supported them sensitively with adapted equipment so that person could be as independent as possible. We sat with a group of people at lunchtime and everyone was positive about the food at The Millings. People served themselves vegetables from dishes placed on the table and helped each other as well as staff offering support where needed.

One relative we spoke with told us; "The food always looks excellent." People told us that their relatives and visitors were able to dine with them and one person told us their partner often accompanied them on trips out for pub meals.

Staff told us about how they monitored people's nutritional needs. We spoke with the cook who told us they were informed about anyone with diabetes, who required a fortified diet (one with a high calorie intake for people at risk of malnutrition), or who needed a softened diet. They told us they had all the equipment and supplies they needed and they also held a cash float to go out if someone decided they wanted something in particular that day. We saw snacks, including fortified snacks such as crisps and biscuits were provided to people along with hot drinks throughout the day. One staff member told us; "We'd support someone with lots of high calorie things such as having cream in their porridge. We have a person who loves chocolate so we tempt them with that. We weigh people regularly and if we had any concerns we'd put in a referral to the dietitian." We saw everyone had a care plan for monitoring their food and nutritional intake.

People were supported to attend health appointments and staff were quick to seek advice where there were any concerns about people's health. We saw records to confirm people had visited or had received visits from healthcare professionals such as their GP, dentist and optician. One person said, "Someone from the surgery comes twice a week and you can ask to go on the list to see the doctor if you want to." Another person told us, "I'm better now than when I came in!" We saw people had been supported to make decisions about health checks and treatment options.

We were told about a new initiative by the local Clinical Commissioning Group (CCG) which uses secure video technology to give access to advice and information for people in crisis by nurses to reduce pressures on accident and emergency departments as the first point of contact. One staff member told us they had used the new 'Immedicare' service for a person earlier in the week who had an episode of being unwell, and they felt reassured by the advice given. A district nurse who was visiting people told us they were impressed by the holistic approach to people's care at the service and the capability of staff. The district nurse expressed confidence in the competence of staff to care for people, "Our instructions are followed through, the staff are very helpful."

## Is the service caring?

### Our findings

People who used the service, and family members, were very complimentary about the standard of care at The Millings. People told us, "The staff are very caring," and "Everyone here is happy and smiling". Relatives told us, "I am very happy with the care here," and "The staff are great and the communication with us is really good."

We asked people if they were happy with their care at the service and everyone we spoke with were positive about the staff and care at The Millings.

Staff had developed positive relationships with people. The variety of the staff skills had been used with good effect to match staff to people so that they could enjoy shared interests together such as gardening, art and exercise. People showed that they valued their relationships with the staff team. One person told us; "[Name] does my shopping for me twice a week, it's great as I can have my treats or if I don't fancy a main meal," and "If you want anything however late they'll do it for you."

We saw staff talking to people in a polite and respectful manner and staff interacted with people at every opportunity. People were assisted by staff in a patient and friendly way. We saw and heard how people had a good rapport with staff. For example, we observed one staff member talking to two people, encouraging them to go to the lounge to take part in activities. This was done in an encouraging and friendly manner. We observed that people were asked what they wanted to do and staff listened. In addition, we observed staff explaining what they were doing, for example in relation to medicines and supporting people with activities. When staff carried out tasks for people they bent down as they talked to them, so they were at eye level. They explained what they were doing as they assisted people and they met their needs in a sensitive and patient manner. Each interaction from staff was undertaken efficiently in a caring, focused manner which promoted the person's wellbeing.

We asked people and family members whether staff respected the privacy and dignity of people who used the service. One person told us; "The staff here are all very professional." Everyone told us they got privacy. We saw staff using people's preferred names and knocking before entering rooms.

All staff told us they gave people as much choice as they could around their daily life from when they got up, to meals, activities, clothing choices, and bedtimes and also whether they actually wanted support from care staff. One person told us; "I can do as I please, join in if I please, go out if I please, and have time on my own if I choose to."

People told us their relatives and friends were encouraged to visit them within the home at any time and were welcomed and enabled to join in activities and trips out. One person told us; "We go out for pub lunches and my spouse comes, we went to McDonalds once and had a McFlurry, it was delicious!"

