Millenium Care Limited

Millenium Care Limited - 89 Fox Lane

Inspection report

89 Fox Lane89 Fox Lane
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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

Overall summary

This inspection took place on 27 February 2015 and was unannounced. When we last visited the home on 31 January 2014 we found the service met all the regulations we looked at.

Millenium Care Ltd 89 Fox Lanes provides accommodation, care and support for up to seven people with a learning disability or people on the autistic spectrum. There were seven people using the service on the day of our inspection.

The home had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People received individualised support that met their needs. The service had systems in place to ensure that

Summary of findings

people were protected from risks associated with their support, and care was planned and delivered in ways that enhanced people's safety and welfare according to their needs and preferences.

People were involved in decisions about their care and how their needs would be met. Risks to people and how these could be minimised were identified. Medicines were managed safely.

Safeguarding adults from abuse procedures were robust and staff understood how to safeguard the people they supported. Staff knew what to do if people could not make decisions about their care needs. They had received training on safeguarding adults, the Deprivation of Liberty Safeguards and the Mental Capacity Act 2005. These safeguards are there to make sure that people in care homes, hospitals and supported living are looked after in a way that does not inappropriately restrict their freedom. Services should only deprive someone of their liberty when it is in the best interests of the person and there is no other way to look after them, and it should be done in a safe and correct way.

People were supported to eat and drink according to their individual preferences. Staff supported people to attend healthcare appointments and liaised with their GP and other healthcare professionals as required to meet people's needs.

People told us they were happy with the care provided. Staff were appropriately trained and skilled to care for people. They understood their roles and responsibilities as well as the values and philosophy of the home. Staff received supervision and an annual performance review. They confirmed they were supported by the manager and received advice where required.

The registered manager was accessible and approachable. People and staff felt able to speak with the registered manager and provided feedback on the service. Monthly audits were carried out across various aspects of the service, these included the administration of medicines, care planning and training and development. Where these audits identified that improvements were needed action had been taken to improve the service for people.

Summary of findings

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. Staff were available in sufficient numbers to meet people's needs.

Staff knew how to identify abuse and the correct procedures to follow if they suspected that abuse had occurred.

The risks to people who use the service were identified and managed appropriately

People were supported to have their medicines safely.

Is the service effective?

Good

The service was effective. The registered manager had taken sufficient action to comply with the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

People's healthcare needs were monitored and information about people's ongoing health needs was up to date.

Staff received training to provide them with the skills and knowledge to care for people effectively. Staff were supported through regular supervision and an appraisal.

People received a variety of meals and the support and assistance they needed from staff with eating and drinking, so their dietary needs were met.

Is the service caring?

Good

The service was caring. Staff were caring and knowledgeable about the people they supported.

People and their representatives were supported to make informed decisions about their care and support, and information was presented in ways they could understand to facilitate this.

People's privacy and dignity were respected.

Is the service responsive?

Good

The service was responsive. Care plans were in place outlining people's care and support needs.

Staff were knowledgeable about people's support needs, their interests and preferences in order to provide a personalised service.

The service had a system in place to gather feedback from people and their relatives, and this was acted upon. People knew how to make a complaint as there was an appropriate complaints procedure in place.

Is the service well-led?

Good

The service was well-led. The service had an open and transparent culture in which good practice was identified and encouraged.

Systems were in place to ensure the quality of the service people received was assessed and monitored, and these resulted in improvements to service delivery.

Millenium Care Limited - 89 Fox Lane

Detailed findings

Background to this inspection

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

This inspection took place on 27 February 2015 and was unannounced.

The inspection was carried out by an inspector, and a specialist professional advisor who was a nurse with knowledge of the needs of people who have a learning disability.

Prior to the inspection we reviewed the information we held about the service. This included information sent to us by the provider about the staff and the people who used the service. Before the inspection the provider completed 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 spoke with the local safeguarding team to obtain their views.

During the visit, we spoke with 2 people who used the service, three care staff and the registered manager. We spent time observing care and support in communal areas.

