Millennium Homecare Services Limited

Millennium Homecare Services Limited

Inspection report

2 Avenue Road
Whittington Moor
Chesterfield
Derbyshire
S41 8TA

Tel: 01246261389
Website: www.millenniumcare.org.uk

Date of inspection visit:
06 July 2016
08 July 2016
11 July 2016
12 July 2016

Date of publication:
26 October 2016

Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection took place on 6, 8, 11 and 12 July 2016. The service was last inspected on 29 January 2014 when all standards inspected were met and no concerns identified. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in.

Millennium Homecare Services Limited is a domiciliary care agency providing personal care for adults living in their own homes. At the time of our inspection, 163 people were using the service. Millennium Homecare Services Limited provides personal care for people with a range of needs, including dementia, learning disabilities and physical disabilities.

The service had a registered manager at the time of our inspection visit. 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 were protected from the risk of abuse and avoidable harm. Risks associated with care were identified and assessed. Staff had clear guidance about how to meet people's individual needs. Care plans were regularly reviewed with people and updated to meet their changing needs and preferences.

People were happy with staff who provided their personal care. They were cared for by sufficient numbers of staff who were suitably skilled, experienced and knowledgeable about people's needs. People were also supported by staff in a caring way, which ensured they received personal care with dignity and respect.

The provider took action to ensure that potential staff were suitable to work with people needing care. Staff received supervision and had regular checks on their knowledge and skills. They also received regular training in a range of skills the provider felt necessary to meet the needs of people at the service.

The systems for managing medicines were safe, and staff worked in cooperation with health and social care professionals to ensure that people received appropriate healthcare and treatment in a timely manner.

Appropriate arrangements were not consistently in place to assess whether people were able to consent to their care. The provider was not consistently meeting the legal requirements of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DOLS). However they were taking action to address this at the time of our inspection.

People were supported to be involved in their care planning and delivery. The support people received was tailored to meet their individual needs, wishes and aspirations. People, their relatives, and staff felt able to raise concerns or suggestions in relation to the quality of care. The provider had a complaints procedure to ensure that issues with quality of care were addressed.

Systems were in place to monitor the quality of the service provided and ensure people received safe and effective care. These included seeking and responding to feedback from people in relation to the standard of care. Regular checks were undertaken on all aspects of care provision and actions were taken to improve people's experience of care.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People were protected from the risk of abuse and avoidable harm. Risks associated with care were identified and assessed. People received personal care in a timely manner.

Is the service effective?

Good

The service was effective.

The Mental Capacity Act 2005 was not consistently followed. The provider did not consistently document capacity assessments and best interest decisions, but they were taking steps to address this. Staff were knowledgeable about people's health and social care needs. Supervision and appraisal of staff was carried out to ensure that they met the standards of care expected by the provider.

Is the service caring?

Good

The service was caring.

People were treated with care, dignity and respect by staff who knew them well. People were involved in planning their care where they were able to do so. Staff understood and demonstrated the importance of promoting independence and treating people with dignity.

Is the service responsive?

Good

The service was responsive.

People's views on their care was sought and improvements to their service made as a result. People knew how to make complaints and were confident this would lead to improvements in their service.

Is the service well-led?

Good

The service was Well-Led.

Systems were in place to monitor the quality of the service

provided and ensure people received safe and effective care. Regular checks were undertaken on all aspects of care provision and actions were taken to improve people's experience of care. People, relatives and staff were confident to raise concerns and make suggestions.

Millennium Homecare Services Limited

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 6, 8, 11 and 12 July 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in. The inspection visit was carried out by one inspector and two experts-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.

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

Before our inspection visit we reviewed the information we held about the service including notifications the provider sent us. A notification is information about important events which the service is required to send us by law. For example, notifications of serious injuries or allegations of abuse. We spoke with the local authority and health commissioning teams and Healthwatch Derbyshire, who are an independent organisation that represents people using health and social care services. No concerns were raised by them about the care and support people received. Commissioners are people who work to find appropriate care and support services which are paid for by the local authority or by a health clinical commissioning group.

