

Alliance Care (Dales Homes) Limited

Mill House

Inspection report

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Date of inspection visit:
20 November 2019

Date of publication:
17 January 2020

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?

Outstanding ☆

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Mill House is a care home registered to provide care for up to 43 people. At the time of our visit there were 33 elderly people living at the service, all of whom required nursing and personal care. The accommodation was arranged on two floors of the service's building.

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

Activities were provided by a passionate and experienced activity team. A wide variety of relevant and meaningful activities was offered both inside and outside of the service. Staff were creative in how they engaged people in the activities and prevented people from feeling isolated. The service went the extra mile to find out what people had done in the past and evaluated whether activities could be accommodated in line with people's previous employment, interests and hobbies. People received exceptionally personalised and responsive service that was tailored to their needs and wishes. People were valued and placed at the heart of the service. Feedback from people and their relatives was exceptionally positive.

The provider valued their staff team and endeavoured to take steps to retain and develop staff to their full potential. They believed this was the key to delivering high quality, consistent care. People and relatives were delighted with the kindness and thoughtfulness of staff, which exceeded their expectations of how they would be cared for and supported. People explained how staff went over and above what they expected from them and they couldn't ask for anything more. People told us the support they received improved their well-being

People were protected from the risk of abuse. Staff were trained in recognising and reporting any concerns. There were suitable numbers of appropriately recruited staff. Medicines were safely stored and administered.

People received care and treatment from competent and skilled staff who had the relevant knowledge to meet people's needs. The provider had a system to ensure all staff had regular training to keep them up to date with best practice. Training courses and events were relevant to the needs of the people living at the service and staff ensured they put learning into practice.

People had access to food and drinks throughout the day and the meals were individualised to suit people's tastes and needs. People told us the food was very good and there was plenty of choice. Meals were appetising and served in a calm and organised manner, creating a sociable and pleasant meal experience.

People's care needs were identified and assessed before they moved into the home to enable staff to know and understand how people wanted to be supported. Risk management plans were in place to protect people from harm and to support them to remain independent. People were supported to access

healthcare services as staff recognised changes in people's health, and sought professional advice appropriately.

People were supported to have maximum choice and control of their lives and staff assisted them in the least restrictive way possible; the policies and systems in the service promoted this practice.

Staff interacted with people at their pace, were unrushed and we observed lots of positive interaction between staff and people living at Mill House. People were treated with dignity and respect by staff who understood the importance of this.

The service established relationships with and worked with local groups, including schools and colleges, to improve the experience and understanding of people living with dementia.

The registered manager and staff team all had a very good understanding of their roles and were empowered to make suggestions to keep improving the care. The provider's quality assurance processes were effective and there was a focus on continuous improvement and continuously seeking out ways to offer personalised care. The registered manager continued to build on the culture of openness and transparency. Staff were proud of the service and felt well supported by the registered manager and the provider.

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

Rating at last inspection (and update)

The last rating for this service was requires improvement (published 23 November 2018) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information, we may inspect sooner.

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 effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below

Good ●

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 well-led.

Details are in our well-Led findings below.

Good ●

Mill House

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was completed by two inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Mill House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We used all of this information to plan our inspection.

During the inspection

We spoke with 10 people who used the service and seven relatives of people. We talked about their experience of the care provided. We used the Short Observational Framework for Inspection (SOFI). The SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. These included five people's care records and multiple medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including staff training, policies and procedures were reviewed.

After the inspection

We obtained clarification from the provider to validate evidence found. We contacted five health professionals to obtain their opinion on the service provided by Mill House.

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 requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Using medicines safely

At our last inspection we found that the provider failed to ensure there were sufficient quantities of medicines to ensure the safety of service users and to meet their needs. The provider failed to ensure that the arrangements for giving medicines covertly were in accordance with the Mental Capacity Act 2005. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made by the time of this inspection and the provider was no longer in breach of regulation 12.

- Medicines were managed safely. There were clear processes and systems to ensure they were ordered, stored, disposed of and administered safely. We checked a sample of medicines and found that the stock agreed with the records maintained which demonstrated safe systems were followed. Medicines were audited regularly with action taken to make ongoing improvements.
- There were clear processes in place to ensure 'as required' (PRN) medicines were given appropriately. The service used homely remedies, which are medicines that can be bought without a prescription. There was an appropriate homely remedies policy for staff to follow in order to ensure people received homely remedies safely.
- Staff worked closely with the local GPs to ensure medicine reviews took place to prevent overmedicating people and ensure their current prescriptions met their needs.

