# Ashcroft Care Services Limited

# Mill Green

## Inspection report

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## Ratings

| | |
|---|---|
| Overall rating for this service | Good |

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|---|---|
| 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

This was an unannounced inspection which took place on 01 November 2016.

Mill Green provides accommodation and support for a maximum of six adults with a learning disability and or autism. At the time of this inspection there were five people living at the home. People had varied communication needs and abilities. Some people were able to express themselves verbally using one or two words; others used body language to communicate their needs. Everyone who lived at the home required support from staff for all aspects of their life including emotional and physical support.

During our inspection the registered manager was present. 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 and associated Regulations about how the service is run.

Staff were available for people when they needed support in the home and for group outings. Opportunities or one to one activities outside of the home would benefit from expansion. We have made a recommendation about this in the main body of our report.

Quality assurance audits and checks were completed that helped ensure quality standards were maintained and legislation complied with. Processes included obtaining and acting on the views of people in order that their views could be used to drive improvements at the home.

Medicines were managed safely and staff training in this area included observations of their practice to ensure medicines were given appropriately and with consideration for the person concerned.

Checks on the environment and equipment had been completed to ensure it was safe for people to use.

Robust recruitment procedures were followed to ensure staff were safe to work with people. People appeared very happy and at ease in the presence of staff. Staff were aware of their responsibilities in relation to protecting people from harm and abuse.

People were supported to take control of their lives in a safe way. Risks were identified and managed that supported this. Systems were in place for responding to incidents and accidents that happened within the home in order that actions were taken to reduce, where possible reoccurrence.

Staff told us that they had enough time to support people in a safe and timely way. Staff were sufficiently skilled and experienced to care and support people to have a good quality of life. Training was provided during induction and then on an on-going basis.

People's legal rights to consent were upheld. Capacity to make decisions had been assumed by staff unless

there was a professional assessment to show otherwise. The home followed the requirements of the Mental Capacity Act 2005 and was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS).

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. People were routinely involved in the review of their care packages. People were supported to access healthcare services and to maintain good health. People had enough to eat and drink throughout the day.

Positive, caring relationships had been developed with people. Staff knew what people could do for themselves and areas where support was needed. Staff appeared dedicated and committed.

People received personalised care that was responsive to their needs. Activities were offered and people were supported to increase their independent living skills. People were also supported to maintain contact with people who were important to them.

Staff understood the importance of supporting people to raise concerns. Information of what to do in the event of needing to make a complaint was available to people.

People spoke highly of the registered manager. Staff were motivated and told us that management of the home was good. The registered manager was aware of the attitudes, values and behaviours of staff.

Mill Green was last inspected on 06 March 2014 and no concerns were identified.

## 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.

Staffing levels met people's needs safely.

Systems were in place that ensured that people received their medicines safely.

Robust recruitment procedures were followed to ensure staff were safe to work with people.

Potential risks were identified and managed so that people could make choices and take control of their lives.

Staff knew how to recognise and report abuse correctly.

### Is the service effective?

Good

The service was effective.

Staff were sufficiently skilled and experienced to care and support people to have a good quality of life.

People's legal rights to consent where upheld. The home was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS) and the requirements of the Mental Capacity Act 2005.

People were supported to eat balanced diets that promoted good health.

People's healthcare needs were met.

### Is the service caring?

Good

The service was caring.

People were treated with kindness and positive, caring relationships had been developed. Staff knew the needs of people and treated them with dignity and respect.

People exercised choice in day to day activities. Systems were in

place to involve people in making decisions about their care and treatment and people were supported to use these.

## Is the service responsive?

Good

The service was responsive.

People received individualised care that was tailored to their needs.

Staff supported people to develop their independent living skills, relationships that were important to them and to lead fulfilling lives. At times, staffing levels impacted on opportunities for people to participate in one to one activities outside of the home.

People were listened to and their comments acted upon.

## Is the service well-led?

Good

The service was well led.

People's views were sought and used to drive improvements at the service. Quality assurance systems were in place that helped to ensure good standards were maintained.

