Millennium Care Services Limited

Sunnyview

Inspection report

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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?	Good

Summary of findings

Overall summary

Our unannounced inspection commenced on 27 March 2018, and we returned for a second day on 3 April 2018. We told the provider we would be coming back for this day to complete the inspection. At our last inspection in November 2016 we rated the service as 'requires improvement' overall and identified two breaches of regulations related to safe care and treatment and good governance. We asked the provider to send an action plan to show how they intended to make improvements to address the issues we found. At this inspection we found they had followed their action plan and were now meeting the requirements of all regulations.

Sunnyview is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Sunnyview is situated in Ferrybridge, with easy access to local facilities. The home provides services for up to seven individuals with learning disabilities and associated mental health needs. The home is on two floors, and each person has their own room. There is an enclosed garden, which people in the home can access. At the time of our inspection there were six people using the service.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen

There was a registered manager in post, who had been recruited since our last 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.

People told us they were safe at Sunnyview, and we saw the registered manager checked this was the case at regular service user meetings. Staff training and the provider's processes meant people were well safeguarded, and we saw the registered manager investigated and reported any incidents appropriately. There were enough staff on duty to enable people to receive support when they needed it, and we saw records which showed staff had been recruited safely. We saw evidence of a good approach to equality of opportunity in recruitment practices.

People lived in a clean and well-maintained home, and we saw the registered manager ensured regular servicing of safety equipment.

Medicines were well managed. Stocks and records were up to date, and we saw documentation in place which supported good practice in this area. Staff responsible for administering medicines had regular

training and observation of their practice.

Staff were well supported to be effective in their roles. They had access to appropriate training which was regularly updated, and attended supervision meetings to discuss their performance. People were supported to have good access to health and social care professionals, and there was accessible documentation in place to help people with appointments.

Care plans showed how people made decisions and how and when they may need support. Appropriate safeguards were in place where people could not make decisions, for example about where they lived. Independent advocates were involved in supporting people with their decision making.

We saw people could make choices about how they spent their time, and were able to have regular access to the community. People's diet was tailored to their preferences and needs, and we saw healthier eating was promoted.

People told us they got on well with staff, and we observed this was the case. Care and support were provided in caring ways, and people were able to contribute to decisions about their care when they wished to. Care plans were person-centred and detailed, meaning staff had access to information about how each person wished to received care. People had access to a range of activities which they were supported to plan. People told us they would know how to complain if they needed to, and we saw there were systems in place to ensure complaints were responded to appropriately.

Care plans were detailed, kept under review and incorporated advice and guidance given by other health professionals. There was a focus on achieving positive outcomes for people and how this could be done. Care plans for end of life care were in the process of being rewritten.

We found there was good leadership in the service. The registered manager had driven significant improvements for people and staff, and was passionate about providing excellence in care. There were strong systems in place to monitor and improve quality in the service, and where incidents occurred there were robust systems in place to ensure any potential lessons that could be learnt were captured and acted upon.

People who used the service were encouraged to influence the service in meaningful ways, and we saw there was a very high commitment to equality of opportunity: the registered manager listened to and acted on suggestions from people and staff, and we received excellent feedback about their ability to provide outstanding care and leadership. Staff were well motivated and empowered and other health and social care professionals praised 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.

Recruitment of new staff followed a robust and inclusive process. People who used the service had a voice in the selection of staff, and we saw staff were deployed in sufficient numbers to provide safe and supportive care.

There were systems in place to ensure people were appropriately safeguarded. Accidents and incidents were reviewed to ensure any lessons learnt could be acted on.

Medicines were managed safely, and we found records relating to this were fully completed with no gaps.

Is the service effective?

Good

The service was effective.

There were clear processes in place to assess and document people's capacity to make specific decisions in line with the requirements of the Mental Capacity Act 2005 (MCA). Where people needed a Deprivation of Liberty Safeguard authorisation we saw these were applied for in a timely way, and the provider ensured any conditions were adhered to.

Staff received a thorough induction and had access to ongoing training and support which helped them remain effective in their roles.

People received good support to access health and social care professionals when needed, and staff were aware of the importance of promoting healthier eating whenever possible.

Is the service caring?

