

Ashcroft Care Services Limited

Mill Green

Inspection report

Mill Lane
Felbridge
East Grinstead
West Sussex
RH19 2PF

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Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Outstanding 

Is the service caring?

Outstanding 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

About the service

Mill Green provides accommodation and support for younger adults living with a learning disability and/or autism. Some people also were living with a physical disability.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

The care home was registered to provide support for a maximum of six people, which is in line with best practice guidance. The service was an adapted two storey house in a residential street where people had easy access to local amenities. At the time of this inspection there were five people living at the home.

People's experience of using this service and what we found

The service was led by an outstanding registered manager who was dedicated to the health and wellbeing of people living at Mill Green. She had worked tirelessly to identify each person's risks, needs and preferences including investigation into the impact of health issues on people's physical and mental wellbeing. She, and staff, had ensured they collected data to help provide information to health professionals which had led to diagnoses and health interventions. This enabled each person to have a hugely improved quality of life, where their independence was promoted, and they were free from pain. Best practice standards and professional research was used to implement high quality, effective care. Medicines were received, administered and recorded in line with best practice. Feedback from health professionals was extremely positive and described the registered manager and staff in glowing terms. For example, one professional commented "...staff are always striving to improve the quality of care being provided."

The registered manager and senior managers fostered a culture of openness and professional challenge. This ensured all staff understood and were motivated to meet the high standards of quality expected of them. Staff and the registered manager had been recognised both within the provider organisation and the county council as providing exceptional care. They had been nominated for and been successful in achieving awards as the best performing team and as a finalist for the best registered manager in the county.

There was a consistent staff team, many of whom were very long-serving and knew people very well. Staff showed exceptionally caring, thoughtful and compassionate care to each person. Staff used different communication methods with each person and were able to interpret fluently what people wanted. This meant that the people living at Mill Green, some of who had little or no verbal communication, were very well understood and supported. Each person had a highly individualised communication and support plan

taking into consideration all their communication methods. Support plans described the risks, needs and preferences and how staff should work with each person to ensure the person was able to lead as fulfilled and independent life as possible. New ideas for activities were explored and trialled to keep people occupied in a meaningful and enjoyable way. A professional commented that the care "...provided at Mill Green is personalised to meet physical, mental, emotional and social needs. They promote independence and autonomy."

There were sufficient staff, who knew people very well, to support people safely both in the home and in the local community. Staff supported people to get involved in their preferred activities, individually and as a group. Staff knew how to keep people safe both from the risk of abuse and from assessed risks. Medicines were administered by staff who were well trained and competent. There were robust systems to ensure medicines were received, stored, administered, recorded and returned safely.

The outcomes for people using the service reflected the principles and values of Registering the Right Support. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent. Staff understood and had taken appropriate actions to ensure people were supported in line with the Mental Capacity Act (2005).

People, and their families, were involved as much as possible in their care and support which helped to give them choice and control in their lives. People were encouraged to join in activities and be part of the local community, regardless of any physical or learning disability they had. Activities reflected people's preferences. People's families spoke very highly of the quality of care and of the approach of the registered manager and staff in supporting their relative. All the relatives and professionals we received feedback from, held the service in very high regard. Health professionals praised the service describing the positive outcomes and benefits to people living at Mill Green due to the way staff advocated for each person using evidence to support their proposals.

Quality assurance measures were extremely robust and well embedded into everyday practice. Staff reviewed the quality and safety of care delivered in an in-depth way on a regular basis. Staff performance was closely monitored in a supportive way. Staff undertook training to ensure their knowledge and skills remained current.

Rating at last inspection

Good (Inspected and report published in November 2016)

Why we inspected

This was a planned inspection in line with the rating at the last inspection.

Follow up

We will continue to monitor the service until we return to visit in line with our re-inspection programme. If any concerning information is received, we may inspect sooner.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe

Details are in our Safe findings below.

Good 

Is the service effective?

The service was exceptionally effective

Details are in our Effective findings below.

Outstanding 

Is the service caring?

The service was exceptionally caring

Details are in our Caring findings below.

Outstanding 

Is the service responsive?

The service was exceptionally responsive

Details are in our Responsive findings below.

Outstanding 

Is the service well-led?

The service was exceptionally well-led

Details are in our Well-Led findings below.

Outstanding 

Mill Green

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

Mill Green is a 'care home'. People in care homes receive accommodation and nursing and/or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Mill Green is not registered to provide nursing care.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed records we held on the service. This included notifications. Notifications are specific events that the provider is required to tell us by law. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

During the inspection

We spent time with the five people using the service, observing the care they received. We also spoke with

three staff and the registered manager.

We looked at:

- Five people's care records
- Medicines administration records
- Staff recruitment, induction, supervision and training records.
- Staff rotas
- Records of accidents, incidents and complaints
- Audits and quality assurance reports.

