

Millennium Care Services Limited

Sunnybank

Inspection report

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Date of inspection visit:
24 March 2016

Date of publication:
23 June 2016

Ratings

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

Summary of findings

Overall summary

The inspection took place on 24 March 2016 and was unannounced. The service was last inspected in November 2013 and was found to be fully compliant at that time.

Sunnybank provides accommodation and care for up to eight adults, who have a learning disability, autism or a mental health condition; some of which have complex needs. At the time of our inspection the service was full with eight people currently using the service. The home offers accommodation across two floors and has two self-contained flats. The service had a registered manager in post, although they were in the process of changing to another manager who had been in post since October 2015, and would apply to register with the Care Quality Commission when they had completed their probationary period.

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 who used the service told us they very felt safe, and well cared for. Relatives of people who lived at the home told us their relatives were safe and they had no concerns about any aspect of the care and support they received.

Medicines were managed safely by well trained, competent staff. People received their medicines in line with the instructions of the prescriber.

There were plenty of staff on duty which meant people were not only safe, but staff had time to interact positively with them and support them to undertake a range of activities which enriched their lives. We saw there had been significant progress made by people who used the service in terms of the level of independence and the skills they had developed.

Staff were well trained, knowledgeable and passionate. Each member of staff had in depth knowledge of each person they supported and knew them extremely well. This meant staff were able to recognise subtle signs which may indicate a person was becoming anxious or upset and could distract them before this escalated into behaviour which challenged others. We found whilst there were some incidents these were rare and were exceptionally well managed by the staff team. All incidents and accidents were recorded in detail and investigated.

Care plans were extremely detailed and person centred and included goals which had been identified and step by step plans which demonstrated how these could be achieved. There were robust risk assessments in place which were risk specific and individual to each person to ensure the risk was minimised as far as possible.

People were actively encouraged to participate in the planning of all aspects of their lives, from what they ate and did each day to planning for trips out and holidays. People were able to access activities which matched and developed their interests for example some people went to the X Factor tour each year. The service was thoughtful in their approach to giving people who lived at the home access to new experiences and opportunities to gain new skills and confidence.

We found the service to be very warm and welcoming. The inspection felt like a visit to a family home. People were enthusiastic in wanting to speak to us and to make sure we were well looked after throughout our visit.

We found the management of the service was open, approachable and extremely visible. There was detailed oversight of the service and input to the service by the day to day managers and the senior management team within Millennium Care Services.

Processes were constantly monitored and reviewed to ensure the quality and safety of the service and we saw very clear evidence that there was a programme of continuous improvement in place and this was being carried out in line with the timescales which had been put in place.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe

People who used the service told us they felt very safe.

Medicines were managed safely and were given as prescribed.

Staff demonstrated a strong knowledge of safeguarding vulnerable people and told us who they would report any concerns to.

Is the service effective?

Good ●

The service was effective.

Staff were skilled and knowledgeable. These skills and staff's knowledge of the people they supported were used to find ways of enriching people's lives.

People's mental capacity had been thoroughly assessed and Deprivation of Liberty Safeguards (DoLS) were in place or had been applied for where appropriate.

People had access to a range of healthy foods and drinks at all times. People told us they enjoyed the food at the home. □

Is the service caring?

Good ●

The service was caring.

We saw all staff demonstrated high levels of attentiveness to people. Staff were kind, caring and considerate when supporting people who used the service.

People had forged and were encouraged to maintain friendships within the home and the wider organisation and were actively supported to maintain their links within the local community.

Staff were extremely consistent in their approaches to people which reduced incidents where people became anxious and upset.

Is the service responsive?

Good ●

The service was responsive.

The care planning documentation was very detailed and personalised.

Activities were varied and in most cases pre-planned on a weekly timetable as routine was very important to some of the people who used the service. We saw there were also spontaneous opportunities for people to go out and be involved in activities.

We saw the service gave people opportunities to work. People were involved in the local community and people were supported to maintain relationships with family and friends.

Is the service well-led?

Good ●

The service was well-led.

We saw the registered provider's vision and values were evident throughout the service. The staff knew what the vision and values were and their practices reflected these.