Good

The service was caring.

People told us they had good relationships with staff who were caring in nature.

People were involved in the writing of their care plans, which

were person-centred in nature. We saw there was some use of alternative formats which would help people access and understand documents if they wished to do so.

Is the service responsive?

Good

The service was responsive.

Care planning was person centred, and based on sound and ongoing assessments of people's needs and abilities.

Care plans were kept under review, with people, their families, staff and other health professionals involved in the process.

There were systems and processes in place which ensured complaints and concerns were responded to appropriately.

Is the service well-led?

Good

The service was well-led.

There was a strong, shared culture which put people's experience at the heart of what the service did. There was a commitment to quality and equality, and staff were well motivated and proud to work at the service. The provider celebrated achievements in people's lives.

Quality was constantly and effectively monitored, and the registered manager sought and acted on opinions of people who used the service and staff when making decisions about the running of the home. Staff were empowered to make suggestions and be innovative.

There was a focus on continually learning about people in order to support them to achieve goals and improvements in their quality of life.

Sunnyview

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 over two days. On 27 March 2018 our visit was unannounced, however we told the provider we would return to complete the inspection on 3 April 2018. The inspection team consisted of one inspector and, on the first day only, an expert-by-experience with experience of supporting someone to use this type of service.

Before the inspection we reviewed all the information we had about the service, including past inspection reports, action plans and notifications about incidents which the provider is required to send to us. We also contacted other bodies such as commissioners, safeguarding teams and Healthwatch, which is a consumer champion which gathers information about people's experience of using health and social care services in England. None of these bodies shared any information of concern.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make

During our inspection we spoke with the registered manager, the area manager and four members of staff. We also spoke with four people who used the service, and spoke with two sets of relatives by phone whilst we were at the service. We reviewed two people's care plans in detail, and looked at the stocks of medicines and administration records for three people. We spent time making observations around the service and looked at documentation relevant to the general running of the home, including that relating to audit activity, complaints, recruitment and the maintenance of the building.

Good

Is the service safe?

Our findings

At our last inspection in November 2016 we rated this key question as 'requires improvement'. We identified one breach of regulations relating to the safety of the service as we found repairs required to ensure the safety of the electrical installation in the home had not been undertaken in a timely way. At this inspection we found all servicing and maintenance was up to date and concluded the service was no longer in breach of regulations relating to safe care and treatment and have rated this key question as 'good'.

People who used the service told us they felt safe living at Sunnyview. One person said, "My money is in my own room in the safe locked up. I have a key to my room too." Another person told us, "My things and money are safe." A third person told us that being listened to by the staff and registered manager contributed to them feeling safe. Relatives we spoke with also gave positive answers when we asked if they thought people were safe. One relative told us, "I can tell [name of person] is safe as they are happy." Another relative said, "Yes, [name of person] is definitely safe there. They [staff] have been brilliant with [name]."

Care plans contained a range of assessments of risks associated with people's care, including those associated with choking, time spent in the community, trips and falls and administration of medicines. We saw there was clear guidance in place for staff to follow to ensure risks could be minimised as much as possible. Staff we spoke with could describe how they kept people safe.

Staff were recruited safely and deployed in sufficient numbers to provide unrushed and supportive care. People who used the service were involved in recruitment activities. They were able to submit or ask questions and candidates spent time with people as part of their interview process. This meant the provider was able to assess whether candidates and people who used the service were comfortable with each other before offering jobs. Records we saw showed past experience and gaps in employment were explored during the interview, and new employees did not begin their induction until background checks such as those with the Disclosure and Barring Service (DBS) and relevant references were received. Agency staff were occasionally used, for example to cover absences and annual leave. Staff we spoke with told us these were usually regular agency staff who knew and understood people who used the service.

There were systems in place to ensure people were safeguarded from potential abuse. Staff we spoke with understood how to recognise and report signs of potential abuse, and were confident the registered manager and provider would act promptly and appropriately to address any concerns raised. Records evidenced the provider was investigating any incidents and reporting to bodies such as the safeguarding team and CQC as required.

