

Millennium Care Limited

Millenium Care Limited - 1 Old Park

Inspection report

Old Park Road
Palmers Green
London
N13 4RG

Tel: 02084478897

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25 July 2017

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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

Millennium Care Limited – 1 Old Park Road is residential care home which provides care and support for up to ten people with learning disabilities. At the time of this inspection there were ten people using the service.

At the last inspection on 26 June 2015, the service was rated 'Good'. At this inspection we found the service remained 'Good'.

All staff had completed training in safeguarding adults and demonstrated an understanding of types of abuse to look out for and how to raise safeguarding concerns.

Detailed current risk assessments were in place for people using the service. Risk assessments in place were reviewed and updated regularly.

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

There were systems in place to ensure medicines were handled and stored securely and administered to people safely and appropriately.

The home maintained adequate staffing levels to support people.

We saw friendly, caring and supportive interactions between staff and people and staff knew the needs and preferences of the people using the service. Care plans were person centred and reviewed regularly.

People had regular access to healthcare professionals such as doctors, dentists, chiropodists and opticians.

We saw evidence of a comprehensive staff induction and on-going training programme. Staff had regular supervisions and annual appraisals. Staff were safely recruited with necessary pre-employment checks carried out.

People were supported to engage in regular activities.

Quality assurance processes were in place to monitor the quality of care delivered.

Further information is in the detailed findings below.

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 remains safe.	Good ●
Is the service effective? The service remains effective.	Good ●
Is the service caring? The service remains caring.	Good ●
Is the service responsive? The service remains responsive.	Good ●
Is the service well-led? The service remains well-led.	Good ●

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Detailed findings

Background to this inspection

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

This comprehensive inspection took place on 25 July 2017 and was unannounced. This inspection was carried out by one inspector.

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

We also reviewed information we had about the provider, including notifications of any safeguarding or other incidents affecting the safety and well-being of people using the service.

During the inspection we spoke with three people who used the service and we also observed interactions between staff and people using the service as we wanted to see if the way that staff communicated and supported people had a positive effect on their well-being. We obtained feedback from one relative.

We spoke with the registered manager and four staff members and looked at six staff files and training records.

We looked at five people's care plans and other documents relating to their care including risk assessments and medicines records. We looked at other records held at the home including staff meeting minutes as well as health and safety documents and quality audits.

Is the service safe?

Our findings

A relative told us that they were happy with the care their relative received and had no concerns regarding staffing levels. A staff member told us, "People are very safe. We give proper care for clients. Staff have proper communication."

Staff and the registered manager were aware of their responsibilities in relation to safeguarding people. Staff were able to explain what abuse is and who to report concerns regarding abuse to. They also understood how to whistle blow and knew they could report to outside organisations such as the local safeguarding authority and Care Quality Commission (CQC).

We saw that risk was managed effectively. Care plans identified the potential risks to people in connection with their care. Actions were then identified to provide staff with guidance to minimise the risk. These risks included moving and handling, inadequate nutrition and hydration, behaviour that challenged and risks associated with health conditions such as epilepsy, pressure ulcers and specific food allergies. Staff we spoke to were knowledgeable around the risks posed to people.

People were supported by sufficient staff to meet their individual needs and promote person centred care. We saw that there were three care staff on duty throughout the day in addition to the registered manager. Rotas confirmed that at night there were two care staff on night shift; one waking and one sleep-in. Staff told us that they were given additional staff support when required to assist with supporting people in the community

Pre-employment checks such as references and criminal record checks had been carried out for staff recruited since the last inspection to ensure they were able to work with people safely.

A person told us they received their medicines every night at 8pm. We checked medicines stocks and MAR charts for ten people. We checked the medicines administration records (MAR) and saw these have been completed and signed with no omissions in recording. Records confirmed that two staff members were present for medicines administration to reduce the likelihood of a medicines error occurring. We checked medicines in stock and they were all accounted for. Medicines were counted on a daily basis, double checked and were documented. Medicines were audited on a monthly basis and where areas for improvement had been identified such as record keeping and storage, an action plan was implemented to address the issue.

PRN medicines are administered on an 'as and when required' basis and include medicines such as pain relief. PRN protocol was also contained within people's care plans and medicines files. We saw that where a PRN medicine had been prescribed, they were administered only when needed.

Staff who administered medicines told us that they had received medicines administration training which was confirmed by records seen. We saw that staff had a competency assessment on medicines management.

The home was clean and tidy on the day we visited. There were records of recent maintenance checks including gas, fire, water and electrical safety. Regular fire drills took place and Personal Emergency Evacuation Plans (PEEPs) were in place for people.