There was clear leadership in the service, this included day to day management from the senior care workers, daily management oversight and group level oversight from the senior management team.

The records in the service were exceptionally well maintained. Care records were detailed and met people's needs precisely. Records were securely stored at all times.□

Sunnybank

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.

This inspection took place on 24 March 2016 and was unannounced. The inspection was carried out by one adult social care inspector.

Prior to the inspection we reviewed the information we held about the home and gained feedback from commissioning authorities, and other health professionals who visit the home to assess standards in relation to environment and infection control.

As part of the inspection we observed staff interactions with people who used the service, lunchtime and the daily routines which were in place. We spoke with the registered manager, the manager, one senior carer and two care staff. We also spoke with three people who lived at the home and two relatives of people who used the service and a community nurse who worked with people who used the service.

We reviewed the care records for three people, including their daily records and health records. We looked at all current safety certificates for the building and equipment, all records relating to the quality monitoring of the service and records of meetings which had taken place for people who lived at the home, their relatives and staff meetings.

Is the service safe?

Our findings

People who used the service told us, "I am safe here, they look after me. I am safe at home and when I go out." A relative of a person who used the service told us "They are safe as houses there; I have no worries about their safety whatsoever."

A health professional told us "Some of the people who live at Sunnybank have complex needs and they can be really challenging. The staff there work together and that means that people are kept safe, as they have less instances of being challenging."

Staff we spoke with were able to demonstrate a high level of understanding of the types and signs of abuse which they needed to be aware of, staff knew what they should report, who they should report it to and who this could be escalated to if they ever felt that a matter had not been dealt with appropriately; however all the staff we spoke with were confident any concerns would be addressed immediately and correctly. There had been a low number of safeguarding concerns in the home, and these had been incidents which had occurred between people who used the service having minor altercations. We found all safeguarding incidents had been recorded in detail; there was evidence of the investigations which had taken place and the measures which had been put in place to safeguard people. We spoke with staff about the frequency of episodes of behaviour which challenged others. Staff confirmed there were very few incidents, and all staff demonstrated their understanding of using least restrictive practices when any incidents occurred.

The organisation had a whistle blowing policy; staff were aware of the policy and were able to clearly explain the processes and the protection this would offer if they felt they needed to raise any concerns. Staff knew which other agencies they could contact if they needed to do this outside of the home.

There were highly detailed robust risk assessments in place for all the people who used the service. The risk assessments were risk specific and included a risk management profile which focused on any potential triggers for aggression or anxiety, there were also risk assessments for people who smoked, the use of medical equipment and people's personal safety both in the home and whilst out in community, the level of support needed for people to have their medicines safely and the support people needed to maintain their personal hygiene.

There were personal emergency evacuation plans (PEEPS) in place for all the people who lived at Sunnybank, which detailed what assistance people, would need in an emergency to safely leave the building.

There were detailed records of accidents and incidents. The records showed there had been very few incidents, however the ones which had occurred had been investigated and thought given to whether there were any measures which could be implemented to prevent future recurrences. There was evidence there had been a serious incident at another service in the organisations group, this had led to analysis of the incident and new processes being implemented not only at the affected home but at all the homes in the group, as a result of the lessons learnt.

We found the levels of staffing in the home were very good. The level of staff ensured there were always enough staff to safely support the people who were in the home, and allow staff to support people with their planned activities outside of the home. People who used the service told us there were always enough staff, and they were always helping and supporting them.

We reviewed the recruitment process which was in place. We looked at the files of three members of staff and found the recruitment process to be thorough and safe. The registered provider had gathered a full work history, taken up appropriate employment references and carried out a disclosure and barring service check (DBS) to ensure the suitability of the people to work with vulnerable adults. We spoke with the manager who told us the interview process had two stages. The first interview was conducted by a manager and the second interview was carried out by a person who lived at the home, who was supported by their key worker. This ensured people who used the home were involved in the selection of support staff.