The registered manager was committed to providing a good service that benefited everyone. Staff were motivated and there was an open and inclusive culture that empowered people.

# Mill Green

**Detailed findings**

## Background to this inspection

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

One inspector who had knowledge and experience of supporting people with learning disabilities carried out this unannounced inspection which took place on 01 November 2016.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the completed PIR and we checked information that we held about the service and the service provider.

During the inspection we spent time with all five people who lived at the home. Due to their levels of communication we were unable to have detailed or lengthy conversations with them. In order to ascertain if people were happy with the support they received we spent time observing the care and support they received. This included how staff interacted with people and people's body language when they were going about their daily routines.

We spoke with the registered manager, an area manager, two team leaders and two care workers. In addition, we also spoke with two relatives of people who lived at the home. We also reviewed information that we received from an external professional and with their consent have included their comments in the report.

We viewed a range of records about people's care and how the home was managed. These included care records and medicine administration record (MAR) sheets for two people, and other records relating to the management of the home. These included staff training and support records and one person's employment records. We also looked at quality assurance records, staff meeting minutes, questionnaires, policies and procedures and incident reports.

Mill Green was last inspected on 06 March 2014 and no concerns were identified.

Good

# Is the service safe?

## Our findings

Due to the nature of people's disabilities we were not able to confirm with them directly that they felt safe. However, people appeared very happy and at ease in the presence of staff. Relatives told us that they had no concerns about the safety of their family members. One explained, "X (family member) has had a few cuts as they can get into an aggressive mood. This can't be helped. It's not a concern if X lived at home with us the same thing would happen." A second relative said, "We have no qualms about safety at all."

People were supported by staff who understood safeguarding and protection from abuse. Staff confirmed that they had received safeguarding training and were aware of their responsibilities in relation to protecting people from harm and abuse. They were able to describe the different types of abuse, that might indicate that abuse was taking place and the reporting procedures that should be followed. One member of staff explained, "Inform relevant people, police, management, social services. First priority is to make sure the client is safe and well." A second member of staff said, "I would raise it with my manager. If the concerns were about my manager I would go to head office. Also report to social services, police and CQC."

The registered manager was also aware of her responsibilities to safeguard people from harm. Records confirmed that the registered manager discussed safeguarding during staff meetings to ensure staff had a full understanding of protecting people from harm and abuse. Information was shared with the local authority when concerns were identified about people's safety.

People were supported to take control of their lives in a safe way. Risks were identified and managed that supported this. Risk assessments and care plans were in place that considered any potential risks and strategies were in place to minimize the risk. Staff were able to describe the ways they supported people with any behaviour that challenged. These included distraction techniques, observation from a distance and allowing outbursts of anger in a safe and controlled environment to protect others. For example, one member of staff explained, "It's important to keep to routines. We have a clear plan for supporting X with food and we all follow it. We had support from head office behaviour team. Charts devised to record incidents so we can assess when, why and review our practice." Records confirmed that staff were consistent in their approach and support. As a result the person's safety and those who they lived with was not compromised. No forms of physical restraint were used with people and staff were trained in distraction techniques.

Incidents and accidents were reviewed on an individual basis in order that actions were taken to reduce risks to people. The registered manager maintained a log of incidents that she used to monitor that all the required actions had been address in a timely way.

Staff understood the procedures that should be followed in the event of an incident or accident. They were able to explain first aid procedures, fire safety processes and accident reporting. Personal Emergency Evacuation Plans (PEEP) were in place that gave instructions to staff on how to safely support people to leave the building if there was a fire. As a result, people would receive safe support in emergency situations. Checks on the environment and equipment had been completed to ensure it was safe for people. These

included fire safety equipment and drills.

Staff were available to support people safely. Staff told us that they had enough time to support people in a safe and timely way. Records confirmed that on occasions additional staff were allocated to shifts in order to support people to access appointments. The registered manager explained that a report had recently been submitted to a placing authority requesting funding for additional staffing due to the changes in one person's needs. This was being considered at the time of our inspection. The provider had arranged for five hours additional one to one support for the person from 31 October 2016 whilst refurbishment of the home took place. This was assessed as a required safety measure due to the person's daily routines being disrupted.