Systems and processes to safeguard people from the risk of abuse

- People felt safe living at the home with the staff who supported them. One person told us, "I feel very safe living here."
- Staff understood how to identify potential safeguarding concerns and knew how to report these to the management team or to the local safeguarding team. Staff confirmed they would have no hesitation in reporting any concerns, were aware of whistleblowing procedures and confident their views and concerns would be listened to.
- Staff knew how to keep people safe and had a very good knowledge about how to identify risks and report concerns and incidents.

Assessing risk, safety monitoring and management

- People had risk assessments in place relating to various aspects of their care, such as moving and handling, falls, skin care and choking. Risk assessments were kept under regular review to help ensure they

remained effective in promoting people's safety.

- People had individualised fire risk assessments and emergency evacuation plans where necessary. Fire drill records showed staff and people were involved in regular fire drills.
- The provider carried out regular health and safety, and maintenance checks. These included fire equipment, water and electrical equipment to ensure people's safety.

Staffing and recruitment

- The provider operated a safe recruitment procedure which helped to ensure only staff who were suitable to work with vulnerable people were employed.
- The home employed enough staff to provide care flexibly. Staffing levels during our visit matched the rota and enabled people's needs to be met.
- People, their relatives and staff told us there were enough suitably skilled and experienced staff deployed to meet people's needs. One person told us, "I think there are lots of staff here."

Preventing and controlling infection

- Staff had infection control and food hygiene training that was reflected in their work practices. The premises were spotlessly clean during our inspection.
- Staff had access to aprons and gloves to use when supporting people with personal care. This helped to prevent the spread of infections.

Learning lessons when things go wrong

- Accidents and incidents were recorded and analysed so any trends or patterns could be highlighted.
- People who were assessed as being at high risk of falls or choking had clear plans in place to reduce the likelihood of these incidents. Falls were recorded in daily notes and falls diaries, and the registered manager analysed them to look for patterns and trends.

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 requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

At our last inspection we found that the provider was not acting in accordance with the requirements of the Mental Capacity Act 2005 and associated code of practice. This was a breach of regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made by the time of this inspection and the provider was no longer in breach of regulation 11.

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. 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff were suitably trained which gave them confidence about using the MCA, so people's human and legal rights were fully respected. There were MCA champions within the staff team. The MCA champions were home trainers ready to share their knowledge with other staff members, providing them with MCA training refreshers.
- Where people lacked capacity to make a specific decision, capacity assessments had been completed which recorded specific details about how capacity had been assessed. Best interest decisions had been made with the involvement of individuals to whom people mattered.

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

- Care assessments were completed before people moved into the home to ensure their needs could be fully met.
- People were satisfied with the care and support they received, which we saw was delivered in line with current legislation and best practice guidelines. National alerts were displayed in the home for staff to read to enhance their knowledge of changes in care and guidance.
- The provider kept up to date with new research and developments to make sure staff were trained to

follow best practice. For example, in response to the new International Dysphagia Diet Standardisation Initiative (IDDSI), the provider had implemented new nutritional care assessments, updated staff and changed catering processes. IDDSI is a global standard with terminology and definitions to describe texture modified foods and thickened fluids.

Staff support: induction, training, skills and experience

- New staff completed an induction at the start of their employment and shadowed experienced staff until they were competent and confident enough to work unsupervised. The induction was based on the Care Certificate which is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social sectors.
- Staff training covered the areas identified as necessary for the service, and additional training was provided to meet people's specific needs. For example, staff completed dementia care training.
- Staff received supervision and appraisals which gave them an opportunity to discuss any issues and concerns and they felt listened to.

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

- Meals accommodated people's activities, their preferences and people could decide if they wished to eat with others or on their own. People could choose what they wanted to eat and drink from the menu or, if needed, an alternative meal was prepared.
- Where it had been identified that people may be losing weight or be at risk of dehydration, diet and fluid charts were completed and reviewed.
- People and their relatives provided us with mixed but mostly positive opinion about the food offered by the service. One person told us, "The food is alright, it is good food. You get two lots of choices, you select your meals on the day and I have chosen today. They will always allow you to have something else if you want it."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff worked with external professionals such as occupational therapists, speech and language therapists and tissue viability nurses to ensure best outcomes for people.
- A healthcare professional told us, "I am pleasantly impressed by staff's knowledge of diabetes and their responsiveness if people's needs change."
- Staff knew the importance of good oral hygiene and there was an oral hygiene champion in the staff team, that shared their knowledge with all staff. We saw daily oral hygiene records completed without any gaps or omissions.