People who used the service needed support to take their medicines safely. We looked at the medicines policy and the procedures which were in place for the management of medicines. We found the processes were robust and were being followed. Medicines were ordered, stored and administered safely. The medication administration records were clear, correctly set up and completed. There were protocols in place for as and when (PRN) medicines, which described the intended use and purpose of the medicine as well as the times when it would be appropriate to administer it. This meant the registered provider ensured medicines were managed safely and people received their medicines in line with the prescriber's instructions.

The building was modern and was maintained to a very high standard. Each room was nicely decorated and people told us they were included in decisions about changes to their environment. This was facilitated during the monthly house meetings which took place. People told us they had chosen the decoration in their own rooms and how they had personalised the rooms with their personal effects. Two people lived semi independently in self-contained flats, however they had free access to the main home during the day and came and went as they wanted. One person told us "I have Sky in my room, I like to watch sports and I can because I have Sky."

The home was extremely clean and staff ensured they maintained the level of cleanliness throughout the day. They cleaned as they went along whilst supporting people to be involved in the daily tasks, and using the opportunities to increase people's life skills.

Is the service effective?

Our findings

People who used the service told us "The staff here know lots; they know how to look after me." A relative of a person who lived at the home told us "The staff know (person) really well already. They definitely know their stuff. My (other relative) has been so impressed with the service they have gone to work for Millennium Care at another of their homes."

We looked at the records which showed staff had all undertaken an in-depth induction prior to commencing their employment. Staff told us they had found their induction to be interesting, informative and a good introduction to the organisation. The training was face to face, and they had been given opportunities to ask questions and ensure they had understood what they had learnt. Staff told us they 'shadowed' an experienced member of the staff team before they started supporting people. This gave them the opportunity to get to know the people who used the service and vice versa. Staff told us they had been given time to read the care plans of all the people who used the service as part of their induction, to ensure they were aware of their conditions, needs and any associated risks.

Training records confirmed staff regularly refreshed their training and were given a yearly training schedule. The training was booked as part of staff working hours, which meant staff would attend and there would be no risk of training being missed. Staff told us they only had to ask if they felt they needed more training, for example for a specific condition and the training would be arranged.

We observed staff were exceptionally knowledgeable and clearly knew people very well. Staff knew people's needs in detail and how to support them. This was particularly clear when staff moved from supporting one person to another. There was no discernible difference in the way they spoke to people or reacted when there was the potential for behaviour which may be challenging. This meant that we saw there were very few incidents as staff were so skilled at recognising the very early signs of potential issues, and distracting people to avoid them.

There was clear evidence to support the registered manager's view that staff should be allowed to develop and progress was being implemented as senior staff all told us they had come into the organisation at a lower level.

Staff told us and records confirmed they had regular supervision with their line manager. Staff told us the supervision was useful and positive. They also said they could ask for support at any time and were given it. There was an annual appraisal system in place. The senior management team had recently carried out a project to look at the appraisal process. They had identified improvements which had just been implemented. These included the need for staff to consider their own performance prior to the appraisal meeting and collate evidence which supported their self-assessment of the level of their performance, linked to the roles and responsibilities for their specific role. This meant staff were being given the opportunity to demonstrate their achievements and identify their own areas for development.

We spoke with the manager who told us they had received a very intensive period of handover from the

registered manager. The manager had worked for the registered provider for a number of years and had progressed into their current role. The manager demonstrated their knowledge of the people who used the service and their needs to a very high level.

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

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

We found the registered provider had ensured all the people who used the service had been appropriately assessed in relation to their mental capacity. We saw there were mental capacity assessments carried out which were decision specific and included ability to manage their own finances, their ability to give consent to their care, and the need for physical restraint. We found there were Deprivation of Liberty Safeguards in place or in the process of being assessed for everybody who needed one. This meant the registered provider was ensuring they were working within the Mental Capacity Act 2005 and they were protecting people's human rights.

We found consent to care had been sought in the files we reviewed. This had been given by people's representatives where appropriate or there had been a best interest decision made. We observed staff asked and gained acceptance from people who used the service before approaching them to assist them. This meant the registered provider was ensuring consent had been attained from people who were receiving care.