Some people could not let us know what they thought about the home because they could not always communicate with us verbally. Because of this we spent time observing interaction between people and the staff who were supporting them. We used the Short Observational Framework for Inspection (SOFI), which is a specific way of observing care to help us to understand the experience of people who could not talk with us. We wanted to check that the way staff spoke with and interacted with people had a positive effect on their well-being.

We also looked at a sample of three care records of people who used the service, four staff records and records related to the management of the service.

Good

Is the service safe?

Our findings

People were protected from the risks of abuse and avoidable harm. People who used the service told us they felt safe. One person said, “Staff are good.” We saw that staff knew how to communicate with people and support them if they became distressed. Information was available in a pictorial format for people about whom they could talk to if they had concerns about the way they were treated. Staff could explain how people might communicate that they were distressed or being abused. Staff knew how to report concerns if they felt people were at risk of being abused. They understood the services policies regarding abuse and safeguarding. These were available for staff to consult. Staff told us, and training records confirmed that they had received training in safeguarding adults.

When people who used the service became distressed staff responded to them in a sensitive manner so that their safety and wellbeing was supported. Staff could explain how they managed situations where the behaviour of people who used the service presented a risk to themselves or others. Staff explained how they responded to each person's behaviour in a way that met their needs regarding communication and the triggers for their behaviour. Particular ways to respond to people’s behaviour were recorded in their risk assessments and care plans. One person liked to listen to music to help them to relax and this was recorded in their care plan.

People’s care plans contained up to date risk assessments that detailed any identified risks to their safety or that of others. For example, a person needed support when going out to the shops or other activities in the community and the risks relating to this had been assessed and a plan was in place to address these. Staff were able to explain how they responded to these risks and followed the risk assessment’s guidance to keep the person safe.

Where appropriate people who used the service and their relatives had been involved in preparing risk assessments. We saw that a person wished to go out to the shops and in line with their risk assessment they were accompanied by a member of staff. The staff member was able to explain the specific risks that the person might face when in the community, such as not understanding how to cross the road safely, and what they needed to do in order to maintain the person's safety. Action was taken to mitigate the risks to people who used the service so they could participate in community based activities safely.

Sufficient staff were on duty to meet people's needs. One person said, "Staff are around when I need them." Three staff were on duty when we visited as the majority of people who used the service were attending day services. Staff explained that additional staff would be available later in the day when people returned from their community based activities. We saw that daily records and the rota highlighted when staff were provided to support people to access services or activities in the community. Where people needed support from staff this was provided. The manager explained that they monitored staffing levels and made sure that sufficient staff were available to meet people's individual needs.

The service followed safe recruitment practices. Staff files contained pre-employment checks such as criminal records checks, two satisfactory references from their previous employers, photographic proof of their identity, a completed job application form, a health declaration, their full employment history, interview questions and answers, and proof of their eligibility to work in the UK. This minimised the risk of people being cared for by staff who were inappropriate for the role.

People's medicines were managed so that they were protected against the risk of unsafe administration of medicines. We observed staff giving people their medicines at lunchtime. Staff checked that they were giving the correct medicine to the right person, and stayed with the person while they took their medicines. People received their medicines when they needed them. We saw that staff knew when to offer people the required medicines as they noticed if a person was in pain and asked them if they wanted their pain relieving medicine.

People’s current medicines were recorded on Medicines Administration Records (MAR) as well as medicines received into the home. All people had their allergy status recorded to prevent inappropriate prescribing. Medicines prescribed as a variable dose were all recorded accurately and there were individual protocols in place for people prescribed “as required” medicines (PRN).This meant that staff knew in what circumstances and what dose, these

Good

Is the service safe?

medicines could be given, such as when people had changes in mood or sleeping pattern. There were no omissions in recording administration of medicines. We confirmed that medicines had been given as prescribed.

Good

Is the service effective?

Our findings

People were supported by staff who had the skills and who were appropriately supported to meet their needs. Staff told us they received regular supervision and training that helped them to meet people's needs effectively. Training records showed that staff had completed all areas of mandatory training and had also had specific training on autism and managing behaviour that challenges. All staff had completed a vocational qualification in care. A training matrix was used to identify when staff needed training updates, and it showed that these were taking place every six months.

