

Millies Care and Support Agency Limited

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Inspection report

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Ratings

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

Summary of findings

Overall summary

About the service

Millie's Care and Support Agency Ltd is a domiciliary care service providing personal and nursing care to 95 people aged 65 and over at the time of the inspection.

Millie's Care and Support Agency Ltd provide care and support to people living in their own homes, in Bath and the surrounding areas. Their head office is located in Bath.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

People were supported by staff who were kind and caring. People told us they felt the staff who visited them were like friends or family. When receiving personal care, people's dignity and privacy was protected by staff, for example using a towel to cover the person.

People and staff spoke positively about the provider and the registered manager. Staff told us they were proud to work for Millie's Care and Support Agency Ltd. People had the opportunity to voice their opinions about the service in different ways; for example, during reviews and by telephone. Notifications were sent to the commission in line with requirements. The registered manager was aware of their responsibility to act in an open and transparent way.

People told us they felt comfortable to complain but had not needed to and that the service was flexible and would re-arrange visits to meet individual needs. The provider had received one complaint in the twelve months before our inspection which was dealt with appropriately. People were helped to avoid social isolation because they were supported to access the community and people were provided with regular care staff.

Care plans reflected the needs, preferences and choices of people. The provider identified that end of life care planning was an area for development. However, relatives of people who received end of life support from the provider spoke positively about their experiences. Staff told us they received support and training to ensure they could carry out their roles. People told us they were supported to eat and drink sufficient quantities. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People told us they felt safe and we found they were protected from the potential risk of avoidable harm and abuse. Risk assessments included guidance for staff about how to lower the risk of harm to people. Staff

spoke confidently about identifying and reporting potential abuse. Medicines and creams were managed safely. We have made one recommendation in relation to the recruitment of staff. This was because two of the three staff files we reviewed did not include information about the staff member's full employment history.

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

Rating at last inspection

The last rating for this service was good (published April 2017)

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor the service and may inspect sooner if required.

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 responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Millies Care and Support Agency Limited

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 team consisted of one Inspector 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

This service is a domiciliary care agency. It provides personal care to people living in their own homes.

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 announced.

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 22 October 2019 and ended on the same date.

What we did before the inspection

We reviewed information we had received about the service since the last inspection.

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

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 called 18 people who used the service and spoke about their experience of the care provided. We spoke with six members of staff including the registered manager, deputy manager, senior care workers, care workers and care coordinator.

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

After the inspection

We continued to seek clarification from the provider to validate evidence found.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. Comments from people included, "I feel safe with the girls [staff] I trust them" and, "I always feel safe with the carers coming in."
- Staff we spoke with were confident about how they would identify abuse and actions they would take if abuse was witnessed or suspected. One staff member said, "I would look for physical signs, but also personality changes and people acting out of character. I'd speak to the registered manager or deputy manager."
- The provider had worked with the local safeguarding team when the need arose.

Assessing risk, safety monitoring and management

- There were risk assessments in place and these provided guidance for staff about how they could keep themselves and people safe.
- Manual handling guidance for staff was comprehensive and included labelled photographs detailing how equipment should be configured and used by staff.

Using medicines safely

- Medicines were managed safely. When medicines were incorrectly administered, the provider ensured appropriate medical advice was sought, for example from the GP or pharmacist.
- People told us their creams were managed safely. Comments from people included, "They [staff] apply my cream to my legs and it is done in a caring way and they always make sure I am sat comfortably, they have a kind manner when they do it."
- Regular checks of Medication Administration Records were completed by the management team. When recording errors or omissions were identified, appropriate actions were taken, for example follow-up supervisions with staff to discuss what had gone wrong.
- The provider was in the process of implementing protocols for 'as required' medicines.

Preventing and controlling infection

- People were supported by staff who understood how to reduce the risks of infections spreading. Staff were encouraged to visit the office and take as much PPE as required, this included gloves, aprons and face masks. The registered manager monitored how much PPE staff were collecting to ensure they always had sufficient stocks in line with visits they completed.

Learning lessons when things go wrong

- The registered manager monitored accidents and incidents as a way of identifying themes and trends and

preventing a recurrence.