The service had an exceptional approach to supporting people, including people in decision making, helping people to develop and making a difference to the quality of people's lives. The messages in relation to this came from the senior management team and had been instilled into the service at every level, as staff had learnt by following manager's examples and there had been investment in training within the organisation which embedded these key messages.

There were very good communication processes in place, for both people who used the service and the staff team. There were monthly house meetings for people who used the service to discuss changes within the home, and to plan future events, for example, their annual holiday, or Christmas celebrations. Staff had monthly meetings where they were able to share current information on people in the home, what worked well and to look at ideas for future activities or trips for example. We saw from the minutes of these meetings there were discussions about best practice in specific situations and staff sharing their learning from external sources i.e. conversations with health professionals.

We saw there were people who lived at Sunnybank who were not able to communicate verbally. One of these people had developed their own style of sign language for the main words they used. We observed

staff all knew the signs and were able to have conversations with the person without them becoming frustrated. We spoke with the manager and asked how new staff learnt these signs. They showed us a tool they had developed which was a visual aid to train staff. This consisted of pictures of the person doing each of the signs and the meaning. Staff confirmed this had worked really well. There were other people who used the service who communicated using Makaton, which is a sign language developed for use by people who have a learning disability.

We looked at the records relating to people's nutrition and hydration. We saw that people had access to a wide range of appetising home cooked meals prepared from fresh ingredients in the home. People who used the service told us they enjoyed the food, and they were given choices for all their meals and drinks. We saw people had access to drinks and snacks throughout the day, and there were meals prepared at main meal times. On the lunchtime of the inspection we saw people had been asked what they wanted for lunch and this had been prepared individually for them. This included pasta and sandwiches. The main meal was being prepared during the afternoon and a person who used the service was involved in the preparation of this meal. People told us they had a good variety of foods and they could have something else if they didn't like the main meal. We noted the meals were prepared freshly and were not pre-prepared.

One person told us "I have been eating healthily as I wanted to lose some weight; they (staff) have helped me with this." We noted in one care plan gentle exercise had been identified as being beneficial to the person's health and well-being. The person was reluctant to undertake any exercise, staff had worked together to find ways of encouraging the person to go for small walks, they had found that if there was a purpose to the walk then the person was more likely to agree to it, so they had started by making small trips to the local shop.

We looked at the healthcare records for people who lived at Sunnybank. We saw people had regular access to health professionals, including opticians, dentists, chiropodists and hospital clinics which were specific to people's individual health needs. All the people who lived at the service were offered an annual flu jab, although not everyone consented to have one. People also had access to an annual health check, which we saw people did undertake. This meant the registered provider was mindful of people's health and well-being and made sure they received regular check-ups to maintain this.

Is the service caring?

Our findings

People who used the service told us "I like the staff, they are kind to me." Another person said "They are always lovely, and they care for me." "The lady staff pamper me and paint my nails, (male staff) dried my hair once, and it was funny."

A relative of a person who used the service told us, "The staff are all lovely, they are so friendly. They made us really welcome when we visited to look around. I have absolutely no concerns, we can already see a difference in (relative) and they have only been there a short while."

We observed staff being kind, caring, patient and warm without exception throughout the day. Staff were empathetic, fair and consistent in their interactions with people who used the service. Staff were skilled at noticing small changes in people's demeanour or behaviour which meant they needed to take action to distract them or redirect them from a situation. For example one person became agitated when new people came into their home; staff were mindful of this during the inspection and distracted them from areas where we were working, whilst allowing them to speak to us on their own terms and not feeling they were being excluded.

Staff we spoke with told about their reasons for choosing to work at Sunnybank. In some cases this was because the service had been recommended to them by an existing member of staff. Staff were passionate and demonstrated their commitment to making a difference to the quality of the lives of the people they supported.

People in the service had formed friendships. One person told us, "everyone here is my friend, I spend time with everyone." Staff told us people had friendships with people who lived in the other homes in the registered providers group, and they had been able to meet people from the other homes at the regular social evenings which people attended. People were actively encouraged to maintain their friendships and visits to other homes were arranged as part of people's programme of activities to ensure this was facilitated.