People's dependency levels were assessed and agreed with the relevant local authority that funded people's placements and staffing allocated according to their individual needs. Between three and four staff were allocated on shift during weekdays and three staff at weekends. The registered manager was employed on a full time basis. She was allocated two 7.5 hour shifts to undertake administration and management duties. The remaining time she was allocated as a member of the care team on duty who supported people at the home. Of a night one member of staff was on duty with another who slept on the premises who could be called upon in the event of an emergency.

Safe recruitment processes were followed to help ensure staff were suitable to support people. There was a small, stable staff group at the home with staff having worked there between six and 15 years. There had only been one person recruited since our last inspection. Staff recruitment records contained information that demonstrated that the provider took the necessary steps to ensure they employed people who were suitable to work at the home. Staff files included a recent photograph, written references from previous employers and a Disclosure and Barring Service (DBS) check. The DBS checks identify if prospective staff had a criminal record or were barred from working with children or vulnerable people.

Due to the nature of people's disabilities we were not able to confirm with them directly that they were happy with the support they received to manage their medicines. However, we observed a member of staff giving people their medicines. They did this safely. For example, they observed people taking their medicines before signing MAR charts and always ensured the medicines cabinet was locked when leaving the room where it was located. People were offered drinks with their medicines to help with swallowing.

Staff responsible for administering medicines were trained and competency assessments were in place that included observations of their practice. Staff were able to describe how they ordered people's medicines, how unwanted or out of date medicines were disposed of and the actions they should take in the event of a medicine error. We saw that each medicine administration record (MAR) sheet was legible and complete.

Appropriate arrangements were in place in relation to the recording, storage and administration of medicine. A monitored dosage system was used to help ensure people received the correct amount of medicine at the right time. There were up to date policies and procedures in place to support staff and to ensure that medicines were managed in accordance with current regulations and guidance. The recording and storage of medicines and training of staff was in line with the provider's medicines policy.

Good

# Is the service effective?

## Our findings

Due to the nature of people's disabilities we were not able to confirm with them directly that they had consented to the care they received. However, we observed that staff checked with them that they were happy with the support being provided on a regular basis and then waited for a response before acting on their wishes.

Capacity to make decisions had been assumed by staff unless there was a professional assessment to show otherwise. 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). DoLS applications had been made for everyone who lived at the home. This was because they had been assessed as lacking capacity to decide where to live. Also they required constant supervision, could not go out in the community by themselves and the entrance to the home was locked at all times due to their individual needs and safety.

The registered manager and staff demonstrated understanding of when best interest meetings should be held to ensure that decisions were made that protected people's rights whilst keeping them safe. As part of this process mental capacity assessments had been completed and best interest meetings held and recorded. For one person these had been completed when they required a general anaesthetic. The person themselves had attended the best interest meeting along with their dentist, key worker, the registered manager and a family member. Although the person had very limited verbal communication records confirmed staff understood that physical actions should be considered. For example, records stated, 'X understands what an injection is as X will pull up their sleeve to expose their upper arm. But X is not able to tell us what the injection is for as lacks capacity to understand this information.'

Mental capacity and DoLS training was included in the training programme that staff were required to participate in with all staff having completed this.

We did note that one person had a sensor motion device in place that alerted staff if they got out of bed at night. Consideration and assessment of the person's ability to consent to this had not been completed. The registered manager stated that this would be acted upon immediately and we saw evidence of this during the inspection.

Staff were skilled and experienced to care and support people to have a good quality of life. Staff had completed an induction programme at the start of their employment. The provider had reviewed the induction process to ensure new staff completed The Care Certificate. The Care Certificate is a nationally recognised set of standards that health and social care workers should adhere to in order to deliver caring, compassionate and quality care.

Staff confirmed that during their induction they had read people's care records, shadowed other staff and spent time with people before working independently. They also said that they had regular meetings with the registered manager during their induction who reviewed their progress and offered support. Training was provided during induction and then on an on-going basis.