People told us any accidents or incidents were responded to promptly and safely. One person told us they had been given good care and taken to hospital following a fall on the steps. Relatives told us the service was candid in telling them when their loved ones had an accident or were involved in an incident. One relative said, "[It was] nothing serious, [person] stumbled on steps – dealt with very professionally and I was told too." Another relative told us, "[Name of person] was punched on the arm by another resident. [Name]

doesn't feel anything so it wouldn't hurt. [Name] was ok and they looked into it. They rang me and also emailed to notify me. I was happy."

There was evidence the provider promoted a 'lessons learnt' approach within their services, and this was also the approach of the registered manager. For example records of accidents and incidents were compiled across all the provider's services in the area to enable more meaningful analysis and earlier identification of any emerging trends and any action that could be taken to address these.

We made checks on medicines management and administration, and found these were managed safely. People who used the service confirmed to us they got their medicines when they needed them.

Medicines administration records (MARs) were detailed and included information such as the types of medicines people took and relevant prescribing guidance, how people liked to take their medicines, for example with water or in a particular order that was important to them, and any potential side effects. MARs we looked at were all fully completed with no gaps, and we saw staff checked all medicines records and stocks at the handover for each shift to ensure there had been no issues in this area. The stocks of medicines we checked matched the records on the MARs, and we found staff were knowledgeable about how people liked to take their medicines.

We saw people lived in a homely, clean environment that was well maintained. We checked records which showed servicing of fixtures and fittings, such as the electrical and gas systems were kept up to date. There was an evacuation plan in the home, and we saw system tests and drills took place regularly. Each person had a personal evacuation plan which showed the support the person would need in an emergency.

Good

Is the service effective?

Our findings

At our last inspection in November 2017 we rated this key question as requires improvement. We did not identify any breaches of regulation, although we saw some staff training had not been kept up to date, supervisions had been supportive but not always regular and there was inconsistent involvement from families evidenced in best interest decisions. At this inspection we found the provider had made sufficient improvements in these areas for rating to be 'good'.

People we spoke with told us they thought the staff had sufficient training to be effective in their roles. Records showed staff received a thorough induction and had access to a range of mandatory training which was regularly refreshed to ensure staff's skills remained up to date. In addition staff had regular supervision meetings during which they could discuss their performance and any additional training which they required.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

Care plans we looked at contained a variety of decision specific assessments of people's capacity, including those for the consent for physical interventions, administration of medicines and for signing consent in care plans. Where people lacked capacity we saw appropriate best interest decisions were made, and these showed appropriate people had been involved including family members and independent advocates. Documentation relating to capacity and consent referenced Article 3 No torture, inhuman or degrading treatment of the Human Rights Act 1998, and showed how this had been considered in the process.

There were processes in place to ensure DoLS were applied for people as required, and applications for renewals were submitted in a timely way. Our checks of documentation showed the service was meeting the requirements of any conditions which had been placed on the authorisation.

Staff supported people to access health and social care professionals such as GPs, dieticians, independent advocates and hospital services as needed. Where advice about people's care had been received from health professionals we saw copies in people's care plans. Staff told us they were prepared to advocate on people's behalf and challenge healthcare professionals when appropriate in order to achieve the best

outcomes for people, and we saw evidence that records relating to such conversations were kept. This meant the provider could demonstrate how they ensured people's health and social care needs were referred to appropriate professionals when needed. People's care plans contained 'health passports' which had been written to give to other health professionals, for example on hospital visits or admissions. These contained summaries of people's needs and preferences, including how the person communicated, for example how they indicated consent or understanding and how they expressed pain. These were person-centred documents which were in a format accessible to people who used the service. We saw an interim care plan had been written for one person when they were admitted to hospital. This showed how staff from the service would continue to provide support, and risk assessments to show how many staff would be needed to support the person for procedures such as the insertion of a cannula and when an advocate would need to be present to support best interests decisions.

People lived in a peaceful, homely environment and we observed the atmosphere remained calm when people presented behaviours that challenged them and others. One person told us with pride how they had been supported to choose the carpet and curtains for their room, and we saw another person had was supported to spend time outdoors which they enjoyed. People were free to spend their time where and with whom they wished, and we saw people had regular opportunities to go out into the community.