There was clear evidence the registered provider was aware of and was working to protect people's human rights, for example article eight of the Human Rights Act 1998 states that everyone has the right to have a private and family life. The registered provider and the staff team respected people's relationships with their friends and family and appropriately respected the privacy of these relationships. For example people were given their own space and privacy when their friends and families came to visit.

Relatives and health professionals we spoke with told us they were always made very welcome at the home. One relative told us, "When we went to visit and meet everyone, it was so welcoming and everyone was really friendly, that gave us confidence." The home arranged for an annual friends and families day, where the home was opened up and there was a meal and activities provided. This was held in the summer and we saw from pictures around the service this had been well attended and enjoyed by visitors and people who used the service equally.

There were people who lived at the home who found it difficult to be around other people for long periods without becoming upset. There were detailed plans in place which identified the triggers for anxiety and distress, the methods which staff should employ to minimise the exposure to known triggers, the methods of distraction and de-escalation staff should employ. There was a clear commitment from all staff to use the least restrictive methods to be effective. Staff we spoke with told us, "We always use least restrictive practices here, because we know people so well that is usually all we need. We are trained in safe restraining techniques, but we only do these things as a last resort."

There was very clear evidence of the positive results which had been achieved within the service. For example there was one person who often became stressful when other people were around. The service had ensured that the person had a private area where they could choose to spend their days. The registered manager had worked with this person intensively over the time they had been at the home, and the person was now able to spend more time mixing with other people. A health professional who worked with the person told us "the results speak for themselves. (Person) was not able to be in the house and now they spend all day there. I am really impressed. The manager has done a great job there."

People who lived at the home had a 'circle of support'. This was pictorially displayed in their care files and consisted of key workers and regular support workers, this was available to people as a reminder of the support they had around them. People who used the service spoke fondly of their support workers and told us they helped them.

We saw people were encouraged to express their individuality. This was evident from the choices people were able to make, and the acceptance and encouragement of those choices by the staff team. For example people had free choice of the places they went out to eat and were able to choose different cuisines depending on their tastes and moods.

There was information available to the people who used the service relating to all aspects of their lives, from easy read minutes of meetings they attended to pictorial easy read versions of their own care plans and the policies which were relevant to people who used the service. Staff took time to explain to people what was happening and when things would happen to give people structure to their days and reassurance that their routines would be met where this was important to people.

Staff were conscious of people's well-being and thought about people being occupied and fulfilled by the programme of activities they undertook. For example one person really enjoyed attending a Zumba class, which helped to maintain their fitness and well-being.

People who used the service were supported by their families in most cases to make decisions about their care and family were invited to the annual review of their care planning. In cases where a person did not have family support the service contacted an independent advocate to support them to make and communicate their decisions. Using advocated helps to ensure people's rights are protected and their voice is heard.

The home held monthly house meetings, where people came together with staff to review what had been agreed, for example the house rules. 'Respecting my neighbour' was a document which had been created and agreed by all the people who lived at the home, and covered issues such as what time it was ok to play music until. We saw planning for changes to the home was covered in these meetings and planning for trips and holidays was also discussed. There were pictorial minutes of each meeting created to ensure people could access these reminders of the meetings they had attended or catch up on the content of any meetings they had missed. There were also meetings held within the Millennium care group, at which a representative

of each house attended. These meetings covered group wide events for example Christmas parties. This clearly demonstrated the level of involvement people who lived at the home had in their daily lives and planning for their own futures.

People had their own rooms, which were individually decorated to suit people's tastes and wishes. The bedrooms had locks to which people were able to have a key to maintain their privacy. Staff did not enter anyone's room without their permission.

We found people had varying levels of independence, and that whilst some people were able to go out into the community without support some people were not. We saw from care records there had been progress made in all cases in the level of independence which was now enjoyed by people, including people who still required some support. For instance one person who needed some support was able to go ahead and pay for things themselves, whilst staff maintained their distance.

Is the service responsive?

Our findings

People who used the service told us, "I sit with my key worker when we do my care plans." And "Yes, I know about my care plans." A relative of a person who had recently come to Sunnybank told us "The last service didn't send any information with them when they left. The staff have worked with us to get all the information they need. The care plans are very detailed."