After the inspection

The registered manager sent us contact details for people's relatives and health/social care professionals who had supported people at Mill Green. We used this information to contact six relatives and 11 social care and health professionals including people's GP and other specialists involved in their care. We received feedback from two relatives and four professionals.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

At the last inspection this key question was rated as Good. At this inspection this key question has remained Good.

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People appeared happy and relaxed with staff in the home. Relatives confirmed they felt their family member was protected and kept safe. A health professional commented, "Based on the contact I have had with Mill Green, I do feel the residents are well protected and safeguarded from all types of abuse. The staff I have worked alongside appear to have the appropriate knowledge about how to report concerns."
- Staff were trained in safeguarding people when they started working at the service. Staff updated their training regularly to maintain their knowledge and skills as well as update them on changes to guidance.
- People were protected from the risks of abuse because staff understood what to do if they had any concerns. Staff were confident that action would be taken by the registered manager if a concern was reported.
- The registered manager understood their responsibilities to safeguard people. Any allegations were taken seriously and investigated. Concerns were reported to the local authority. The service had robust systems to monitor people's finances and protect them from abuse or exploitation.

Assessing risk, safety monitoring and management

- People living at Mill Green had moderate to severe learning disabilities. Some people also had autism spectrum disorder with associated behaviours which may challenge. There were very detailed positive behaviour support plans for each person. These plans described a proactive approach to support people and help to reduce incidences.
- The service assessed risks to people. Staff worked with people and their families to look at ways to manage the risks. Care plans described the support people required to minimise these risks while maintaining their freedom and giving people choices.
- Staff reviewed people's risk assessments very regularly to ensure they were as up to date as possible. Meetings were regularly held where staff discussed what was working well and any concerns they had. This meant staff had a dynamic approach which helped to improve ways people were supported.
- There were robust audits and checks to ensure the safety of the building, garden and equipment used in the service. The provider took swift action to address any identified risks.

Staffing and recruitment

- Staff worked in a calm, unhurried manner, taking time with people when needed. There were enough staff to respond to people's preferences, such as going out or remaining at the home. A healthcare professional said, "...there has always been a sufficient number of staff working and the environment/atmosphere has been relaxed..."

- There were enough staff on duty during the day and night to keep people safe. The registered manager considered the number of support hours people needed when they were at home or in the community. Staffing levels were adjusted to take these needs into account.
- Recruitment processes were safe and robust. Potential staff members' employment history, criminal convictions and conduct in previous employment was checked to ensure they were suitable to work with vulnerable people.

Using medicines safely

- Medicines were managed safely by staff who were trained in medicines administration procedures. Staff competencies were reassessed regularly. The service worked closely with health professionals, including GPs and specialists, to ensure people's medicines were managed effectively. When a change in medicine prescribed was implemented, staff closely monitored people to ensure the medicine was having the desired outcome. A healthcare professional commented, "The staff I worked with also had a very good understanding about the person's medications. This was particularly important when the person was admitted to hospital, when procedures were being planned. E.g. understanding that he had adverse reactions to some PRN medications etc. This knowledge in turn helped to ensure the resident received person centred care whilst in hospital." PRN medicines are those that are prescribed for "as required", for example pain relief.
- Good practice guidance for residential homes was followed to ensure people received their medicines as prescribed. There was detailed information about people's medicines for staff, such as potential side effects. This helped staff recognise if a person was having an adverse reaction to the medicine.
- People's ability to manage their own medicines and their capacity to understand the purpose of their medicines had been assessed. Support plans reflected this. Where people had "as required (PRN)" medicines, there were clear protocols for when they should be used. This included what signs and indications staff should look for, the maximum dose, as well when to seek professional support and advice.
- There were regular audits to review medicines administration records to check for errors. Where errors were found, appropriate action was taken to reduce the risks of a reoccurrence.

Preventing and controlling infection

- The service was clean and tidy. Fixtures and fitting were well maintained and cleaned regularly. A healthcare professional commented, "The home was always clean, tidy and odour free when I visited."
- Staff were trained in infection control procedures. There was personal protective equipment (PPE), such as disposable gloves and aprons for staff to use. Staff used PPE when needed
- People were supported to maintain good personal hygiene.
- There were good food hygiene practices. Food was prepared and stored in line with good practice.

Learning lessons when things go wrong

- The service encouraged staff to report any incidents. There were systems for capturing relevant information from incidents. The registered manager looked at what happened prior to, during and after incidents. This helped them to identify learning which could help reduce the likelihood of a repeat occurrence.
- Any significant events were investigated and reviewed. Learning was shared with staff through team meetings and staff handovers. Staff were supported to reflect on events when any incidents relating to behaviours which challenged occurred.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

At the last inspection this key question was rated as Good. At this inspection this key question has now improved to Outstanding.