Staff were trained in areas that included first aid, fire safety, food hygiene, infection control and moving and handling. They had also completed training courses that were relevant to the needs of people who lived at Mill Green. These included dignity and respect, epilepsy and associated medicine administration; person centred planning, autism awareness and communication skills. Staff told us that the training provided was excellent as it was classroom based and allowed them to fully understand what they were being taught.

Staff received support to understand their roles and responsibilities through supervision and an annual appraisal. Supervision consisted of individual one to one sessions and group staff meetings. Some staff had not received formal supervision at the required frequency as per the provider's policy. Despite this, all staff that we spoke with said that they were fully supported. For example, one member of staff said, "I've got a lot of support. My manager booked me on lots of training. For example epilepsy, report writing, abuse. My manager is always here for me at any time." A second member of staff said, "The manager is constantly offering support. You never feel she doesn't have time for you."

People had enough to eat and drink throughout the day to help them stay healthy. People who were unable to communicate verbally were supported to make choices by staff that were knowledgeable about their preferences. Staff knew in detail peoples non-verbal forms of communication. They were able to explain how this ensured people were involved in meal choices and their preferences respected.

Staff knew people's individual preferences without the need to refer to their records. People had individual support plans for meals that helped them to receive suitable and nutritious meals based on their individual needs. People's likes and dislikes as well as information on whether they had specific needs were also recorded. This enabled staff to provide people with food they liked and for those who could not tell them verbally what they wanted, with food they were known to enjoy.

Risks associated with choking and swallowing were managed effectively. The registered manager had obtained the assistance of professionals such as a speech and language therapist when necessary. Advice was available for staff and we observed that this was followed when they supported people to eat and drink. Information on food textures and portion sizes that reduced the risk of choking were in place. Staff were able to describe in detail the specific support people required and this corresponded with the recommendations in speech and language therapist reports.

The mood throughout lunch was relaxed and calm. People's facial gestures and body language indicated that they enjoyed their meals. Staff assisted people when required and offered encouragement and support. Staff sat with people and gave them plenty of time to eat.

People were supported to access healthcare services and to maintain good health. This included referrals, appointments and assessments with GP's, physiotherapists, speech and language therapists and psychiatrist's. Records showed people were supported to attend annual healthcare reviews and specialist appointments where required, for example epilepsy. People had hospital passports which provided hospital staff with important information about their health if they were admitted to hospital. A Disability Distress Assessment Tool (DisDAT) was also in place for each person which helped staff identify if the person might be in pain or discomfort and require medical attention. This tool was designed to help identify distress in people who have severe limited communication.

Good

# Is the service caring?

## Our findings

Relatives praised the staff that supported their family members. One said, "Oh they are lovely." A second relative said, "We are very happy with the staff. There is a good rapport when family visit. We feel really pleased X (family member) is in there capable hands."

Positive, caring relationships had been developed with people. We saw frequent, positive engagement with them. Staff patiently informed people of the support they offered and waited for their response before carrying out any planned interventions. The atmosphere was calm and relaxed. We observed people smiling and choosing to spend time with staff who gave people time and attention. We did observe one member of staff who sat with their back to people in the lounge and did not engage to the same degree as other staff. However, this was not the norm and all other observations were considerate and inclusive. We fed this back to the registered manager during our inspection who immediately made arrangements to explore this issue further. Staff appeared dedicated and committed. We observed that people were treated with kindness and compassion in their day to day care. When staff came on shift they greeted people in a friendly way. One person was seen to smile and laugh when staff made certain sounds they recognised. Another person became alert and stroked an object that was brought to them by a member of staff. Although the person could not communicate verbally the member of staff sat and talked to them about the object. It was evident by the person's demeanour that they really enjoyed the interaction with the member of staff and the object.

The registered manager monitored staff practices informally on a daily basis and formally discussed this in supervision and staff meetings. She recently nominated a member of staff for the Provider's employee of the month award. The nomination form recognised and acknowledged the member of staffs compassionate attitude towards people who lived at the home.