We reviewed the care plans for three people who used the service. We found in all cases the records were exceptionally detailed and person centred. The care plans referenced the things which make an individual, for instance their wishes, beliefs, likes dislikes and preferences. The service used a document called the Millennium outcome assessment tool (MOAT) which has been developed by Millennium Care. The document allows the assessor to record in great detail the person's history including their conditions, family life and relationships, previous care placements, periods in hospital and their known risks and resulting behaviours.

The collation of this level of detail allowed staff to establish what could trigger periods of anxiety or distress and to look at how these triggers can be avoided. For example it had been identified that attending medical appointments was extremely stressful for one person, the staff had therefore arranged for the health professional to visit them at home.

The care plans contained extensive information on people's personalities and their methods of communication. This included how staff could support people who were not able to communicate verbally to express themselves to people who did not know them well. There were people who used the service that were not able to communicate verbally and had struggled to learn traditional sign language. The staff team had worked with them to understand and develop signs which allowed them to easily communicate their day to day needs and wishes. The adapted signs were taught to everyone who supported the person to ensure they did not become frustrated with new staff.

As part of the care planning staff worked with people to identify goals which were important to them and work with them to create a step by step plan of how they could work towards gaining the skills and understanding they would need to achieve their goal. For example one person told us they wanted to eat more healthily and lose some weight. Staff confirmed this was their current goal. Staff had worked with the person to teach them about healthy food choices and were working to find alternatives which were enjoyable. An example of this was the person told us "I am not getting chocolate for Easter; I am getting a CD of music instead, because I want to be healthy."

This showed the service was finding ways of helping people to achieve their goals whilst making sure they were both happy and healthy.

There was evidence in all the care files we reviewed that care plans and risk assessments were reviewed by the person's key worker every month. The reviews included observations about progress of any input from health professionals throughout the month.

The home had identified a need for some help in the office with basic administrative tasks. Rather than advertise externally the service had used an innovative approach and offered the role to the people who

lived in the home. One of the people who lived at the home applied for the role and was successful. The person told us "I work in the office one afternoon a week; I do the shredding and other jobs for them. I think I am going to be answering the phone as well. I really enjoy working in the office, I look forward to it." We also saw during the afternoon a person who used the service was assisting staff to prepare the ingredients for the main meal at tea time; this was a very positive interaction which the person clearly enjoyed. They were chatting to staff throughout and there was laughter regularly during the activity.

We asked the manager about the process they went through recently when a person moved into Sunnybank. They explained the process was not as long as they would have liked in this instance as it was an urgent placement, which meant they were not given much time. The manager told us they had visited the person in their previous home and had taken some of the regular staff team to meet them. On the day the person moved in, the manager made sure the staff that had been to meet the person were on duty and ready to welcome them to their new home. We spoke to the relatives of the person who confirmed they had been invited to visit the home and meet all the staff prior to their relative's admission. The relatives told us "They have been really fantastic, it was all a rush but they have already made a difference to (relative)."

We saw there were full programmes of activities in place for people who lived at the home. For example one person had a weekly 'secret mission'. This was organised by staff each week, to a different location and offering an activity based around their interest in all types of mechanical vehicles, there was a build up throughout the week to ensure the person was looking forward to their special outing, the person was talking about their secret mission during the day of the inspection and were clearly excited about what the trip would involve. Another person had a very keen interest in farms and animals, staff took them regularly on outings to maintain their interest in this.

We saw there was a complaints and concerns file. This included a copy of the policy and the procedures for dealing with any complaints which were received including the timescales. There had been no complaints received in the last year. We did note there were several compliments in the file from relatives of the people who used the service and health professionals who had visited people in the home. We asked the registered manager who confirmed there had been no complaints received.

Is the service well-led?

Our findings

The service had a registered manager at the time of our inspection. The registered manager was in the process of handing the service over to the manager who had been in a period of transition since October 2015. People who used the service told us the managers were 'lovely', 'great' and 'the best'. Relatives told us "It is exemplary; they could not have done a better job. The manager is fantastic and all the staff are so kind and welcoming. We are over the moon."