People's outcomes were consistently better than expected compared to similar services. People's feedback described it as exceptional and distinctive.

Supporting people to live healthier lives, access healthcare services and support

- Staff were highly skilled and effective at identifying people's physical health needs based on how they expressed themselves, including non-verbal cues. For example, the registered manager had investigated the history of one person who had frequently displayed behaviour which challenged others. They researched care records from before the person had come to live at Mill Green. The registered manager had then presented their findings to the person's GP and other health specialists. This had led to identification of significant physical health issues including pain which the person was now being treated for. Due to this, incidents involving the person had been significantly reduced.
- Staff escalated issues with health professionals when they felt people were unwell, even if there were no obvious symptoms. For example, one person had become very reluctant to go out and join in activities they had previously enjoyed. The registered manager and staff were very concerned as they felt this was partly due to anxiety and/or depression caused by fear of falling. They advocated for the person when they were unable to communicate their worries and needs. This had led to the concerns which had led to the anxiety/depression being fully investigated and explored. Consequently, additional support to reduce the anxiety/depression was provided which enabled the person to return to their chosen activities.
- Relatives described how people were supported to receive healthcare which enabled them to stay healthy. One person who was very frightened of the dentist had been coached by staff to prepare him for a visit. This had meant the person had not required a general anaesthetic during the procedure. A family member described how the service was encouraging the person to access services, "[Person] will often refuse treatment so we are working together to try and resolve this."
- The registered manager had a nursing background. She said this helped her communicate with healthcare professionals to support people's complex health needs. A healthcare professional said, "The staff, particularly the home manager and team leader had a comprehensive understanding about the needs of the resident I was supporting. They were able to recall/relay lots of detailed information about him and could support the information with written evidence (care plans/ bowel charts/ historical reports from health professionals etc.);" Another healthcare professional had described the practice of two staff members as "very passionate and knowledgeable about safe and effective care and support for [person] which was lovely."
- People had regular health check-ups and, where they had physical health needs, these were monitored closely in liaison with the person's GP and other healthcare professionals. One healthcare professional commented, "They appropriately request referrals for care/support/ advice including dental care, rehab

services, Occupational Therapy, Learning Disability services. I have always found [registered manager] to be effective. We carry out annual health checks on the resident."

Staff working with other agencies to provide consistent, effective, timely care

- Staff worked very closely with other agencies to ensure people were well supported, despite their lack of verbal communication. People had hospital passports which provided detailed information about how the person communicated as well as information about their risks, needs and preferences, should they go to hospital.
- When a person had been admitted to hospital, staff had stayed with them to ensure they received continuity in support. Staff were also able to interpret people's non-verbal communication and explain this to hospital staff. This had helped with communications between the person and hospital staff as well as lessening the anxiety of the person. This was acknowledged and commended by a health professional, who commented "I met one of the residents there when he was admitted for a planned surgical procedure at the hospital. My colleague and I liaised with the home manager and carers prior to admission to ensure a detailed plan of the admission was in place, i.e. that his needs were met and understood."
- There was a thorough process to ensure people had been assessed and plans developed to support their move into the service. Where necessary, staff had worked with other agencies to provide coordinated, streamlined care.
- There were robust systems which ensured people's progress while living at Mill Green was monitored. Staff worked proactively with other providers and healthcare services to ensure people's needs were met and they received high-quality, joined up, effective care.
- People's needs and preferences were reviewed very regularly taking into consideration their next steps to give them as much freedom and choice as possible.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs, risks and preferences were continually assessed and monitored. Care was delivered in line with current best practice to consistently achieve positive outcomes. People's health needs were very well managed. A healthcare professional commented, "I believe the residents at Mill Green are constantly having their physical, mental and social needs reassessed and evaluated. The care plans I have reviewed reflect risk, needs and preferences. The staff I have worked with had a vast knowledge about the person's social and medical history and were able to relay their needs and advocate for their rights effectively."
- At all times the ambition of staff was to work with people to increase their independence and refine their support plans to make them as effective as possible. This enabled people to take on new challenges both inside the home and within the community. For example, one person was being supported to go to an autistic-friendly showing of a film at the cinema. Other activities included carriage riding, reflexology, visits to the library and trips out to the beach or the country.
- Staff used best practice approaches to support people to develop their communication skills. Staff were skilled at recognising each person's non-verbal communications; this helped staff recognise when people were happy, sad or feeling unwell. Staff used proactive interventions to reduce a person's anxiety. This approach had reduced the frequency, severity and length of incidents of behaviours which may challenge others. This had improved the person's quality of life and meant they were able to participate in more activities which reduced their social isolation. For example, when one person was agitated as they returned to the service from a morning outing, staff had given them space to calm in their own time by the front door. Staff checked on them regularly without pressurising them to move. The person had then gone for a short walk with staff and returned much happier, ready for their lunch. Staff described how the morning activity and drive home gone well. However, the person enjoyed fresh air and therefore a short walk had helped to settle them. This demonstrated how staff had the skills to support people well.
- There was an emphasis on the importance of reviewing, adapting and evolving how staff worked with