During the inspection we spoke with 18 people who used the service and 10 relatives. We visited one person and their relative with their consent. We received feedback from four health and social care professionals. We spoke with six care staff, two care coordinators, the registered manager, and one of the service directors.

We looked at a range of records related to how the service was managed. These included six people's care and four people's medicine administration records, four staff recruitment and training files, and the provider's quality auditing system.

Good

Is the service safe?

Our findings

People were kept safe from the risk of avoidable harm by a staff team who understood how to support people safely. One person said, "It provides me with the things I need help with." Another person said, "They make sure I'm safe and help me a lot." Relatives spoke positively about knowing that their family members were being cared for in a safe way. One relative said, "We were very sceptical about having carers to start with, but [we] have been very impressed with the way the carers look after [our family member] and they make sure that they are safe and has everything that they need before they leave."

Staff knew how to identify people at risk of abuse. One staff member said, "I report concerns to the office regularly, and log everything in the communication book [kept in people's homes]." Staff were confident to recognise and report concerns about abuse or suspected abuse. They also knew how to contact the local authority or the Care Quality Commission with concerns if this was needed. The provider had a policy on safeguarding people from the risk of abuse, and staff knew how to follow this. Staff received regular training in safeguarding people from the risk of avoidable harm and this was recorded in training records we were shown.

People's care plans included relevant information about risks to their safety and how to protect people from the risk of avoidable harm. For example, people who used equipment to assist them in moving had individualised risk assessments which identified risks and what steps staff should take to avoid preventable harm. Staff were knowledgeable about these and understood how to support people to be as independent as possible, whilst ensuring that known risks were minimised.

People's files contained emergency information and contact details for relatives and other key people in their lives. Staff told us there was always an out-of-hours number for them to call in the event that they needed support from a senior colleague. One staff member said, "The out-of-hours phone support is very good. We can call the office with problems and they respond. Often someone comes out to support me if I need this." There were plans in place to ensure people would continue to receive care in the event of an emergency. For example, the provider had a business contingency plan in place to ensure that people would continue to receive personal care in the event of disruption caused by adverse weather.

People said that there were enough staff available to support them at the times they needed. One person said, "My carer is really good and usually arrives on time or thereabouts. The agency send me a rota every week so I know who is coming." Staff said they felt there was enough staff to support people with their personal care needs. The registered manager and care coordinators ensured that people were allocated consistent staff at the times they wanted their personal care provided. We saw that people were supported at times they wanted and needed.

The provider undertook pre-employment checks, which helped to ensure prospective staff were suitable to care for people receiving personal care in their own homes. This included obtaining employment and character references, and disclosure and barring service (DBS) checks. A DBS check helps employers to see if a person is safe to work with vulnerable people. All staff had a probationary period before being employed

permanently. This meant people and their relatives could be reassured that staff were of good character and were fit to carry out their work.

People's medicines were managed safely. One person said, "My carer helps me with my tablets. Once I have taken them, she always writes on the medicine administration record (MAR) that I have taken them correctly." People's medicines were administered by staff who had received training in managing medicines safely. Staff had a clear understanding of what level of assistance people needed to ensure they received their medicines as prescribed. Staff told us and records demonstrated that they had received training and had regular competency checks to ensure they managed medicines safely. Staff told us and records showed that they knew what action to take if a person missed their medicine for any reason. We checked the storage and records staff kept in relation to medicines. These showed that medicines were administered, managed and disposed of safely and in accordance with professional guidance.

Good

Is the service effective?

Our findings

The provider was not consistently working in accordance with the Mental Capacity Act 2005. This meant people were at risk of not having their rights upheld with regard to consent to care. However, they were taking steps to improve this at the time of our inspection. 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 so they can receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. For people living in their own homes, the authorisation for restrictive care is made to the Court of Protection. No-one using the service was receiving personal care in a way that required a court authorisation.