We spoke with the registered manager about the transition, they told us they had been able to hand over every aspect of the service management to the new manager over the past six months and they had every confidence in their ability to maintain the standards of quality and safety within the home. The new manager told us they had worked for Millennium care for a number of years and had worked their way up to their current position over this period. The manager demonstrated an in depth knowledge of all the people who lived at the home, and we saw there were positive relationships between the people who used the service and the manager.

The manager had taken over all aspects of the management of the home, and was planning to register with the Care Quality Commission as soon as they had completed their probationary period.

The manager worked closely with the staff team, to build relationships and offer them support and guidance. The staff team told us whilst they would miss the current registered manager the new manager was 'great', 'approachable' and 'supportive'. The staff team were confident in the abilities of the new manager.

The staff team confirmed to us they had access to the manager, the registered manager and the senior management team, and were always able to raise any concerns or ask any questions. Staff told us they were always listened to and managers always took action and fed back to them with the outcomes. Staff were encouraged and given time to consider their own performance prior to their appraisal meetings and were asked to collate evidence which supported their self-assessment of the level of their performance,

There was a culture of openness and transparency in the home. Staff were eager to speak to us and share their passion for the people they supported, the home and the organisation. Managers were equally keen, and there were two members of the senior management team who took time out to come and speak to us during the inspection.

There were established processes for communication within the service, which included regular staff and home meetings for people who used the service. People who lived at the home were involved in planning of all aspects of the running of the home, for example the menu choices, the décor of the home and the way in which they spent their time and where they went on their holidays. Staff told us they were well informed and felt involved in all aspects of the planning and development which took place. Staff told us they were given regular opportunities to share their ideas and they could see these were listened to and their ideas were incorporated into future planning. This included ideas for new activities and outings for people.

There was very clear leadership in the service. This was from the registered manager, new manager, senior management team and the senior support workers. Staff were clear on their roles and responsibilities when they were on duty. The senior staff led by example which in conjunction with the leadership gave the service structure and stability.

Millennium Care had clear vision and values which were the building blocks for everything they did. The key message was ensuring that all staff maximised the control people had over their own lives a , 'with not for' approach. Staff were well versed in the values and these were displayed throughout the home, as a constant reminder of the key messages. These messages came from the senior management team and had been instilled into the service; which was evident as staff had learnt by following manager's examples. Other key messages were 'developing potential, inclusion, being responsive and making a difference'. There was evidence throughout the inspection these values were being observed and fostered. Staff worked together to collectively achieve a stable consistent environment for the people who lived at the home, which allowed people to develop and thrive.

The registered provider has a duty to notify the Care Quality Commission of any notifiable events which take place, and we saw this was being carried out in line with the requirements of their registration.

We looked at the auditing and oversight which was in place across the service. It is important registered providers regularly audit and review the records and practices within each of the services to ensure they are picking up on any shortcomings, are identifying any areas for improvement and that they are working to continuously improve the services they provide.

We saw there were processes in place for auditing to take place both internally within the service which was carried out by the manager, but also by regular visits from a member of the senior management team to verify the findings of the internal audit and to look at overall performance and improvements. We saw there were regular, robust audits carried out, these included medication audits, care plan audits, reviews of DoLS and MCA and direct observation of staff practice. The senior management audit included checks on the manager's audits, a care file audit and an environmental survey of the building. The information from these audits was brought together and any actions were then planned and carried out. For example it had been identified that the kitchen would benefit from being re-modelled and this had been planned to be carried out when people were on their annual holiday so as to avoid anyone being distressed when the work was carried out. The results of these audits and the learning which had been gained from them was shared with staff at their regular staff meetings.

The registered provider had completed an extensive project to rewrite their policies and procedures for all their services. These were designed to be user friendly and accessible for staff and were written in line with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, which is the current legislation care providers are required to work within. This meant that when audits were carried out they were linked to the relevant regulation and clearly identified whether the service was meeting the regulation and what, if any, action needed to be taken to improve or maintain their current standards of excellence.

Staff were passionate about the organisation, the service they worked to provide and showed immense pride in the people they supported and the changes and achievements they had made.