people to improve outcomes for them. For example, when one person was in apparent pain and was presenting with behaviours that challenged others. Staff looked at ways to ensure the person was supported whilst the impact on others was minimised. This included providing short-term accommodation in one of the provider's services which was vacant for a period. This meant the person was able to be supported without causing upset to other people, until a particular health issue was resolved.

- There was a whole team approach to reflect on approaches and test new ideas. Staff were encouraged to discuss ideas and views on ways of working with people. Staff were encouraged to collect data so that the effectiveness of an approach could be evaluated. For example, collecting hourly information on a person's pain during the day to establish whether the pain was caused during mealtimes or subsequently.

Staff support: induction, training, skills and experience

- Staff were highly skilled and had extensive training to have the skills and confidence to support people with a high level of needs. A healthcare professional commented "...the dealings I had with the staff were positive. I always found them to be professional and always acting in the residents' best interest. They were focused on their resident and his needs."

- New staff completed an induction which introduced them to the provider's aims and objectives. The induction included mandatory training courses as well as specific training on people's particular needs. For example, epilepsy. Best practice and research were reviewed and incorporated into the training to keep staff updated. Staff were trained to use Positive Behaviour Support (PBS) techniques. PBS is a person-centred approach to people with a learning disability who may be at risk of displaying challenging behaviours. By using this methodology, staff had been able to support people to remain calmer and engage in more activities. For example, by careful planning, involving the person, they had been supported to go on holiday. Care records and photos showed they had an enjoyable time, visiting tourist attractions and having fun.

- One member of staff said, "I really like the training as most of it is face to face not all eLearning." Another member of staff said, "I had two weeks of shadowing support from [registered manager], learning how to provide support to people. Training is really good. It means I'm able to pick up on how people are and spot when something isn't ok."

- Staff said, and records confirmed, they had supervision and were appraised annually. The registered manager was very visible around the home and met with staff daily. Staff said they were able to raise concerns and issues with the registered manager, who would always be ready to advise and assist them.

- The registered manager and staff used a communication book to support the handover of important information, such as appointments for people or maintenance issues relating to the service. Staff said this really helped as they read it at the start of a shift.

Supporting people to eat and drink enough to maintain a balanced diet

- The Provider Information Return described how people's nutritional and hydration needs were regularly assessed and where necessary, specialists such as dieticians and speech and language therapists were involved.

- Detailed analysis about what one person had eaten and how this had subsequently impacted on their mood and physical comfort had been undertaken. This information had helped health professionals change the person's diagnosis and subsequent interventions. The person's care plan described precisely what staff needed to do with regard to preparing the person's food.

- Each person living at Mill Green had a very detailed food and drink plan which described their particular needs. These plans had been developed with professional input including input from Speech and Language Therapists and Occupational Therapists. For example, one person's plan described how food needed to be chopped into one-centimetre pieces. It described how only a spoonful of food was placed on the person's plate at a time, with staff supporting throughout the meal. The plan described that the person could eat

independently with a knife and fork. This showed how the person was being supported to be as independent as possible while reducing the risk of choking.

- People were supported to choose what they wanted to eat and drink. Each food and drink plan included information about the person's likes and dislikes, including what temperature they preferred food served at.
- People were encouraged to make healthy choices, for example salads were offered with lunchtime sandwiches. Staff prepared meals from fresh ingredients ensuring more healthy food options. This encouraged people to have a balanced, healthy diet.
- A relative commented "[Person] is being encouraged to try new foods and make healthier choices which has been working really well. He does have treats too."
- Risks related to people eating and drinking had been assessed. Care plans contained detailed up-to-date information about people's needs and preferences in terms of food and drink. Staff regularly monitored people's weight to support them to maintain or reach a healthy weight.
- People were encouraged to drink throughout the day. Staff offered hot and cold drinks to people. This meant people were supported to remain hydrated. One person with a particular health issue had their consumption of fluids monitored by staff. This had improved their physical well-being, which had enabled them to do more activities of their choice.

Adapting service, design, decoration to meet people's needs

- The service had been adapted so that it met people's needs and had innovative ways to support people to be as independent as possible. For example, changes had been made to a banister rail to support one person to remain safe. Other adaptations included the external parking area to make it easier for people to get in and out of vehicles.