People gave positive feedback about the food they ate at Sunnyview. One person told us, "The food is nice. I can pick what I like here. I can request different food or go out to the fish and chip shop." Another person told us, "Meals are delicious and wonderful."

Records showed people were asked what they would like to eat, and supported to produce weekly menus and shop for supplies. We saw information about the week's menus was available in formats accessible to people who used the service. We spoke to staff about promoting healthier eating. They told us they would try and encourage this as much as possible, but emphasized respecting people's choices. Staff told us they how they would try and support people to make the healthiest possible choices, for example purchasing reduced fat or sugar options. We saw people's weight was monitored and where there was significant weight loss or gain we saw referrals were made to appropriate health professionals.

People who needed a textured diet, for example because they were at risk of choking, received this and we saw this was well documented in care plans, which included guidance from, for example, speech and language therapists. The provider had purchased moulds for textured foods which enabled the meals to be presented so that people could recognise individual components of the meal. This meant people who required a textured diet received meals with an appetising appearance.

Good

Is the service caring?

Our findings

People we spoke with gave good feedback about the staff's caring nature. One person said, "Yes they are kind and caring, they just are. Mum comes and she feels welcome. And my friends." Another person told us, "Staff listen. They are nice to me." Relatives were also complimentary. One relative said, "Staff know [my relative] very well. They are kind and caring, very good towards [name]." Another relative told us, "I always feel welcomed when I come." Throughout our inspection we saw staff provided patient, good humoured support to people. We observed friendly chat which people enjoyed, and discreet communication when this was needed.

Some people we spoke to told us how staff involved them in decisions about their care. One person said, "Yes, I've seen it [their care plan] and agreed it." Another person said, "I haven't seen my care plan but I have agreed it."

Care plans contained information about the person which would help staff form caring relationships with people. This was person centred and comprehensive, including areas such as 'how best to support me,' 'what people admire about me,' and 'what's important to me.' The amount of detail specific to each individual showed how care plans had been developed over time by getting to know people well.

There was a high level of knowledge about people's communication preferences. For example, care plans contained information relating to words and phrases people used, what this meant where the immediate meaning was not always clear and effective ways in which staff could respond. When we spoke with staff they were able to tell us in detail how different people expressed their wishes and preferences, and we saw staff communicating effectively and kindly with people throughout our inspection. Staff were patient in giving people time and space to speak and responsive to people's needs. For example, one person repeated a request numerous times, and each time they did so staff responded in a caring and non-judgemental fashion. Where people exhibited behaviours that challenged themselves and others, staff were able to diffuse these instances calmly and effectively. Care plans and other records showed the service had worked to understand triggers for behaviours that challenged and made changes to the ways in which they worked with people in order to reduce the instances of these behaviours. For example, there was a creative approach to managing one person's smoking, which enabled them to smoke when they wished and feel assured that they had not run out of cigarettes, which caused them heightened anxiety.

Records we looked at showed people had independent advocates whose involvement was encouraged by the service. We saw advocates were involved in best interest decisions and clear guidance in care plans to show when an advocate may need to be contacted in order to deliver care in a way which respected people's known wishes. The registered manager told us they encouraged open and honest communication in the service, as this was linked to a respect for the rights of people who used the service.

Good

Is the service responsive?

Our findings

At our last inspection we rated this key question as 'requires improvement'. We did not identify any breaches of regulation, however we found some further detail was needed in care plans about people's family and friends, some care plan information was not well organised, and there was a lack of detail about life goals and activities. The provider told us there was a plan in place to review and improve all care plan documentation. At this inspection we saw new care plans were in place, containing well organised, detailed information and have therefore been able to rate this key question as 'good'.

The registered manager told us care plans had been re-written since they had started working in the service. They told us previous plans had been hard for staff to follow, and this had been a focus for the improvement. A member of staff now proof-read care plans after they had been written to ensure they were easy to follow and complete. Staff we spoke with said they had plenty of time to read and understand care plans, and we saw they signed to confirm they had read each section.

We saw evidence care plans were regularly reviewed, and people and their families were able to be involved in the processes if they wished. One relative told us, "Yes I am involved in reviewing my relative's care. They phone and email, and always ask me first. It's inclusive – I'm happy." Another relative said, "I don't really get involved in detail, everything is going well." Reviews were detailed and reflective, and evidenced other health and social care professionals involved in the person's care were consulted.