We checked whether the provider was working within the principles of the MCA, and found that they were not consistently ensuring that assessments of people's capacity were carried out when required. Where people had capacity to consent to their personal care, this was documented. The care records we looked at did not always have assessments of capacity or best interest decisions recorded where it was appropriate for this to be in place. For example, one person's care records indicated and staff confirmed they did not have the capacity to consent to aspects of their care. The same person's care plans had been signed for on their behalf by a relative. However, at the time of our inspection, the provider did not consistently ensure capacity assessments and best interest decisions were documented or reviewed. We spoke with the registered manager and service director about this. They showed us a new policy and associated documents that were designed to ensure staff assessed people's capacity and worked in accordance with the MCA. This was being introduced to staff the week after our first inspection visit. Staff and records confirmed this. This meant policies and procedures were in place to ensure the provider followed the MCA.

People and their relatives confirmed that staff sought consent before offering personal care. One relative said, "They make sure they talk through what they are doing and explain to [my relative] every step of the way." Staff said they received training in the MCA and demonstrated they understood what the law required them to do if a person lacked the capacity to make a specific decision about their care. One staff member said they needed to check out why someone was refusing care and work with them, rather than just assuming the person lacked capacity. Another staff member was familiar with the need to assess capacity and the principles of best interest decision making. Training records we looked at supported this. This demonstrated staff understood the importance of seeking consent to care.

People were supported by staff who were trained and experienced to provide their personal care. One person described how staff knew how to support them with washing in a way that took their medical needs into account. They described their two main staff as, "Very careful." One relative said, "[Staff member] is very knowledgeable and has helped us get advice about the type of chair that [my family member] is sitting in." Staff we spoke with were knowledgeable about people's individual needs, and this was supported by the

care plans we looked at. One staff member said, "If I ask for training, they give it quickly. For example, I asked for more training in medicines management and got this." All staff had a probationary period before being employed permanently. The provider had a programme of induction which included role-specific training, shadowing experienced colleagues, being introduced to the people they would be caring for, and skills checks. All staff undertook relevant training the provider felt essential to meet people's health and social care needs. New staff undertook the Care Certificate as part of their induction. The Care Certificate is a set of nationally agreed care standards linked to values and behaviours that unregulated health and social care workers should adhere to. Staff told us, and records showed they had received an induction when they started work, which they felt gave them the skills to be able to provide personal care for people.

Staff undertook regular training in a range of areas the provider considered essential, including first aid, safeguarding, falls prevention and understanding dementia. Staff told us and records showed that they received regular refresher training in care skills. The provider also undertook regular unannounced checks on staff, and one staff member said, "It's good to be checked that we're doing it right." There were regular staff meetings which enabled staff to discuss information relating to people's care. Staff also had individual meetings with their supervisor throughout the year to discuss their work performance, training and development. They told us this was an opportunity to get feedback on their performance and raise any concerns or issues. This showed the provider ensured that staff maintained the level of skills they felt essential to meet people's needs.

Staff told us and evidence showed that they kept daily records of key events or issues relating to people's care. Information about people's daily personal care was recorded in a folder kept in people's homes. Significant issues or concerns were also communicated to the office staff, who worked with the care coordinators to take action where appropriate. For example, when a person ran out of medicine (they self-medicated), staff told us and records showed that this was flagged up with the office staff, who liaised with the person, their GP and pharmacist to ensure that medicine was delivered to them the next day. This meant that staff could see what the daily issues were and take action to ensure that people received the care needed or requested.

People who received support to maintain a balanced diet told us they were happy with the assistance staff provided. One person said, "They check up on me and encourage me to eat and drink." Another person said, "Whilst [lunch] is cooking, she'll also make me a sandwich and get me a cake out so I have that for later in the day." Staff told us, and records showed that people who needed support to ensure they had sufficient food and drinks got this. Staff recorded food and drink people had or were offered, and where they had concerns, raised this appropriately. This meant people were supported to have sufficient food and drinks.

People told us they were supported to access health services when needed to maintain their well-being. One person said, "My carer did call me GP for me when I was feeling sick." A relative said, "They've got the emergency service out twice for [my family member]." Staff told us, and records supported, that people were supported to access health services in a timely manner when needed. Health and social care professionals said staff always communicated any concerns to them in a timely manner. Records also demonstrated how staff recorded any concerns or action needed, or advice given by health professionals. This enabled staff to monitor people's health and ensure they accessed health and social care services when required.

Good

Is the service caring?