Staffing and recruitment

- There were sufficient numbers of staff to meet the needs of people. When unplanned staff shortages occurred, office staff and the registered manager were available to complete care visits. Comments from people included, "Continuity is very good, I have the same carer unless they are on holiday but the ones that fill in are great too, you just get used to certain people's ways."
- Overall staff recruitment was undertaken safely. This included checks with the applicant's previous employers and the Disclosure and Barring Service (DBS). However, two of the three recruitment files we reviewed did not include the employee's full employment history and when gaps in employment were recorded these had not been explored.

We recommend the provider reviews published guidance and relevant legislation about the safe recruitment of staff in health and social care settings.

- The provider contacted us after the inspection and told us they had re-designed the application form to reflect current relevant legislation.

Is the service effective?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed and included relevant information about identified needs and choices. This included guidance for staff about how they could support the person to meet their needs. For example, one person's care plan guided staff to, "Ask [person's name] if they would like to use the commode."
- The provider had identified that care plans did not include sufficient information about peoples' social history, interests and hobbies. They were in the process of amending care plans and introducing the 'about me' document to rectify this. The 'about me' document allows people to record information that is important to them and that they want others to know.

Staff support: induction, training, skills and experience

- People told us they were supported by well trained staff. Comments from people included, "Of course they [staff] are trained in what they do that's obvious as they are so good."
- Staff received regular supervisions and appraisals and were supported to access training relevant to their roles, for example, diabetes, safeguarding and manual handling training. Comments from staff included, "I get supervisions, I recently had my appraisal, anything that I need - they've put us on extra courses, I've done end of life, and dementia training, I look after people with dementia and during the end of life."
- All staff new to Millie's Care and Support Agency Ltd were supported through an induction and those new to care were expected to complete the Care Certificate. The Care Certificate is a set of fifteen standards containing information that all those new to care should know.

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

- People told us they were supported to eat and drink enough. Comments from people included, "They [staff] ask about my well-being and about my food and fluid intake as it's a natural caring thing to do, they write everything down in the folder."
- When required, food and fluid monitoring charts were used to ensure people were eating and drinking enough. These were analysed by the management team to ensure people were being supported in accordance with their care plan. When gaps, errors or omissions were identified, this was followed up with a staff supervision session.

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

- The provider worked effectively with other agencies and professionals, for example occupational therapists and district nurses.

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

- People were receiving care and support in their own home and so retained control over the decoration and design of the environment.

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

- People were supported to access healthcare services and support. Comments from people included, "They [staff] will do anything within their boundaries and will check how I am feeling and act accordingly. They [staff] have phoned the GP for me and even called an ambulance."

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

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- At the time of our inspection, all of the people receiving support from the provider had capacity to make their own decisions. We spoke with the registered manager who said they would work with relevant local professionals and undertake capacity assessments and best interest decisions as required.
- Staff we spoke with were confident about how they would support people in line with the principles of the MCA. Comments from people included, "You always assume people have capacity" and one staff member said if people didn't have capacity to make certain decisions, "We would try and keep people as independent as possible - that's what our job is, not taking their choice away."

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.

Respecting and promoting people's privacy, dignity and independence

- People told us they received care in a dignified way that maintained their privacy. Comments from people included, "My personal care is done in a dignified manner, they [staff] make sure your covered over, I have never felt embarrassed" and, "They [staff] keep me covered with a towel. No problems at all."
- Staff spoke confidently about how they ensure people's privacy and dignity was preserved during personal care. Comments from people included, "Always ask permission before carrying out a task and give people time alone while they are on the toilet. Make sure blinds are shut and offer dignity with towels, reassuring people and making sure they are happy for you to do that" and, "I always use a towel to cover their [person's] shoulders or groin area, make them feel comfortable about what I'm doing."
- Care plans guided staff to promote peoples' independence. For example, recording activities the person could do independently, such as getting in and out of bed.

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

- People told us they received support from staff who were kind and caring. Comments from people included, "They [staff] are amazing. They know me and we have good laughs together" and, "Wonderful, nobody I don't like, they are lovely."
- People's care plans included information about peoples' cultural and religious needs.
- Staff developed relationships with people. Comments from people included, "My lady [care staff] is brilliant, kind, friendly and chatty looks after me so well and shows an interest in me" and, "They [staff] don't cut corners and always spend the right amount of time, we have great conversation, we talk about everything."