We saw there was a detailed assessment of people's needs before they began using the service. This information had been used to create detailed, person-centred care plans that showed the care and support people needed and preferred. These included those for diabetes, behaviours that may challenge the person or others and for supporting people at risk from choking. We saw information from health professionals was incorporated into care plans whenever this was received, together with NHS guidance to help staff understand the effects, risks and good care practice. Supplementary care plans were written to cover specific, short term needs, for example to show how a person would be supported during a hospital admission.

Care plans were written to focus on detailed, positive outcomes for people. For example, in one person's care plan for 'activities and general presentation', we saw a large amount of guidance for staff to show how engagement with activities could have a positive impact on their mental health and presentation. The care plan was clear about the observations staff should make to be able to understand successful ways of working with the person that could further enhance the person's independence and daily experiences.

We asked the registered manager how people's needs and wishes for end of life care were explored and planned for. They told us this was an area which had been identified for improvement, and shared with us new documentation which had been devised and was due to be added to people's care plans. These were written in a sensitive, accessible format and would capture a broad spread of important information relating to areas such as the person's ability to understand the concept of death, how and where they wished to receive care at the end of their life, how they wished to be remembered and who they would want to see.

There was also accessible guidance to support people to understand key terms and concepts.

The registered manager told us about how they worked to increase people's independence, and we saw records which showed how people had been supported to build stronger relationships with family members, develop a sense of independence that meant they were considering a move into supported living rather than a residential setting and find the confidence to independently attend work and social activities.

People told us about activities they enjoyed, and we saw evidence staff consulted people and supported them to develop varied and meaningful plans for the week ahead. One person told us, "They help me to do activities I like. I watch TV in my bedroom. I go to football matches, shopping and charity shops. Staff help me find things I like at charity shops. [Name of staff member] orders them online with me if we don't find any." Another person said, "I exercise when I'm at work because I sweep and polish. I meet my friends at work." During the inspection we saw people were able to spend time away from Sunnyview to participate in organised activities or independent outings, and activity planners we looked at showed people had variety or routine according to their needs and preferences. When they were in the home we saw people were free to spend time as they wished, and records showed they were supported to maintain friendships and relationships.

Records showed people were supported to go on holidays, and were able to pick the staff that went with them. One person told us about a trip they were planning and said, "[Name of staff member] is good, they make me feel happy. I want them to come on holiday with me."

There were systems in place to ensure complaints were fully addressed, and we saw evidence to show these worked well. People we spoke with said they would speak to staff if they wished to raise concerns about the service. One person told us, "I know who to complain to. Staff."

Good

Is the service well-led?

Our findings

At our last inspection we rated this key question as 'requires improvement', and identified one breach of regulations relating to good governance. We found audit and monitoring activity needed to be more robust. At this inspection we found the provider had taken very effective action and was no longer in breach of this regulation. New leadership and systems were in place, and we found evidence the service had made substantial improvements in the areas of leadership, governance and quality. We have now rated this key question as 'good'.

There was a registered manager in post when we inspected. They had been recruited into the post since our last inspection, and told us they had received strong support from the provider to identify changes that were needed, how these would be achieved and by when. They told us care plans had been re-written to make them more accessible to people and staff. A poor culture in the service had been challenged. Staff had been encouraged through feedback and empowerment to be creative and very person-centred in their approach to providing quality of life for people. The registered manager was clearly very proud of the staff team and gave examples of how some innovation had been driven by staff based on their own ideas for improvement.

The registered manager told us they welcomed and expected honest feedback from staff, including criticism where this could help drive improvement. They said, "If staff can't be open and honest with their peers and me, how can they say they can advocate for our service users out in the community?"

Staff gave very good feedback about leadership in the home. Comments included, "[The registered manager] lets us speak up, they listen to us all," "They let us try things we think might work for people," "There has been a massive and positive change since [name of registered manager] came. People have more choice and we are really listened to," "After every shift [name of registered manager] says 'thank you for what you've done today.' It's a simple thing but it makes you feel good," and "[Name of registered manager] will share our good ideas across the company, but they always acknowledge who it was who had the idea in the first place."