The staff we spoke with demonstrated an in-depth knowledge and understanding of people's care, support needs and routines and could describe care needs provided for each person. For example, the service ran an

in-house shop twice a week for sweets, toiletries and other necessities. We saw one staff member discretely ask one person who was visually impaired if they could check the stock of crisps which they enjoyed from their room to see if they needed any more purchasing.

We saw people signed where they were able, to show their consent and involvement in their plan of care. If not a family member who had lasting power of attorney for care and welfare was asked to consent. If no one with the legal authority to make this decision was in place a 'best interest' meeting was undertaken. This showed that people were involved in the planning and delivery of their care.

Advocacy services help people to access information and services, be involved in decisions about their lives, explore choices and options and promote their rights and responsibilities. The registered manager told us none of the people using the service had advocates currently however information on advocacy was made available to people and family members.

None of the people who used the service were receiving end of life care. However, some staff we spoke with had received end of life care training. The registered manager told us they were keen to enhance end of life care services and training with the whole staff team as part of the service's on-going improvement plan. A district nurse we spoke with told us; "They are very good with end of life care, they were very caring."

## Is the service responsive?

### Our findings

People received care and support above and beyond their preferences, interests, aspirations and varied needs. People were able to access a diverse range of activities and events at The Millings and in the community and we saw the activity team were passionate about creating person centred experiences for everyone who used the service. One relative said, "A major secret to the success at the Millings is the excellent activity programme. They are committed to engaging all members of the home to enjoy some level of activity and interaction which is beneficial to their health and well-being."

During the inspection we could see there was an abundance of organised activities going on such as balloon badminton, a singing group and the 'pop-up' shop and we witnessed people having fun and engaging in the numerous different activities. We also saw people choosing to spend time in the beautiful garden or go into the local town for a coffee. One person said to us, "You should have been here to join in our balloon badminton, it was great fun." We did join in a singing group which was led by one of the very enthusiastic and motivating activity co-ordinators and everyone was encouraged to make choices and participate, whatever their singing talents!

The service ran specific project activities such as an art group, creative writing group and keep fit groups that built each week on particular subjects both in and out of the home. For example, the art group may go out to draw in the local countryside one week and then have a painting class in the home the next week. The service had a project about butterflies that included a trip to Butterfly World, drawing, and craft work all based around butterflies. We saw the creative writing group had produced a beautiful book called "The Magic Tree and Friends" which had been published and bound and was displayed in the reception area of the home. The home had grown vegetables in the garden area and people had enjoyed home grown potatoes for lunch they had helped cultivate. We saw the service had enabled people with different levels of skills to be involved. For example one person with a visual impairment had an emergency pendant around their neck so they could access the garden areas safely. They told us; "I feel safe with it on so they know if I have a problem whilst I'm out here, it gives me time out here to potter which I love."

The service had an innovative partnership with Durham University archaeology department. The university had worked with the home in putting on talks, hands on sessions with artefacts as well people going on field trip visits to local museums and the university's current excavations at Binchester Roman Fort. One person told us, "It's been fascinating, I didn't realise I would learn so much, it's been really exciting." One of the university professors involved in the project had said, "This has been one of the most fulfilling things I have done in my academic life." The project had involved explaining what archaeology was and the many themes within it such as detecting sites, excavating and conversing and analysing finds. The university said it aimed to improve people's well-being by engaging with their backgrounds, interests, skills and local knowledge and to link aspects of archaeology with human health such as mobility and nutrition.

We saw the service worked with the local community for example, the home enjoyed a close relationship with local schools and as well as twice yearly musical concerts by one school, the service had hosted the under fives sports day for another local school. The home also used a local community hall to put on events

such as afternoon tea dances and fund-raising coffee mornings. We saw group activities in the week of our visit included church services, themed events around the Olympics, creative writing, singing and a beetle drive (board game). Recent community activities had included a trip on a steam train, pub lunches, a day at the races, a brass band evening at the local church, a local steam fair and a visit to a rose garden.

We saw the service responded to feedback from people and the introduction of the 'pop-up' shop was one of those suggestions. One of the activity co-ordinators told us, "People suggested they'd like a way of getting regular things from the shops and so we've introduced the shop and it's been really popular. We take specific orders as well as carrying a range of things for people to choose from." We also saw the service had run a fun dog show at people's request and were working on a 'glamping' event to organise a camping experience. One person told us, "There is always so much on and so much to look forward to, I never feel lonely or bored."