Our findings

People were supported by caring staff who understood their needs and preferences. One person said, "I know that we all like things to be done differently, but they always makes sure that they do things how I like them to be done." Another person said, "I have a small team of regular carers. They have got to know me and my ways. It makes such a difference that I don't have to explain myself to someone new every time what it is I need help with." A third person said, "They are interested in me as a person." A relative said, "We've got very caring staff and nothing's too much trouble for any of them."

People's care plans showed people's preferences about how they were supported were documented. For example, one person's care plan contained detailed information about their bathing and dressing preferences, and what they could do for themselves. Staff were knowledgeable about the person's individual care needs, and the person confirmed that staff provided personal care in the way they wished. Care records showed that people's likes and preferences for personal care were documented clearly, and that people were offered choices about who provided their care. For example, one person told us that it was important they had a small number of carers. They said, "[Staff member] assured me that this was what they aimed to do. She has been as good as her word and I have three lovely carers who I see most of the time." We saw that where people expressed a preference for particular staff, the provider tried to ensure they were supported by these staff. Where people did not want a particular staff member involved in their care, this choice was also respected. This meant people's personal choices were respected.

People and their relatives said they were involved in planning and reviewing their care and support. Staff told us, and records confirmed that people were supported to express their views and wishes about their daily lives. The provider ensured that people had their personal care needs reviewed regularly, and relatives were involved with this where people consented.

People were treated with dignity and respect by staff who provided their personal care. One person said staff respected their dignity by, "The way they behave and speak with me." Another person said, "My carer will always make sure that the curtains are closed before she starts to help me get undressed." One relative told us their family member needed help to move and transfer and staff always took time to reassure the person. "It makes such a difference. They have become more comfortable with the whole idea." When we met with the person, they told us, and we saw, that staff did this, and spoke with the person in a warm and friendly manner throughout. Staff demonstrated good knowledge of how they supported people with dignity and respect. The provider had recently been awarded the local authority's Dignity Campaign Award. Derbyshire County Council states, "A key test is if you're treating people with the same dignity and respect as you would want for yourself or your family." This demonstrated that dignity and respect for people receiving personal care were central to the staff's values.

People's records about their care were stored securely. Staff understood how to keep information they had about people's care confidential, and knew why and when to share information appropriately. Care staff had access to the relevant information they needed to support people on a day to day basis. This showed people's confidentiality was respected.

Good

Is the service responsive?

Our findings

People received personalised care that was responsive to their needs. People's care plans were person-centred, and included information about people's goals and preferences for personal care. For example, one person told us they would like eventually to be able to walk without assistance. They confirmed that staff supported them to stand safely and they had exercises to improve their muscle strength. Staff were knowledgeable about how to support the person to stand safely, and this was supported by the care records. Another person said, "It is important to me that I can go on living in my own home as long as I can do. My carers are helping me to do that." Health and social care professionals commented on the provider having a flexible and person-centred approach to supporting people with personal care.

Staff felt care plans contained enough information to be able to understand people's needs, goals and aspirations. One staff member said, "Everyone is different and has a plan specific to them and what their needs and preferences are." Another staff member said, "I can request updates or changes [to people's care plans]. If I think something needs improving or changing, I'll say so." The care plans we looked at contained detailed information about what people's needs were, and what their views were about how they were supported. This showed the provider recorded sufficient information about people's needs in order for a good quality of care to be provided.

People told us they had opportunities to provide feedback on the quality of their care. This was done through regular reviews, surveys of people's views, and by speaking with care staff and phoning the provider's office. The provider also sent people and their relatives a quarterly newsletter. This contained information on what feedback they had received and what actions they planned to take to improve the service. For example, the newsletter sent in May 2016 detailed an improvement to a system designed to highlight late care calls. The provider said this would improve the service by ensuring that, if staff being late, people would receive a call to inform them and where necessary, alternative arrangements could be made to ensure people received their care in a timely manner. This demonstrated the provider listened to people's views and suggestions to improve the quality of care and took action.