Staff told us the manager was approachable and regularly discussed the changing needs of people who used the service with them. We looked at the minutes of staff meetings and these showed that care issues had been discussed and actions required to meet people's needs were identified and addressed. Supervision records showed that staff were having supervision every two months in line with the service's policy. Staff told us they found their supervision with the manager supported them to meet people's needs. Staff had received an appraisal in the last year. Records showed that staff appraisals identified areas for development and any required training.

CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). These safeguards are there to make sure that people in care homes, hospitals and supported living are looked after in a way that does not inappropriately restrict their freedom. Services should only deprive someone of their liberty where a person lacks capacity, when it is in the best interests of the person and there is no other way to look after them, and it should be done in a safe and correct way. Staff understood people's right to make choices for themselves and also, where necessary, for staff to act in someone's best interest. Staff knew how to communicate with people and understood when they made choices about their care and support. People pointed, used Makaton sign language or took the member of staff to what they wanted and staff gave them what they requested, for example, a cup of tea or some fruit.

Staff had received training in the Mental Capacity Act 2005 (MCA) and (DoLS). Staff were able to describe people's rights and the process to be followed if someone was identified as needing to be assessed under DoLS. The majority of people who used the service had a DoLS in place. This was usually so that they could be accompanied by a member of staff as they were not safe when crossing the road or accessing local shops and other services. DoLs were reflected in people's care plans and risk assessments which identified how staff should respond to people's varying capacity to make decisions regarding their care and support. The registered manager had attended a recent briefing session organised by the local authority to discuss changes to the operation of DoLS and how these affected people.

People were supported to eat and drink to meet their needs. One person said, "I like the food here." People had individual menus each week, which were created in consultation with the person and reflected their individual nutritional needs. We observed that people were asked what they wanted to eat for lunch and where they wished to, were involved in the preparation of their meal with staff support. People were involved in purchasing the food for the week with staff support. One person told us they regularly went with staff to do the weekly shopping.

Care plans identified people's specific nutritional needs and how they could be supported to eat a nutritious and healthy diet. One person's care plan stated that they were on a weight reducing diet. Their care plan showed that this had been discussed with them and their relative. Each person's weight was monitored monthly. The speech and language therapy team had been consulted regarding appropriate diets when needed to meet people's needs. This information had been recorded in the people's care plans.

Records showed that staff involved medical and healthcare professionals when necessary, and people were supported to maintain their health. People who used the service had health care passports which outlined their health care needs and medical histories. These were accompanied by communication passports that outlined how people could be communicated with and how they responded to medical treatment and symptoms such as when they were in pain. Staff were able to explain people's health care needs and knew which health professionals were involved in their care. People's care records showed that each person who used the service was regularly supported to

Good

Is the service effective?

see the health and medical professionals they needed to, and each instance of doing so was recorded on a form with details of the appointment, the outcomes and actions for staff.

People were supported to see other healthcare professionals, such as speech and language therapists, dentists, dieticians and psychiatrists. People's care records showed that there was regular input from the specialist community nursing and integrated care team. Changes to people's needs were reflected in their care plans and staff acted on the advice of medical and other professionals.

Good

Is the service caring?

Our findings

People were treated with respect and their views about their care and how their needs should be met were acted upon by staff. Staff responded to people sensitively when offering to support them with their personal care needs. Staff understood people's preferences relating to their care and support needs. Care plans recorded people's preferences and likes and dislikes regarding their personal care and the support they received. This included if they preferred certain foods or when they wished to have same gender staff for support with personal care.

Staff understood people's needs with regards to their disabilities, race, sexual orientation and gender and supported them in a caring way. Care records showed that staff supported people to practice their religion and attend community groups that reflected their cultural backgrounds.

Staff told us they made sure that people were treated with dignity and respect. Staff explained that they knocked on people's doors before entering their bedrooms, and made sure that doors were closed when providing people with personal care. They explained what they were doing and addressed people by their preferred names. We observed that staff spoke to people in a respectful and dignified manner. Staff engaged positively with people who used the service, using a range of communication techniques.