The premises were decorated and maintained to a high standard to ensure people felt comfortable. The service had a homely feel with photos of people on display. People were involved in the layout and décor of their rooms and had their own belongings around them.

- The registered manager had researched specialist equipment to support a person, who was less mobile, to get up if they fell. This equipment ensured the person was able to be supported by staff without injury to themselves. The provider had agreed to the purchase of the equipment after a trial which showed the benefits.
- A large lounge had been extended and refurbished to make it suitable for the five people living at Mill Green. One person's relative told us, "[Family member] has a nice bedroom and other spaces are comfy."
- The kitchen had also been refitted to make it safer for people to spend time in there, without being too close to areas where they could come to harm, such as the oven. Staff described how the new layout helped as "people can come in and sit at the table talking to us while we get food prepared. [Person] likes being in the kitchen now and listening to the radio."
- The Provider Information Return described how flooring had been replaced after people's mobility had deteriorated. Future adaptation plans included altering patio steps to a wheelchair ramp to support better access to the outside. Furniture, including a person's bed and a sofa, had been modified following advice from a physiotherapist and an occupational therapist. This supported the person to remain more mobile.
- There was a secure, accessible garden space with a swing which one person used every day.
- There was a small office upstairs where medicines and records were stored securely.

Ensuring consent to care and treatment in line with law and guidance

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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- We found the provider was working within the principles of the MCA, relevant authorisations had been requested and were being applied appropriately by staff. Where DoLS had been authorised, there were systems to ensure they were reapplied for in good time.
- Staff had had training in the MCA and its applications. They had a clear understanding of mental capacity and how they should work with people with as few restrictions as possible.
- Where people did not have capacity to make a specific decision, there were records of best interest decision meetings with people, families, staff who knew them well and health professionals. A healthcare professional commented, "I met one of the residents there when he was admitted for a planned surgical procedure at the hospital. My colleague and I liaised with the home manager and carers prior to admission to ensure a detailed plan of the admission was in place, i.e. that his needs were met and understood. His capacity was assessed, and a best interest meeting was held."
- The service achieved the best possible outcomes for people by ensuring that needs were assessed and delivered in line with current standards, guidance and legislation. For example, records considered National Institute for Health and Care Excellence (NICE) guidance and other good practice guidance for people living with a learning disability and/or autism. For example, the medicines administration policy and procedures followed NICE guidance, ensuring people were getting the right medicines at the right dose at the right time. Records showed people were supported to have maximum choice and control of their lives as described in Registering the Right Support. Staff used individualised communication tools and techniques to support people's understanding. This helped people understand what options were available to them.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

At the last inspection this key question was rated as Good. At this inspection this key question has now improved to Outstanding.

People were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service

Ensuring people are well treated and supported; respecting equality and diversity

- The service had an outstandingly caring culture which valued diversity and promoted people's human rights. Many staff had worked at the home for a significant time and knew people extremely well. Staff communicated with people, recognising their unique worth, their skills and their understanding. A health professional, who had known people and staff at Mill Green since it had been first registered, commented, "...I can confidently say that they are caring, responsive to their residents' needs ...They would pass the mum test..." Another health professional described how staff at the home had supported a person, "I was so impressed with the way they were able to highlight his current health issues and were passionate about ensuring both his physical and mental health needs were being addressed"
- Staff were described as "exceptionally good" and "very proactive" by a relative about keeping them informed about their family member's care.
- Staff made every effort to ensure people were involved in any decisions, choices and activities regardless of people's disabilities. For example, when the registered manager was talking about one person's care with us, the person chose to listen. Throughout the conversation, the registered manager included them in the discussion, by saying, for example, "That was what happened, [person's name], wasn't it?" Although the person was unable to respond verbally, they did appear to agree. At the end of the discussion, the person suddenly smiled broadly and started clapping their hands, in an obvious show of being pleased.
- Staff went the 'extra mile' when one person was in hospital for two weeks. Staff remained with the person at all times and were very flexible to ensure he was supported. This included working flexibly as a team to ensure there was cover 24/7. For example, staff went in early and stayed late when necessary. The provider also arranged taxis for staff who did not drive to enable them to get to the hospital. Staff acted as a communicator for the person with hospital staff. They also maintained good communications with family who were not able to be present.
- The registered manager and staff went above and beyond normal expectations, describing how they would spend non-working hours supporting people. For example, a lot of the research into possible causes of one person's unwellness, had been completed in the registered manager's own time. Staff also came in during non-working hours to support people to particular social activities. Staff went on holidays with people, which involved spending several days away. A social care/health professional commented "We have been very happy with the support that the current manager has provided to [person] which has gone above and beyond her role in identifying his health needs. One member of long-serving staff said, "They are like our family."