People were confident any issues or complaints would be handled appropriately by the provider. They felt able to raise concerns and knew how to make a complaint. One person said, "If I had a complaint to make I would speak with [staff member] and feel they would listen to my concerns and do something about it." A relative said, "I would contact the office and speak with the manager. I am sure they would listen to any concerns as I have found her to be very honest and caring." Staff knew how to support people to make a complaint, and how to support them to access advocacy services if needed. Information about how to make a complaint was given to people, and we saw this was kept with the records of care which people had at home. The provider had a complaints policy and procedure in place, which recorded the nature of the complaint, what action was taken and who had responsibility for this. For example, one relative had an issue with a member of staff. The relative told us, and records showed that this was resolved. The relative commented, "We contacted them and it was sorted out straight away." Information from daily care records and phone calls to the office about issues were audited regularly to enable the provider to see where people were having issues with the quality of their care package. The provider also looked at complaints on a

monthly basis to see whether there were any themes they needed to take action to improve. This meant people had a range of options available if they wished to raise concerns about the quality of care, and the provider had a responsive system to resolve concerns and complaints.

Good

Is the service well-led?

Our findings

Staff understood their roles and responsibilities, and demonstrated they were trained and supported to provide care that was in accordance with the provider's statement of purpose. A statement of purpose is a legally required document that includes a standard set of information about a provider's service, including the provider's aims and objectives in providing the service. For example, the provider said, "The purpose of Millennium Homecare Services Ltd is to enable individuals the choice of Community Care without compromising the quality of care that they will receive. Millennium's objective is to enable each individual the right to stay at home and receive assistance to help maintain the standard of life that they have built for themselves." The registered manager and staff demonstrated that they worked with the people they supported in a way that was personalised and meaningful, and where they were involved in planning their own care and support. The provider also ensured that the quality of care was monitored and improved to enable people to remain in their own homes.

People felt the service was managed well. One person said, "I have been really impressed with how the manager runs things." Another person spoke about the difference that staff had made to their quality of life, stating, "I feel so much better. It's wonderful." A relative said, "[The registered manager and care coordinators] are only a telephone call away." Staff spoke very positively about their work and the support they received from the manager and from each other. They felt confident to raise concerns or suggest improvements. One staff member said, "I can ask to meet [senior staff members] about any concerns." Another staff member said, "I get enough support. I can take any concerns to [manager]."

The registered manager understood their responsibilities and felt supported by the provider to deliver good care to people. They appropriately notified the Care Quality Commission of any significant events as they are legally required to do. They had also notified other relevant agencies of incidents and events when required. The manager had taken appropriate and timely action to protect people and had ensured they received necessary care, support, or treatment. They also monitored and reviewed accidents and incidents, which allowed them to identify trends and take appropriate action to minimise the risk of reoccurrence. The service had established effective links with local health and social care organisations and worked in partnership with other professionals to ensure people had the care and support they needed.

The provider had systems to monitor and review all aspects of managing the service. This included regular monitoring of the quality of care. Accidents and incidents were recorded and reviewed by the care co-ordinators and registered manager, and action was taken to minimise the risk of future harm occurring.

The registered manager carried out regular checks of care provided, and the provider was looking at ways to improve the quality of care provided. For example, staff told us and we saw evidence to show the provider was making improvements to their recording systems showing where staff were and when their next care calls was. The provider hoped this would resolve any staffing issues quickly, and reduce any issues with late care calls. This showed the provider was taking proactive steps to improve the quality of the service.

We saw organisational policies and procedures which set out what was expected of staff when supporting

people. Staff had access to these, and were knowledgeable about key policies. We looked at a sample of policies and saw that these were up to date and reflected professional guidance and standards. The provider was in the process of introducing new policies, procedures and documentation to support staff to deliver personal care in accordance with national guidance on best practice and the regulations for health and social care. One staff member said, "These improvements are driven by the need to simplify and clarify things for staff so they know what's expected of them." The provider's whistleblowing policy supported staff to question practice and assured protection for individual members of staff should they need to raise concerns regarding the practice of others. Staff confirmed if they had any concerns they would report them and felt confident the manager would take appropriate action. This demonstrated an open and inclusive culture within the service, and gave staff clear guidance on the standards of care expected of them.