Care plans showed that people and their relatives had been consulted about how they wished to be supported. Care plans were available in a range of pictorial formats that reflected people's communication needs. Staff explained that these were used in monthly key worker meetings with people to discuss how their needs were being met and to help identify any changes that people might want in how their care and support was provided.

The manager explained that he regularly consulted people who used the service and their relatives. Meetings were held with people during which issues regarding future activities and the general running of the service were discussed. These minutes were in an easy read format so that people who used the service were able to understand and participate in decisions. The registered manager had monthly discussions with the relatives of people who used the service and these were recorded in their daily notes and reflected in their care plans.

Good

Is the service responsive?

Our findings

We saw that staff understood how to meet people's needs and responded in line with the needs identified in their care plans. Staff also understood the importance of meeting people's cultural and religious needs, by supporting them to attend the place of worship of their choice and community activities.

Care records showed that people and their relatives had been involved in the initial assessment and ongoing reviews of their care needs. As part of the initial assessment process people were able to spend time at the service so that staff could become familiar with their needs. This also supported people to become familiar and comfortable using the service. Staff had carried out risk assessments and ongoing monitoring of people's needs. People had individualised care plans that were reviewed and updated monthly. Where people's needs had changed the service had responded by consulting with the relevant health and care professionals. Staff knew about these changes and how they were to respond to meet the needs of the person.

People were able to discuss their needs with staff at monthly key worker meetings. A key worker is a staff member who monitors the support needs and progress of a person they have been assigned to support. The records of these meetings showed that changes to people's needs had been discussed with them and their relatives. Staff had included this information where appropriate in people's care plans. People's care plans showed that where people's needs, wishes or goals had changed the service had responded so that people received care which met their individual needs.

People were able to engage in a range of activities that reflected their interests. These included regular shopping trips, going to the park and attending local day centres and clubs. Each person had an individualised pictorial activities plan. Daily records showed that people were supported to take part in these activities. We observed that one person went on a shopping trip in the morning, while another person went to the local park in the afternoon. Care records showed that people were also supported to participate in their local community by attending religious services to support their spiritual needs.

People and their representative knew how to make a complaint. The service responded to people's and representatives complaints so that their concerns were addressed. The complaints policy was available around the home in both an easy read and pictorial format. Minutes of meetings with people and discussions with relatives showed that they were asked if they had any concerns about the service. Where they had concerns, action was taken to address these and the outcome had been recorded.

Staff told us they took any comments about how the service could be improved seriously and acted on them. The registered manager told us that he used any feedback about the service to improve the care and support that people received. We saw that where a person had requested a change to their daily routine this had been incorporated into their care plan.

Good

Is the service well-led?

Our findings

The service had an open culture that encouraged good practice. The registered manager was available and spent time with people who used the service. Staff told us the registered manager was open to any suggestions they made and ensured they were meeting people needs. Staff had monthly team meetings during which they discussed how care could be improved. The minutes of these meetings showed that staff had an opportunity to discuss any changes in people's care needs.

The registered manager regularly involved people and their relatives in monitoring and assessing the quality of the service. The manager had regular contact with relatives, community advocates and professionals and had acted on any feedback from this to improve how the service met people's needs. Health and social care professionals had told us the service acted and delivered care based on their recommendations. The registered manager had recently sent out surveys to people who used the service, relatives and professionals to get their views of the service and to identify any areas for improvement.

The manager carried out regular audits of the quality of care provided by the service. These included audits of care plans and risk assessments, medicines and health and safety. The audits and records showed that where improvements needed to be made these had been addressed.

We reviewed accident and incident records, and saw that each incident and accident was recorded with details about any action taken and learning for the service. There had been two incidents in the last month. These had been reviewed by the manager and action was taken to make sure that any risks identified were addressed. The procedures relating to accidents and incidents were available for staff to refer to when necessary, and records showed these had been followed for all incidents and accidents recorded.