When we spoke with two of the three activity co-ordinators who worked at the service they told us how passionate they and the rest of the team were and how committed they were to offering the best experience possible for people at the service. They told us, "We give people the chance to do things they have always done and let people explore new experiences." They said, "We all have different skills, one of us is crafty, another enjoys gardening, and another enjoys the cognitive work we do such as Countdown and crosswords. A lot of the staff here get really involved too which is a great motivator for everyone." One of the care staff told us, "There is so much for people to do both inside the home and out, people have more of a social life than I do!"

One person told us they had been a civil engineer in their working life and they enjoyed going out on regular trips with one of the activity co-ordinators to look at engineering projects happening locally. They told us they had been out recently looking at the major upgrades to the A1 motorway. They said, "I must be the only person who likes being stuck in roadworks!"

All of this meant peoples' lifestyle experienced in the home matched their expectations and preferences, and satisfied their social, cultural, religious and recreational interests and needs.

People received consistent, personalised care and support. Their care and support was planned proactively with them and the people who mattered to them. People's plans were reviewed every six months or sooner if their needs changed and they were provided with support that met their needs and preferences. Relatives told us they felt the assessment and transition processes were well managed by the service to reduce the impact on everyone's lives. One relative said, "My relative has recently made the difficult move away from their home to The Millings so they could be closer to us. The staff at the Millings have made the transition seamless and painless.

Each person's individual care and activity plans were based on a detailed profile of the person and assessment of their needs. The registered manager told us they always met the person and family as part of their assessment process and ensured that the service were able to meet theirs and their family's needs and expectations. This assessment provided in depth information about the person's background and social history, relationships that were important to them, their abilities and physical needs. People's support needs and how to meet them were set out in a written plan that described what staff needed to do to make sure personalised care was provided. This included detailed guidance about how to support someone in the way they preferred, for example with personal care. A relative stated, "A great deal of time was dedicated to the initial assessment and then our preliminary visit. This was so important for us both and the emphasis was very much on the individual and their specific needs and requirements."



People told us they would complain to staff or the registered manager. One person said; "I know who to talk to if I am unhappy with anything," and another person told us, "I can talk to [name] the registered manager about anything troubling me."

Records we looked at confirmed the service had a clear complaints policy. We looked at the home's record of complaints. There hadn't been any formal complaints within the last 12 months and there was a clear record of investigations and outcomes recorded previously to this. The registered manager stated they dealt with any issues quickly and as they arose, but would enable anyone to progress to using the formal complaints process if they wished.

We saw that people were given ample opportunity to give feedback about the home through meetings and we saw that suggestions and ideas were fed back to people so they could see their feedback in action. For example, someone had made a suggestion about removing a bush under an open window and replacing it with lavender for the smell and someone had suggested music in the bathrooms so waterproof stereos had been purchased if people wanted some music whilst they had a soak. As part of the service's recruitment process, people were involved in the selection of new staff. The home sought consent for a photo of prospective candidates so following interview, people could discuss the relevant applicant with the home's management with the use of the photos to remind them of individual faces. This showed people's views and ideas were listened to and acted upon by the service.

## Is the service well-led?

### Our findings

People responded warmly to the registered manager who had worked at the service for many years and knew each person well. Relatives were consistently positive about the service their family members received. They said, "We are delighted with the care my relative gets here, we are welcomed every time we visit and nothing is too much trouble for the manager and her team." "We can come in any time and the staff always have time for a chat with us about how our relative has been."

The registered provider had a clear vision and values that were person centred and focussed on people having the opportunity to be part of their local community and promoting independence. We saw the home had supported local schools to come into the service and had facilitated a sports day for under fives and another school choir came in to sing for the home. The service utilised other local facilities such as the Bedale Hall to use for larger events such as fund-raising coffee mornings and tea dances. During the course of our visit we saw people who lived at the home popping out to meet friends for coffee or just to go to local shops and this independence and use of facilities was encouraged although for people who could no longer do this, the service had innovated to bring items from local shops into the home in the form of a pop up shop.