- People were treated with kindness, compassion and respect. A relative commented, "Yes the staff are lovely and understand [person] well. The team have helped and encouraged [person] to try new foods and activities and he appears content and healthier."
- Staff had built open, trusting relationships with people's families so that they were truly involved in people's lives and in the service. Staff had a detailed understanding of people's backgrounds and families. This helped them provide care and support which was tailored to the individual.
- Potential new staff were recruited on a values-based approach. This helped to ensure any new staff were empathetic in their approach to working with people, recognising their diversity.
- Staff said that they felt well treated and cared for by the provider. They said this approach helped them to feel appreciated and wanting to do the "best job possible." The provider valued staff and rewarded them for good work as well as recognising staff loyalty. For example, a member of staff who had reached 10 years' service, was awarded an extra day's holiday and a £100 voucher.

Supporting people to express their views and be involved in making decisions about their care

- The Provider information Return described how "We aim to support the people who live at Mill Green to develop awareness about their personal value and about the acceptable and unacceptable ways they should be treated and should treat others." They did this by working with each person to develop their understanding and communication skills.
- Staff were very proficient at using a range of tools to communicate with people, both verbally and non-verbally. For example, staff worked intuitively, using words and simple sentences, as well as Makaton and objects of reference, to communicate with one person. Staff were very familiar with other non-verbal communication methods such as body language and facial expressions.
- Relatives were involved in decisions about people's care having regular meetings and discussions. People's families fed back positively about how staff communicated with their loved ones. One person's relative said, "They are let us know how [person] is doing in between visits." Relatives also said they felt "very supported by staff" whenever they visited.
- Staff worked as a team to support people's communication so that they were consistent and used the same words or pictures to describe something. Staff were also exploring the use of technology, as a new way to communicate. Where family were not able to visit, staff supported the person to visit them at home. This helped to maintain contact with relatives.
- One person's relative praised the service saying, "Yes we work together. They are good at keeping us informed."

Respecting and promoting people's privacy, dignity and independence

- Privacy, dignity and respect was evident in the culture of the home, for example in the way staff spoke and treated people. People received support from staff who encouraged them to be as independent as possible. The staff were extremely skilled and sensitive to any changes in people's mood through their behaviours and how they expressed themselves. Staff would respond quickly to support a person when necessary, but also gave people space when they wanted it.
- The registered manager and staff were quick to identify signs of illness, pain or discomfort and fully explored the reasons for it sensitively and discreetly. For example, staff recognised signs that one person needed the toilet. The member of staff then immediately helped the person to move into the toilet, while maintaining the person's privacy and dignity.
- Staff were very proactive in supporting and encouraging people to be as active as possible. Staff celebrated people's successes and said they were proud of people when they achieved something they had been working towards. For example, one member of staff described how one person had spent time away from the home on a holiday. Photos of the holiday showed how much the person had enjoyed the trip. People were encouraged to take part in everyday activities of daily living and to develop life skills. This

helped to promote their independence. Staff recognised that even small achievements, for example cleaning their teeth were important. Personalised goals were monitored to demonstrate how people had developed and improved their skills.

- Family and friends were encouraged to be involved and visit the service whenever they could. Staff ensured that people were supported to see them and keep in contact. For example, staff supported one person to visit their family each fortnight.
- People's private and confidential information was stored securely. Staff were aware of the importance of being discreet when discussing private or sensitive information. For example, having discussed one person with the inspector while the person was present, the registered manager asked the person politely if they could leave the office while she spoke about another person.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

At the last inspection this key question was rated as Good. At this inspection this key question has now improved to Outstanding.

Services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- The outcomes for people using the service reflected the principles and values of Registering the Right Support. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.
- Care and support provided was highly personalised. There was a whole team approach to supporting each person individually. Staff discussed each person at daily handovers and team meetings, considering how the person had responded to care provided. Staff adapted care to meet people's needs and enable them to have choice and control of their lives. A healthcare professional commented, "...the care provided at Mill Green is personalised to meet physical, mental, emotional and social needs. They promote independence and autonomy."
- People's care and support plans were reviewed regularly and staff considered innovative ways of analysing information about people's changing needs. This included looking a range of factors that might be causing a person to become less active. By establishing that a person was fearful of falling, they had devised ways to support them at particular times. Staff also took into consideration the impact of any change in approach by staff which might have an unintended consequence.
- New ways to support people and keep them occupied in activities that interested them were trialled and, if successful, introduced. For example, during the inspection a musical session was run for the first time. People were able to create sounds by moving in front of an electronic device, rather than having to use an instrument. People attending the session were clearly very pleased. One person who did not usually join in any group activities in the home, beamed with pleasure as they moved their hand and music played. Having been shown by staff initially, they then did it by themselves.
- The service was aware of their responsibility to meet the Accessible Information Standard (AIS). The AIS was introduced by the government in 2016 to make sure that people with a disability or sensory loss are given information in a way they can understand. Staff understood how to communicate with people and interpret their needs in different ways. For example, each person had an individualised communication plan which described how they communicated and also how it was best for staff to communicate with them. This included details of what staff should avoid doing. For example, eye contact with one person could cause them to react negatively, so staff were advised to minimise eye contact at particular times.
- Care planning took the person's own goals and aspirations into consideration and tried to make them achievable. Staff captured detailed information which they then analysed and used to look for patterns of behaviour. Where patterns emerged, staff considered all aspects of the person's physical and mental health as well as their environment which might be affecting the person. For example, one person had had greatly