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

- People's rooms were decorated with personal belongings to ensure people felt comfortable with familiar items around them.
- The carpet in the building had been chosen with consideration for people living with dementia and certain eye conditions, and its pattern helped to reduce the possibility of people being confused or disoriented.
- Although Mill House was a small home, the registered manager had created an area for people and their relatives to come and sit when they would like some privacy within the home. This space was free from noise and was a quiet, relaxed area.

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 remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People valued their relationships with staff and felt they mattered. Everyone we spoke with said they were treated extremely well, with kindness and compassion. One person told us, "They look after you the best that they can, but it is not like the 'holding your hand' type of care." One person's relative told us, "The carers are very good with her." We saw multiple appreciation cards written by people and their relatives. One person wrote, "Firstly, may I say that your home is quite beautiful and homely, but secondly I must make mention your staff. I have never known such a place. Everyone from the care staff, nursing staff, housekeeping staff, and even the gentleman who collects the plates after each meal are so friendly and a never-ending series of smiles. You should be justly proud of them all."
- An equality, diversity and human rights approach to supporting people's privacy and dignity was well embedded in the service. The service followed best practice and participated in the 'Safe to be me' programme designed to meet the needs of older lesbian, gay, bisexual and transgender people using health and social care services.
- In another example, the service respected one person's background. In the person's culture it was important to be accompanied by family members at lunch. The person's relative had been able to eat with the person for the last two years. The person's relative was also administering their medicines as this was important to both of them to have a feeling they were back at their home and they could do things as independently as before. The feedback recorded on a quality visit form proved this had a huge impact not only on the person but also on their relative.
- The service ensured that staff focused on building and maintaining open and honest relationships with people and their families, friends and other carers. We noted that staff went the extra mile in researching people's backgrounds and their histories. For example, one person's wish was to know more about their family. It was found that one of the person's relatives was a well-known cricketer. Staff researched into this using all materials available to them, they made a scrap book about the famous cricketer and presented this to the person. This allowed the person to enjoy old photographs and press articles about their relative and their achievements.
- The service provided exceptional care and support to people even before they moved into Mill House. For example, staff helped a person to move into the service by using the company minibus to transport the person and also packed some of the person's belongings and transported them with the person. The person was also assured that their pet could stay with them at Mill House.
- There were creative ways of reflecting people's personal histories and cultural backgrounds, and staff were matched with people's interests and personalities. Staff were matched to the residents to suit their communication needs and to make sure people and staff members could share their hobbies. For example,

during our inspection we noted that a person speaking Spanish was provided with a member of staff who also spoke that language. Another person whose first language was German could communicate with German speaking staff. This provided people with comfort of knowing they were always able to communicate their needs easily and that this would be passed to the management team.

- People were supported to maintain and develop their relationships with those who were close to them. For example, one person was actively supporting another person with their nutritional needs under supervision and guidance from staff. Records confirmed this had a very positive impact on both people giving them the purpose of looking after each other, and had positive impact on their physical and emotional well-being.
- Staff told us they loved their work and were committed to making sure people were at the heart of the service. The interactions between people and staff showed that people were truly respected. Staff displayed true empathy for people, making sure their physical and mental wellbeing was being supported in a holistic way. Nothing was ever too much trouble, and staff took time to stop and speak with people. A smile, laughter and a kiss of a kitchen staff member on the cheek of a person demonstrated mutual respect and genuine warmth and love. The person asked about it replied, "It is worth more than 1000 chips."
- The caring approach applied to staff as well as people. We had overwhelming evidence that there was genuine concern about staff's well-being. The new registered manager went the extra mile to provide safe and friendly environment for all staff working at Mill House.

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

- The service used new and innovative ways to involve people and their relatives in people's care. For example, they used a 'daughter to a father' reflection which contained discussions about people, their relatives, their lives and places that they have visited together. People and their relatives were able to enjoy each other's company by eating lunch and supper together which had a positive impact on their well-being.
- Regular residents and relatives' meetings took place that were an open forum for people to have their say, make suggestions and discuss any issues they may have.
- Staff ensured people were supported to make their own choices about how they wished to spend their day. People were asked if they preferred a shower or wash in the morning. Staff encouraged people to choose their own clothes and decide whether they would like a lie in or breakfast in bed before they arose.
- Care records showed that people or, where appropriate, their relatives were consulted when care plans were written.