We received positive feedback about the registered manager's leadership and the quality of the service from other organisations. One service commissioner told us, "The staff often go above and beyond their remit, and management were always very responsive to any request, I would recommend the service to other service users."

There were robust systems in place to monitor quality in the service. These included checks on staff practice, audits and action plans which showed who was responsible for making improvements and a timescale for actions to be completed. There was also active monitoring at provider level, with regular visits and checks made by the area manager. These captured detail of where the service was performing well and where improvements could be made, meaning there was a rolling process of reflection and improvement in place. We saw the registered manager and area manager worked well together. They clearly respected each other's views and demonstrated a shared sense of vision for the service. Staff we spoke with told us they understood what the provider wanted to achieve at Sunnyview, and were committed to the philosophy of

care. One staff member told us, "We are a good team together. There is a real focus on that at recruitment. We have high standards, we're very big on personalised care." Another staff member said, "We know what's expected. We are proud of what we do and excited for the future. There is a real sense of purpose now."

There was a clear sense of person-centred vision and purpose at Sunnyview, driven by the registered manager's passion for the provision of care. Throughout the inspection both the registered manager and staff we spoke with placed people who used the service at the heart of their responses to our questions. For example, when we asked the registered manager to tell us about what they saw as their key achievement since taking on the role, they told us about how a person had been enabled to meet their goal of having greater social involvement. The registered manager said, "The thing I am most proud of is seeing [name of person] getting their life back." People's achievements, treasured memories and successes were celebrated. We saw a record of key events presented as a family photograph album which was left in communal areas for people to look at whenever they wished.

The service was inclusive in its employment practices, for example in employing a person who used another of the provider's services in an administrative capacity at Sunnyview. We saw the person received equal treatment as an employee in the service, which included having a meaningful supervision and performance feedback in line with other staff.

Care plans showed how people could be supported in ways which did not just manage risk or meet needs, but also enhance the person's independence, and we saw care plans were updated to ensure this was a continual process. The registered manager told us, "People can become institutionalised, people can become frustrated and experience challenging behaviours unless you encourage them, support them to have variety in life. It all comes from the care plan."

There were strong processes in place to drive the lessons learnt culture at Sunnyview. Incidents were discussed at staff meetings in order to identify changes that could be made as a result. Staff were encouraged to share candid opinions on what could have been done better. We saw positive impacts on people delivered by this practice, for example a reduction in the amount of restraint used as a result of sharing detailed knowledge about successful de-escalation strategies.
The registered manager also showed us a card they had produced for staff to give to members of the public if they witnessed or were involved in any incidents involving people who used the service. This gave contact details for the service, and the registered manager told us this was because having the opportunity to engage with people helped them investigate and learn from incident. They told us this also gave them the opportunity to dispel pre-conceptions about people with learning disabilities.

We found the registered manager knew the needs, routines and preferences of people who used the service in every detail, and we saw they provided care and support alongside or instead of staff without hesitation. During the inspection we saw people felt able to walk into the registered manager's office and talk to them at any time, and we observed the registered manager communicated with staff in a relaxed and encouraging manner.

People were encouraged to contribute to the running of the service, and we saw opinions were valued as actions were taken as a result. We saw records of regular meetings in the home, and people told us they attended these. We saw records of discussions including those around healthier eating, whether people felt safe living at Sunnyview, advocacy and social planning took place, and minutes were made available for people in accessible formats. The registered manager attended a quarterly meeting of local providers, and people from the service also attended. Previous discussions had included improvements to hospital passports, and the impact of General Data Protection Regulation (GDPR). The registered manager told us

they had been able to share work they had done as a provider in relation to this new legislation, and we saw they and people who used the service had given a presentation to health professionals at a local hospital to help drive improvements in the ways in which health professionals shared information in accessible formats.

Staff had regular opportunities to meet with the registered manager, and they told us these meetings were meaningful and open discussion was welcome. One member of staff said, "Our ideas are welcome, and they get acted on." We saw information on display in the home about a provider forum for staff, including which members of staff were attending and encouragement to share feedback with them in order to help influence future developments in all the provider's services.