People were supported to express their views about their care and support as much as they were able. Relatives told us that they were kept informed about their family member's welfare. One relative explained, "The manager is always ringing me and telling me bits and pieces." People were routinely involved in the review of their care packages. Each person was allocated a key worker who met with them on a monthly basis to ensure people's goals were being met.

Staff knew people's individual communication skills, abilities and preferences. Staff understood the different ways in which people communicated and responded using their preferred communication method. One member of staff explained about the specific needs of an individual, "We have certain objects which we show to X and from their body language and response to the object we can assess their mood. It's all about giving choice and them being happy." Another member of staff said of a second person, "I give X several sensory items. X throws so I gave again. I look and think maybe X not happy with this. So I gave another and X took and looked closely. I looked at body language and I see X really interested in the object so I share this information with manager and other staff so everyone knows preference. It's the same with food. If someone pushes their plate away I think ok let me do something else. By body language people tell us what they want or need or prefer."

Relatives said that staff treated their family members with dignity and respect. One said, "They understand to give X (family member) a bit of space. Such as if they are in the bath." A second relative said, "They help X (family member) to purchase clothes and toiletries and make sure they are nicely dressed."

Staff understood the importance of respecting people's privacy and dignity. One member of staff explained, "It's the little things like knocking on doors before entering, involving id decisions even if not able to verbalise. It's the ethos of this place. One of the most important things is for them to be understood. There is always a reason for behaviour. It's our job to find out what that means and not to view behaviour as a negative." People wore clothing appropriate for the time of year and were dressed in a way that maintained their dignity. Good attention had been given to people's appearance and their personal hygiene needs had been supported. For example, people wore colour co-ordinated items of clothing and their hair was clean and styled. Men were freshly shaved.

Refurbishment of the premises was taking place at the time of our inspection. This included the creation of two ensuite bathrooms that would promote even more privacy for the people whose rooms would have these facilities.

People's bedrooms were highly personalised with items and furniture. These reflected people's personalities and preferences. Staff supported people to purchase items of their choosing by showing them different options.

Good

# Is the service responsive?

## Our findings

Due to the nature of people's disabilities we were not able to confirm with them that they received the care and support they required, as detailed in their care plans. However, during our inspection we observed that staff supported people promptly in response to people's body language and facial gestures. A relative told us, "When we have reviews they (staff) tell us where X (family member) has been. Such as pubs, riding, swimming, walks, trips to the seaside. They do appear to try and keep people active."

People received a responsive service that met their individual needs. As a result of one person's mobility deteriorating and falls increasing a physiotherapy and occupational therapy referral was made. Their recommendations were acted upon. These included a handrail fitted in the driveway at the entrance of the home, a specialised bedframe and heal pads in shoes to improve the way they walked. This had resulted in the reduction in falls. Staff also implemented feet exercises that were recommended by the physiotherapist.

Comments were made by the registered manager and staff team that at times staffing levels impacted on activities that people could participate in outside of the home. We were informed that people needed higher levels of support when out in the community. As a result, outings mainly tended to be in groups. Staff told us that the registered manager often gave up administration time in order to help support people so that they could access activities outside of the home. An activity programme was in place that included shopping trips, art and craft sessions, reflexology sessions, music sessions and carried riding at local stables. Records evidenced that each person participated in a planned activity each day which at a minimum included going out for a drive in one of the homes vehicles' or for a walk. During the morning of our inspection one person was seen going out for a walk with a member of staff. Another spent some time colouring before going out with others for a coffee and cake in the local community. During the afternoon a reflexologist arrived at the home to provide therapy sessions to people. People appeared to enjoy this activity. They were seen smiling, and taking an interest in the activity and their surroundings as a result of this. Expanding the choice of external activities had been recognised by the provider within a quality monitoring audit that had been completed. Steps had been taken to address this but this had not been fully actioned at the time of our inspection.

It is recommended that the registered provider reviews staffing to increase meaningful, individual activities outside of the home.

Activities were flexible to people's changing interests and staff respected their people's choices . One person had been going bowling once a week for several years. Recently staff noticed that they appeared reluctant to join in this activity. The registered manager discussed this with the person's key worker and plans were being made to offer the person visits to farms as an alternative as it was known they loved animals.