Respecting and promoting people's privacy, dignity and independence

- The service cared for people and promoted their independence in a way that exceeded expectations. For example, one person liked to lay the tables in the dining room prior to lunch service. The same person learned new recipes during bakery sessions with the head chef. This was important to them and made the person feel independent, empowered and confident. Records confirmed that as a result of the care received the person no longer needed to receive ongoing external help from professionals.
- People were treated with dignity and their privacy respected. Staff knocked on people's doors prior to entering their rooms and explained what they were going to do. Staff gained people's permission prior to supporting them.
- Staff respected people's individuality and did everything possible to support people to feel comfortable and to enjoy every aspect of their lives. People were supported to remain as independent as possible and were encouraged to do what they could to enable them to maintain their skills.
- People's personal records were kept secured and confidential. Staff understood the need to respect people's privacy in accordance with their human rights, including information held about them.

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 requires improvement. At this inspection this key question has now improved to outstanding. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Arrangements for social activities met people's individual needs, and followed best practice guidance so people could live as full a life as possible. For example, one person living at the service expressed their wish to spend a night out with some members of staff. This was accommodated and the person accompanied by three staff members went out for shopping and then to a pub and continued to have fun after their return by having a party in one of the communal areas.
- We saw that a variety of activities was provided to people to keep them socially active and entertained. For example, the service organised outings to watch ducks in the river, attending a Wild West Day and going to the pantomime. People who enjoyed group activities could also join in a murder mystery game with staff and residents dressed as characters from the game. The provider organised an art competition, a Tai Chi session, a trip to a garden centre, exercise sessions, dancing on the beach, working with wool and an Italian Day where people made their own pizzas. People provided us with positive feedback about activities offered to them. One person told us, "I like the chair exercises that we do and the activities lady comes into my room and I do a few here in my chair."
- The service employed unique and innovative techniques to provide people with activities. The service used virtual reality (VR) equipment to provide stimulation to people who did not enjoy other types of activities. VR devices can provide relief to people living with dementia by triggering memories and positive emotions. Even those in the later stages of dementia who are often responsive to very little can benefit from the VR experience. This proved to be a huge success and the VR devices became very popular amongst the residents. For example, one person used to visit a famous city abroad. They were able to enjoy a virtual tour of the city and were even able to name the streets of the city. Another resident's dream was to swim with dolphins. They were able to fulfil their dream by using VR equipment. We saw evidence that VR devices provided relief to people living with dementia by triggering memories and positive emotions.
- A member of the activity team visited people who were cared for in bed. They engaged people in a conversation, offering people their favourite pastime or just sitting with them and reading. Some people living at the service used to be farmers or previously had animals as pets. The service recognised this and provided them with the activities they particularly enjoyed. For example, the service arranged visits by volunteers with behaviourally assessed animals and a member of staff brought their cat so people could be accompanied by animals. Staff told us that people benefited from the presence of animals as it helped to reduce people's isolation and improve their eating. It also provided people with physical activity and the pleasure of spending time with an animal companion. Other people who stayed in their rooms were provided with social interaction by external visitors. One person told us, "There was a young student, a volunteer, I think, who used to go around here and sing and you could hear him in other residents' rooms."