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

- People we spoke with were familiar with their care plans and were involved with reviews. Comments from people included, "Yes it's the right level of care and its up for review but I am happy with mine" and, "Yes my care plan has been reviewed and it's stayed the same."

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

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

- People's care plans included guidance for staff about their choices. For example, "Ask [person's name] if they would like to stay in bed or get up for a while" and, "Ask [person's name] if they would like a drink."
- People told us the provider was responsive to their needs. Comments from people included, "If I have an appointment they will change my visit time" and, "When I have other engagements they will rearrange my visit, never had an issue."

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.

- People's communication needs were assessed and recorded in their care plans to guide staff about how to communicate with the person.
- When appropriate, staff were able to sit with people and read them relevant information. Information was produced in large font when required, this included when rotas were sent to people on a weekly basis.

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

- The provider supported the development of relationships by supporting people to access the community and by ensuring regular care staff were allocated to people. Comments from people included, "I have great continuity it is more like a friend than a carer, I look forward to them coming as I live alone and love my day out with her [care staff]" and, "I look forward to them [staff] coming in they are like family."

Improving care quality in response to complaints or concerns

- The provider had received one complaint in the previous twelve months before the inspection, this was managed appropriately and the complainant was spoken with to ensure they were satisfied with the outcome.
- People we spoke with said they felt comfortable to raise complaints and told us they had never needed to.

End of life care and support

- The provider had identified end of life care plans as an area for development. After the inspection they sent us a copy of the changes they implemented. The newly developed care plans included information

about the person's wishes and preferences. For example, if the person wished for the television or music to be playing in the background and included practical information such as the support the person may want to receive, for example with oral care, hygiene and skin care.

- The management team received compliments from the loved ones of people who they had supported towards the end of their life. One card read, "Thank-you all very, very much for the kindness, care and support given and shown to dad and us as a family over the years; for the extra visits and staying longer when things have been difficult. A huge thank you for coming to the funeral and arranging for so many carers to come too. I was completely overwhelmed. I know that would have taken someone hours to organise and it was so lovely to see you all."
- Staff spoke sympathetically about supporting people towards the end of their life. Comments from staff included, "It's an honour to be there at such an important and personal time."

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Staff and the registered manager spoke about people in a person-centred way. Comments from staff included, "I love being with the clients [people] and helping them as much as you can within the boundaries of what you are allowed" and, "You've got to look after somebody like they are your own [family]."
- We received feedback from one professional who said, "Out of all the care providers I have dealt with, [registered manager's name] was always the nicest person to deal with; helping when they could, ensuring the agency provided a high standard of care to clients at all times and feeding back any concerns or issues they had".

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

- People and staff spoke positively about the provider. Comments from people included, "They [provider] don't need to improve on anything it all works very well and the communication is very good. I feel well-informed of what is going on." Comments from staff included, "I've always felt well supported by the registered manager - I know first-hand that they're first class at support and looking after us when we need looking after."
- Staff felt proud to work for Millie's Care and Support Agency Ltd. Comments from staff included, "People receive good care, they are always praising Millie's. We are one of the best, we have high standards and we look after them [people] really well."
- Notifications were submitted to the Commission as required. All services registered must notify the Commission about certain changes, events and incidents affecting their service or the people who use it. Notifications tell us about significant events that happen in the service. We use this information to monitor the service and to check how events have been handled.

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

- People and staff were supported to share their views about the service through surveys. The results of the surveys were reviewed and actions taken in line with these. People were also welcome to telephone or visit the office to share their views when required.
- There was no formal timetable for team meetings and when meetings did take place these involved the management team. The registered manager told us they listened to staff during one to one supervision sessions and operated an open-door policy. Staff told us they were satisfied with this arrangement.

Continuous learning and improving care

- The provider was exploring different ways of learning and improving care. For example, accessing local workshops about how to comply with regulations and had recently introduced an app that allowed the office to monitor care calls and tasks completed by staff.

Working in partnership with others

- The provider worked in partnership with other healthcare professionals and organisations when the need arose.

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 registered manager was aware of their responsibility to act openly and honestly when things went wrong.