A trampoline was purchased in September 2016 and two people in particular had been enjoying this activity. A third person had previously used a trampoline in the past but preferred to observe others using this.

People were supported with their relationships. A relative told us, "They arranged for a carer to help so X

(family member) could come to a family wedding. It was a lovely surprise for X (person who got married). It was quite emotional really. When we visit they always accommodate us as well." Staff helped people to purchase birthday cards for family members and to arrange visits and contact. The registered manager and staff had recently supported one person to meet a family member who they had previously lost contact with. The registered manager explained, "X didn't have contact for a number of years but we revived this and X recently went for a visit and is going again for their birthday. X usually doesn't like to be touched or crowds. When X visited their relative a family reunion had been arranged. X had two staff to support and in the photos X is smiling. X usually withdraws so their acceptance of others around them is a positive sign."

People were supported to maintain their independence based on their individual capabilities. People were provided with plates that had raised sides and adapted cutlery in order to maintain independence when eating. One person was supported to complete small tasks which included putting their cup in the dishwasher.

Detailed and comprehensive, personalised support plans were in place that provided information for staff on how to deliver people's care. Records included information about people's social backgrounds and the relationships that were important to them. They also included people's individual characteristics, likes and dislikes, places and activities they valued. Every six months each person had a review to discuss their care and support needs, wishes and goals for the future. Records confirmed that staff supported people to meet their desired goals. For example, one person had a goal to make themselves a cup of tea. Daily records confirmed they had been supported to do this.

Staff knew what people could do for themselves and areas where support was needed. They knew, in detail, each person's individual needs, traits and personalities. They were able to talk about these without referring to people's care records. For example, when one person came and sat next to us in the lounge a member of staff explained, "X likes you. X likes their own space. Choosing to sit next to you means X likes you."

People were routinely listened to and their comments acted upon. Due to the nature of people's disabilities they would not be able to fully understand the provider's formal complaints processes. However, staff understood the importance of supporting people to raise concerns who could not verbalise if they were unhappy. One member of staff explained, "We are always looking and thinking why they might be unhappy. Could they be in pain, not happy with clothes they are wearing, the food offered. So offer alternatives. If slap head or face offer pain relief and arrange to see GP." Staff were seen spending time with people on an informal, relaxed basis and not just when they were supporting people with tasks. During our visit we observed staff assessing if people were happy as part of everyday routines that were taking place.

Pictorial information of what to do in the event of needing to make a complaint was displayed in the home. For people who could not access written or pictorial procedures staff told us that they observed their interactions and body language and would report any concerns to the registered manager. The complaints procedure included the contact details of other agencies that people could talk to if they had a concern. These included the CQC.

The service had not received any formal written complaints in over 12 months. However, the registered manager maintained a record of verbal concerns along with a record of actions taken.

Good

# Is the service well-led?

## Our findings

There was a positive culture at Mill Green that was open, inclusive and empowering. Everyone spoke highly of the registered manager. A relative said, "I think it's very good, quiet efficient. They look after X (family member) well. The manager is nice. She's on the ball with things and quite astute." A second relative said, "The manager is really good. The way she is in meetings and on the phone, the way she communicates. You can tell it's not just a job, she has real feelings."

Staff were motivated and told us that management of the home was good. They told us that they felt supported by the registered manager and that they received supervision, appraisal and training that helped them to fulfil their roles and responsibilities. One member of staff said, "We have a really good staff team here. We all get on. I love the client group. It can be difficult and challenging at times but so rewarding. Behaviours are at a minimum compared to the past because we are consistent and there is a relaxed atmosphere." A second member of staff said, "The manager is fantastic. She listens to you. She helps us a lot, even when she is not on duty she can be contacted by telephone." A third member of staff said, "Absolutely fantastic. She is very calm, thoughtful with residents and staff. You feel she is here for you, very professional."