- Other people took delight in gardening and this was also accommodated by the service. For example, one person enjoyed gardening and missed being able to go out to the garden due to their reduced mobility. The maintenance staff attached some pallets onto the garden wall at the person's height so that the person could have their own section of the garden. The person was very happy to have their own patch to look after. This gave the person a sense of freedom as they could continue to work and maintain an area of the garden in a safe environment just as they had once done before. The person told us, "Although I have to use a wheelchair, I get fully involved in gardening here. I can help with planting and the benches are at my height."
- The service took a key role in the community and was actively involved in building links. For example, children from the local primary school visited regularly to spend time with people. People told us they thoroughly enjoyed these visits where residents and pupils were treated with ice creams. The service held a storytelling event with children from a local school for the World Book Day. The children and staff dressed up as characters from their favourite books, for example Mary Poppins, Alice in Wonderland, Matilda, Red Riding Hood, Queen of Hearts and Meg the Witch. The children split into groups and read their favourite stories to people. After that, one person dressed up as an owl recited their favourite poem. The children absolutely enjoyed it and kept asking about the meanings of some of the old-fashioned words in the poem, which people were able to explain to them. The service also organised visits from the national citizen service and developed links with Alzheimer's Society. People's spiritual needs were met by monthly church services. The service also collected food to make food hampers for the local Oxfordshire Food Bank. People helped to prepare the hampers and those who were able to do it delivered these to the Food Bank.
- People were visited on a monthly basis by a Mother and Baby group. Parents and their children came to Mill House for an activity session full of games, arts and crafts, stories and group sing-a-longs. People really looked forward to the visits and helped set up a room with activities and toys, and chose a book to read to the children at story time.
- Staff prepared a dementia friendly activity book called 'Magic Moments' where they pasted pictures of staff and people reflecting their personalities, life histories and hobbies. Some of the activity products such as a woollen bear were pasted to in the book to provide a sensory experience for people living with dementia.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- The service anticipated people's needs and recognised distress and discomfort at their earliest stage. It offered sensitive and respectful support and care. This resulted in a significant improvement in people's well-being and helped to build a sense of belonging to the community. For example, one person was very withdrawn upon the admission. They were unable to meet their needs which led to self-neglect. As the person was immobile, they began to develop pressure ulcers. The genuine care and warmth of staff enabled the person to improve both their health and mood. As a result, the person was no longer at risk of neglect, their health condition was monitored daily and they had weekly appointments with healthcare professionals. In time, the person started building up a relationship with the staff team at Mill House and began to leave their room to socialise with the other residents. The person wanted to be active and started to join in the daily exercise groups and shortly started walking daily to keep themselves fit. This resulted in improved mobility of the person. The person attended a 'Keep active' session where they went along with some of the team and other people using the service. The registered manager purchased a step counter for the person so they were able to monitor all their steps daily and this would give them a sense of achievement. Furthermore, it was an incentive for the person to challenge to walk further distances. As a result, the person stayed active exercising daily and had greatly improved emotionally and physically.
- People received person-centred care. Staff demonstrated their in-depth knowledge of people's histories, their likes and dislikes and how they wished to be supported. This knowledge was used to support people in a way they felt valued as unique individuals and respected for who they were.

- We observed numerous examples of personalised care which evidenced excellent understanding of people's needs relating to their care and preferences as well as any social and cultural beliefs and backgrounds.
- Care plans were regularly reviewed with people to ensure they reflected people's current support needs and preferences.

End of life care and support

- The service introduced new and innovative 'Life bags' which were to be used during end of life care. This were tailored to the individual needs of people. The 'Life bags' may contain personal items such as music, poems, personal photos, soft toys and incense candles to trigger positive memories and create an environment of reassurance, peace and calmness.
- The service worked closely with healthcare professionals and provided outstanding end of life care. People experienced a comfortable, dignified and pain-free death.
- The staff were extremely responsive to people's needs. Some people came to stay in the home as they were assessed by health professionals as nearing the end of their life. The staff team spoke passionately about providing care and support, and their devotion helped suppress the severity of people's condition or even improved people's quality of life. As a result of staff's responsiveness, one person fully recovered although they had already needed to be provided with end of life care. When the person moved into the service, they had to be provided with end of life care. They had a very poor appetite, their mobility was reduced and they were very depressed feeling that they were no longer able to manage to support themselves. The person's wish was to see the seaside one more time. The activities team arranged for the person to go to the Cotswolds Beach with two other people where they were chatting about coach trips they had been on over the years and the places they had visited. This helped the person to build a relationship with staff and other people living at Mill House. Previously bed-bound, at the time of the inspection the person was mobilising independently and their air mattress was no longer required. We saw written feedback from the person that said, 'I'm much more settled now, knowing I have people around me'. At the time of the inspection the person was enjoying activities organised by the service and liked to watch TV in a conservatory. The TV was bought for the person specifically as they did not like to watch TV in the lounge.
- People were able to decide how they wished to be cared for and supported towards the end of their life. The care records included information about their life history, including family relationships and important events and religious beliefs.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff understood the AIS. People's communication needs were identified, recorded and highlighted in care plans. This information was shared appropriately with those whom it concerned which ensured people's information needs were met.
- The registered manager told us that if needed information may be provided in a foreign language or Braille.