reduced episodes of pain due to the diligence of staff noting when they had occurred.

- We saw staff supporting each other in practice. For example, where one person appeared to be unhappy being supported by a member of staff, another member of staff came forward to help, which proved successful. A member of staff said, "We work as a team."
- People's relatives said their opinion was valued and they felt listened to. Staff made time to understand people's interests and histories to be able to adapt the person's support, their room, their meals, their activities and their schedule. One relative had corresponded frequently with the registered manager about supporting their loved one with physiotherapy and massage sessions. The emails showed how they had worked collaboratively to sort out how this could be funded.
- People were supported to lead busy, active lives which suited their preferences around daily routines and the activities that they enjoyed.
- People were encouraged to try new activities within the home and in the community. People were supported to get involved in activities with voluntary and private organisations which were meaningful and therapeutic for people. This included musical activities, community events, trips to the cinema and swimming. Staff enabled people to participate in activities, despite their disabilities. For example, the service had introduced music sessions which allowed a person to make sounds activated by the move of their hand.
- One person was supported to make fortnightly visits home and their relative said they were able to visit them home when they wanted.

Improving care quality in response to complaints or concerns

- The service had a complaints policy and procedure which was shared with people, where possible, as well as their relatives and others. This was available in an easy read format for people.
- Complaints were recorded in an electronic system which was accessible to senior staff in the provider organisation as well as the registered manager. This meant the service was able to identify and respond to complaints and the provider had oversight of what had been done to resolve any issues that arose. The service viewed complaints and feedback as an opportunity to learn and improve standards. A complaint which had been received from someone in the community had been resolved to their satisfaction.
- The service used a communication book to record and follow up any concerns of people at Mill Green, their families or other people involved in their care. Where concerns were raised, these had been resolved. A relative said, they had never had to complain, but they were "...good at keeping us informed" when there was an issue.
- Compliments were also captured and fed back to staff.
- An annual survey was carried out to evaluate the service provision and support continual development.
- There was a 24-hour on-call support for people, staff and families.

End of life care and support

- There was no one receiving end of life care at the time of the inspection.
- The registered manager was aware of best practice guidelines around the aging population within learning disabilities services.
- Staff had worked closely with other health professionals and people's families to make best interest decisions when people had become very unwell and required hospital admission or treatment.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

At the last inspection this key question was rated as Good. At this inspection this key question has now improved to Outstanding.

Service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- Healthcare professionals, relatives and staff consistently told us the service was very person-centred and well-led. A healthcare manager commented "[Colleague] has just come back from reviewing [person]. We both wanted to say how impressed we are with [registered manager] and what she has done for [person] to help reduce his pain. I've never seen [colleague] so impressed and she is not impressed easily". Another health professional commented "The home manager and the team leader were a brilliant at communicating with specialists at the hospital and helped to put a detailed plan in place for the persons admission. They promoted his independence and always respected his dignity and right to privacy." Staff were also extremely complimentary about the registered manager, who they described as "Really good" and "Dedicated and caring to people and staff." A relative commented "[Registered manager] in particular has been amazing with [person and we have noticed a lot of positive changes for him."

- The registered manager and the senior managers promoted staff development throughout the service. This encouraged staff to develop skills and knowledge to support people well. Staff were extremely motivated and driven to keep standards of care very high and were very proud to work for the service. A member of staff said the best thing about the service was "Everyone is supported to enjoy life to the full." Another member of staff commented on the provider organisation saying that it was "Very friendly."

- Most staff were long-standing, which helped to provide continuity of care for people. People's families said the service very open, staff took account of their opinion and maintained good communication. A relative said, "Yes, we work together."

- There was a strong culture of equality and inclusion across the staff team. Staff supported one another and celebrated the diversity of backgrounds and skills each staff member and each person living in the service brought. Staff who spoke English as a second language were given time and support to learn and develop.

- Staff felt valued and the provider had developed systems to recognise exceptional practice.