An external health professional wrote and informed us, 'I have been visiting Mill Green for the past three years and feel they are doing well in providing care for their residents with learning disabilities. We have a good relationship with the staff there. I feel they provide a safe service, keep good notes on patient health matters and have good leadership qualities. Overall I have no concerns about Mill Green and hope to continue to work with them for many years to come.'

The registered manager was passionate about providing a quality service. She explained, "I come here and feel joy. The team spirit, involvement is brilliant and service users benefit. There is a fairly stable staff team. We are certain whatever we do it's our best."

A range of quality assurance audits were completed by the registered manager and representatives of the provider. These helped to ensure quality standards were maintained and legislation complied with. Surveys were sent to people, their relatives and staff in order that their views could be used to drive improvements. The findings from all of the provider's services were collated into one report. The findings for 2016 were positive. Since our last inspection the registered provider had reviewed its quality monitoring procedures. A new system of review that reflected the CQC Fundamental Standards had been introduced. The new process included auditing specific areas on a monthly basis that included medicines risk assessments, finances and care provision. The findings from the audits then fed into a service operation action plan which was used to monitor that work was completed to improve service delivery. For example, as a result of the audits a computer had been installed and the activity programme for people was being reviewed.

As a result of a computer being installed at the home the provider had also reviewed the processes for submitting statutory notifications. A notification is information about important events which the provider is required to tell us about by law. Previously when incidents occurred the provider's process for sending

statutory notifications to CQC was undertaken by senior managers within the organisation. The provider's process did not allow for the registered manager to undertaken this. We were informed that the provider had reviewed the reporting procedures and that registered managers would be given the responsibility of reporting once they had completed training which was planned for January 2017. The provider has also reviewed the current reporting procedures to ensure that statutory notifications are submitted by senior management when required until registered managers take over this responsibility.

Prior to our inspection the registered manager completed and returned the PIR as we requested. The PIR was accurate and reflected the evidence gained during our inspection.

There were clear whistle blowing procedures in place which the registered manager said were discussed with staff during induction, supervision and staff meetings. Staff confirmed this. Staff were able to explain what these were when asked. They understood how the whistleblowing procedures offered protection to people so that they could raise concerns anonymously.

The registered manager was aware of the attitudes, values and behaviours of staff. They monitored these by observing practice and during staff supervisions and staff meetings. Records confirmed that the provider's vision and values were discussed during induction with new staff and staff that we spoke with confirmed this. The provider operated an 'Employee of the Month' scheme as recognition of works undertaken. The registered manager had nominated a member of staff who received congratulations and acknowledgement as a runner up in the September 2016 awards.

The registered manager shared her knowledge with the staff team. For example, during a recent staff meeting she discussed Duty of Candour. Duty of candour forms part of a new regulation which came into force in April 2015. It states that providers must be open and honest with service users and other 'relevant persons' (people acting lawfully on behalf of service users) when things go wrong with care and treatment, giving them reasonable support, truthful information and a written apology. A Duty of Candour policy had been introduced that staff could refer to if needed. The registered manager was open and transparent throughout our inspection which reflected the principles underpinning Duty of Candour. The registered manager had also introduced a 'Read and Sign' folder. This contained information that staff were required to know about and sign as acknowledgement. Records included updated information about individuals who lived at the home, environmental risk assessments, the results of surveys and good practice guidance. The folder ensured staff were made aware of changes or important information relevant to their roles.

The registered manager had reviewed the process for conducting safety and quality checks in order to increase staff abilities. As she explained, "Before tasks were allocated to specific people. I changed so that checks to place on specific days regardless of who on shift. This increased staff confidence, motivation and ensured checks took place at the required frequency. I want staff to be involved, not forced but motivated."

The registered provider had recently introduced additional management support to ensure all managers within the organisation had sufficient knowledge to provide a quality service. A programme of monthly training events had been introduced. These were acknowledged as positive steps to drive improvements by Investors In People (IIP) who assessed the registered provider's services in March 2016. IIP is a formal, external accreditation scheme that benchmarks performance against nationally recognised standards. As a result of the assessment in March 2016 the registered provider obtained the IIP quality mark.