Improving care quality in response to complaints or concerns

- A copy of the complaint's procedure was displayed within the home and people were extremely confident that if they had any concerns, these would be acted upon.
- People's complaints were comprehensively investigated. Records showed complaints were taken seriously, and used to help improve the service where possible, with appropriate actions and records in

place.

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 requires improvement. At this inspection this key question has now improved good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At our last inspection we found that records relating to the care and treatment for each person were not accurate and up to date. Effective systems were not operated to assess, monitor and improve the quality and safety of the services provided. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made by the time of this inspection and the provider was no longer in breach of regulation 17.

- The service completed a range of quality audits to ensure they provided the best outcomes for people supported. Where shortfalls were identified, these were addressed and discussed with staff at staff meetings.
- Daily handovers and regular communication helped staff and the management share information to plan and coordinate ways and means to meet people's needs.
- Our records told us that appropriate notifications were made to the Care Quality Commission in a timely way. The home's previous rating was displayed and available on the organisation's website.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The service was led by a motivated registered manager and staff team. They were committed to providing a service that promoted person-centred values and a strong commitment to promoting independence and social inclusion.
- Staff understood, and were committed to the values promoted by the registered manager and the provider. The registered manager realised the potential in staff working for the service. For example, a member of staff whose previous duties included assessing care staff was given additional roles within the service becoming an in-house trainer and an MCA champion. A member of staff told us, "We are acting according to our values. For example, we adapt 'from the heart' value because we want to do things for residents the best we can. During our handover meetings or during training I ask staff 'How do you want to keep it simple for the residents?' This is our next value."
- People and their relatives told us that the service was well-led. One person told us, "[The registered manager] is brilliant. He gets you anything if you want it and he joins in with everything. He was at the exercises (activity) this morning." Another person told us, "[The registered manager] is approachable all the

time. He stops, comes and deals with you and you are made to feel part of the programme and not an outsider. All is taken care of and you have no worries."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider and the registered manager encouraged an open and honest culture at the service. The registered manager understood their responsibilities in relation to the Duty of Candour. If any incidents or accidents occurred, they ensured that all relevant people were informed about them, and every opportunity was used to support organisational learning.
- The provider had a policy that clearly identified the actions staff should take in situations where the duty of candour would apply.

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

- People and their relatives told us they were asked for their views on the service. The registered manager was running an open office and anyone was welcome to provide feedback or to raise a complaint. Feedback was also obtained through annual surveys. We saw that of the most recent surveys were positive with people and their relatives praising staff and the management of the service.
- Staff meetings were held regularly where staff could discuss matters affecting people using the service, or recruitment and staffing matters. Staff were encouraged to comment and share ideas about how practice and care might be improved. This demonstrated a focus on ensuring effective communication with staff in all roles.
- Staff told us they felt they worked well as a team because they were supported and their efforts were recognised by the management team. The registered manager realised that there was a huge potential within staff employed by the service. A member of staff told us, "Initially I was unsure about [the registered manager], then he gave me opportunity to do training courses. He boosts my confidence, he is fantastic. He puts some extra stuff on me to help me to develop. I am so pleased to stay. We are always pushed to progress a little bit further by him."

Continuous learning and improving care

- Staff recorded accidents and incidents, which were reviewed by the provider. This ensured the registered manager and the provider fulfilled their responsibility and accountability to identify trends and took required action to keep people and staff safe by reducing the risk of repeated incidents.
- The registered manager effectively assessed and monitored service audits to ensure identified improvements to people's care were implemented.
- There was a strong emphasis on continually striving to improve. The service was constantly benchmarking their service against other services in the country. They took part in an independent review which resulted in a score that was above the national average thank to extremely positive feedback from people and their relatives.

Working in partnership with others

- The management team worked with healthcare services and local authority commissioners. This enabled people to access the right support when they needed it and we saw working collaboratively had provided staff with up to date professional guidance.
- External professionals were complimentary about the working relationship they had with the registered manager, the clinical lead and all the staff team. One professional told us, "I have found the staff to be well informed, they seem to call us appropriately and the residents I have visited look well cared for. I have no

concerns about the service."

- The provider had a business continuity plan in place that specified what action needed to be taken in case of various emergencies. The plan also stated people responsible for particular actions and partners involved in these actions. This meant people were protected in case of an emergency.