The provider organisation had introduced an awards ceremony. A member of staff proudly described how the service had been nominated as the provider's "Team of the Year". The staff at Mill Green had won the award in January 2019 in recognition of the work they had done. The nominations described how they had supported a person with chronic pain and supported another person who had a particular health issue. The registered manager had also been recognised and become a finalist in the 2018 registered manager of the year awards run by a Surrey care organisation.

- The registered manager was clear about their duty of candour responsibility. Where accidents had occurred, they had reported it to the appropriate bodies and the family. They had worked with them to reduce the risks. For example, where a person had fallen, records described how to prevent further falls. This had included reviewing flooring in the home, the person's footwear, physiotherapy, exercises and activities which could help to strengthen the person's muscles.
- The provider was introducing a new planning and development framework, based on best practice guidance, described as "The big life adventure". The framework described how the aim of the service was to "enable people with learning disabilities to think big, achieved long-term goals and live as independently as possible. This showed that the service was keen to improve and innovate in supporting people in the home.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

The provider had regular meetings with the registered manager and senior staff from all its services. This created a culture where information and knowledge were shared. They also provided a forum where managers could discuss issues or concerns. For example, the registered manager had raised a concern about possible medicine shortages when the UK left the EU. A Brexit contingency plan had been developed to reduce risks.

- The registered manager promoted an extremely open, supportive and caring culture which ensured people and staff felt involved in the service.
- The service had a clear vision and set of values which were evident in how staff acted. The manager, senior team and behavioural team had clear roles and responsibilities and there were clear lines of communication and delegation. Staff were clear about their role and responsibilities. Some staff had lead roles which they took seriously.
- The manager fully understood their regulatory responsibilities and was extremely skilled and experienced in managing the staff team and the service.
- Performance management and quality monitoring systems were fully embedded within everyday practice in the home and there were innovative ways to assess quality. For example, an external audit of health and safety had been conducted, which had found the service "Outstanding." The report provided a benchmark for other services in the provider organisation.

Audits such as building maintenance, fire safety and medicines, were regularly undertaken. Staff knowledge and skill in understanding and delivering people's care in line with support plans was discussed at supervisions they had with the registered manager.

- The registered manager and senior staff worked with people directly and led by example.
- Feedback on performance measures, successes and further improvements was regular and consistent. There was a clear focus on quality in all meetings, staff supervision and appraisal. Data was used intelligently to demonstrate improvements or failings within the service.
- The staff were clear about what work had been allocated to them each day. A member of staff commented that the daily diary was "Really good as I know exactly what is going on each day." A relative commented that the staff were "Exceptionally good" and that they received "positive, balanced feedback from senior staff.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and their relatives were involved in a variety of ways to enable them to feel part of the team. For example, review meetings, phone calls and emails providing updates. People were involved, as much as possible, in house meetings where they could help with decisions about the home, food and activities. Staff used a variety of communication methods, including showing people photographs, to help them make choices.

- There was consistent, constructive engagement with key stakeholders, such as funding authorities and other health professionals and feedback was taken as an opportunity to improve. A health professional commented "They also welcomed support from other professionals and are always open to ideas and suggestions...any suggestions I have given in the past have been well received and taken on board." Staff were empowered to make suggestions for improvements to the care people received. For example, they had suggested how the changes to one person's morning routine might help improve their ability to do activities in the community. This had been trialled and found to be successful. A health professional commented "Throughout the time we worked together, I was so impressed with the way they were able to highlight his current health issues and were passionate about ensuring both his physical and mental health needs were being addressed. Due to his limited communication, he relies heavily of the care staff to relay any health concerns."
- The provider ran an employee forum for staff representatives from all its services. A member of staff from Mill Green attended these meetings and was able to raise issues and suggestions to improve understanding and find solutions to day to day problems. Minutes showed how staff had discussed and taken forward a range of issues, including those that that impacted the well-being of people and staff.

Continuous learning and improving care

- There was a very strong emphasis in the service on learning and continuous improvement. People's experience and needs were central to any changes or improvements made.
- The provider organisation undertook mock inspections to support the home to improve.
- Any incidents were recorded in a detailed way to review what were the causes, how it was managed and to look to how this could be improved in future. Serious concerns or incidents were thoroughly investigated in a sensitive way and the learning was shared. For example, where a person was at risk around the staircase, the registered manager had arranged for the banister rail to be raised to make it safer.

Working in partnership with others

- The registered manager proactively engaged with and built relationships with other organisations and the local community to provide people with the best possible experience.
- The service worked with the local community to enable people to have a positive experience when they were outside the home. For example, one person visited a local café regularly, where they were well known to staff. People were being supported to be part of local events such as the town's carnival, showcase and a disco. For example, staff and people were planning to attend a summer music event where LiveAid was the theme. Staff were also collecting jam jars which were going to be filled with sweets by people for a stall at the carnival.