Staff told us, "The directors are in here all the time and are really supportive; it feels like a big family here." "There is always something going on somewhere where you can hear people laughing, that's what we are about here, making people smile." Staff spoke highly of the registered manager and said that they were always accessible and approachable, "I feel like I have known her all my life." Another staff member said, "I feel I can raise anything. They have never made me feel uncomfortable about raising anything". The deputy manager told us about when they started at the service and they identified a possible improvement the service could make in relation to medicines. They said, "I talked it through with [name] the manager and she agreed and we discussed together how we could implement it." Another staff member told us of a family emergency when their elderly relative was taken ill. The directors of the company offered their relative a short term placement at the home so the staff member knew they would be safe and cared for. This showed the service was supportive and listened to all of its staff.

The registered providers and registered manager demonstrated passion and commitment to providing an excellent service for people and their relatives. These values were owned by staff who were equally committed and enthusiastic about fulfilling their roles and responsibilities in a way that delivered the best possible outcomes for people. This was evident in the way staff and the registered manager described a variety of innovative projects. For example, how they had involved people living at the home to assist in devising a brochure for the service. One person told us how they had contributed information about local services and that people were welcome with pets. They said, "We had a meeting about the brochure where they asked for our comments and what we could add. I looked at the old one and amended it and thought of some other things that visitors might like to know where they can get something to eat in the town and they have added those in."

The registered manager and the wider management team provided clear leadership and used systems

effectively to monitor the culture of the service. This included the consistent presence of the registered manager in the service, working alongside staff as an effective and caring role model. We saw that they knew everyone at the service well and everyone felt comfortable and relaxed in their presence.

The service had actively sought and acted upon the views of others and sought external evaluation of their work and had achieved very good results from an initial survey undertaken by an independent market analyst in 2014. This independent survey was due to be completed again shortly and we saw the draft work between the analysts and the registered providers to ensure that it was focussed on the specific services provided by The Millings.

The service was one of the Top 20 recommended care homes in the Yorkshire and the Humber area in 2016, with a review score of 9.8 based on 32 reviews and recommendations in the past two years.

The registered manager and staff were exceptional in their commitment to understanding and helping people communicate their views. People were involved as far as possible in every aspect of the ongoing development of the service. Where any changes were made these were trialled carefully and people's responses observed and monitored to make sure the changes worked for them. For example, the service had introduced Caresys an electronic method of planning care for people. The service had introduced this in a phased manner and supported staff who may not be computer literate to have confidence in using the new care planning approach. Staff told us, "I was frightened of using the computer tablet before, I was worried I'd lose everything but it's been great and it's meant we can share care plans with the people they belong to much more." Another staff member told us; "Now we have Caresys we have more time on the shift instead of writing and it's been brilliant, we can join in more or just sit and chat with people."

There was a strong emphasis on continually striving to improve the service for people. The registered manager showed us a home quality assurance audit (HQA). This audit system covered areas such as medication systems, the environment, health and safety, care plans, accidents and falls. The registered providers made sure actions were followed through, monitoring action plans following audits through weekly meetings with the registered manager and we saw that the outcomes of audits and action plans were shared with the staff team through meetings and briefings so staff could share in the learning and have ownership over improvement work. The registered manager received consistent support from the registered providers and told us that the resources required to drive improvement were readily available.

The service had sustained outstanding practice and improvements over time and had achieved recognised accreditation schemes. The registered providers held membership in a number of recognised bodies that looked at driving improvement through quality. They had undertaken a wide range of training, reflection and planning and embedded a person centred focus on life enhancing opportunities through activities with 'Ladder to the Moon'. This was an independent organisation that provided workforce and service development to enable health and care organisations to develop active, stimulating care services. The service had also had an assessment from Customer First in 2016 for which they were compliant in all 30 areas of customer service. We saw this assessment identified areas for development and growth such as ensuring the home's website was as up to date as possible and giving staff opportunities to work in other areas of the service. This showed the home sought external verification of its strengths and areas for improvement to ensure it constantly developed and improved.

Staff told us they enjoyed working at the service. This was evident in the excellent teamwork we observed and the consistently positive way staff related to people, to one another and to the registered manager.