The service had systems in place ensuring the reporting and monitoring of all accidents and incidents involving people living at the home as well as staff. Each accident or incident was recorded with details of the accident and the actions taken in order to keep people safe.

Is the service effective?

Our findings

Staff told us and records confirmed that all staff completed a period of induction before commencing their employment. The induction followed the common induction standards as outlined in the care certificate. The care certificate is a training course that covers the minimum expected standards that care staff should hold in relation to the delivery of care and support. In addition all staff received training and refresher training in topics such as epilepsy, safeguarding, challenging behaviour and support, medicines and autism. A training matrix had been devised which showed the date of training undertaken and the date the training expired. Records confirmed and staff told us that they received regular supervision and an annual appraisal.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf for 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.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

Where a DoLS had been applied for and granted, the DoLS authorisation was recorded in the person's care file and the registered manager maintained a matrix of people with DoLS and when they were due to expire. We saw that DoLS renewal applications had been submitted in a timely manner. Staff had knowledge of MCA/DoLS and understood the importance of obtaining consent from people prior to providing assistance. A staff member told us, "We explain everything we are doing."

Care plans provided details of people's dietary requirements as well as their likes and dislikes and the level of support they required when eating their meal. One person's care plan and risk assessment detailed that they had a gluten allergy and how staff should ensure the person should be supported at mealtimes and that staff should be vigilant in case the person attempted to eat another person's food. Staff used a variety of ways to support people when making choices about their meals which involved the use of pictorial aids. We observed that people were supported to go out to restaurants and cafes to have their meals. One person told us, "I had chicken and chips and a pint in the pub."

A relative told us that their relative was supported to gain weight following a period of ill-health. The relative told us, "The food they have given [person] got them through a difficult time and they have put on weight."

People were supported to maintain good health and have access to healthcare services and received on-going healthcare support. People had access to a GP, optician, dentist and chiropodist. Care plans detailed records of appointments with health and care professionals. We also saw evidence that following appointments, people's care plans were updated accordingly.

Is the service caring?

Our findings

People made positive comments about the staff that supported them. When asked, people we spoke with told us staff were caring. One person told us, "I like the staff." A relative told us, "The staff are more than caring. They treat all the clients like family."

Staff were caring and supportive towards the people who used the service. People were treated with kindness and compassion in their day-to-day care. We observed positive and caring interactions between staff and people who use the service. Staff spent time sitting with and talking to people.

Staff told us that they had developed caring relationships with the people who used the service. A staff member told us, "Every day we are supportive and caring. We have a chat and we ask them how they are. You can see it in their faces they are happy. We communicate with them." A second staff member told us, "They know us and we know them. We know what they like." A third staff member told us, "We make them feel wanted. It's their home."

We received a positive response when we asked people if staff respected their privacy and dignity. Care staff were able to demonstrate how they ensured people were treated with dignity and respect. A staff member told us, "We always make sure privacy is met. We shut the door for personal care." Another staff told us that they gave people a choice when using the bathroom if they wanted staff to be present or wait outside.

Care plans detailed people's likes, dislikes, phobias and particular behaviours. People's care plans contained photographs of family members and friends. Care plans contained the person's life history which detailed their family background and relationships. Where people were unable to communicate verbally, their care plan detailed how staff should communicate with them and what certain gestures and sounds the person made indicated.

People were supported to maintain and develop independence. Where people were able to attend to their own personal care and complete household chores, they were supported by staff. One person's care plan stated that they liked to help with washing and drying dishes, taking rubbish out and helping with putting shopping away.

Care plans also detailed people's cultural and religious preferences. A staff member told us that one person on occasion attended religious service when they chose to do so.

We saw that bedrooms were pleasantly decorated and people personalised their bedrooms with photographs and pictures.

Is the service responsive?

Our findings

People were supported to engage in a range of activities. A person told us, "I like to paint." A second person told us, "I go out. I play board games." Each person had a personalised activities planned contained within their care records and care plans demonstrated the importance of people engaging in regular activities to reduce boredom and the likelihood of displaying behaviour that challenged. On the day of the inspection, we observed most people go to the park and have lunch. We observed people reading newspapers, drawing and spending time in their bedroom if they chose to do so. A staff member told us, "We make sure every day people are engaged in activities of their choice. We follow their care plan." A person told us that they had recently been on holiday with the service to the seaside. They told us, "We went to Kent. Yes, it was alright. I enjoyed myself."

Care plans were person centred, reviewed on a monthly basis and updated as changes occurred. Care plans provided detailed guidance for staff to support people in areas such as personal care, maintaining physical and mental health, communication, eating and drinking, maintaining relationships, faith, sexuality, domestic living and play/leisure. A relative told us they were involved in care plan reviews and the received regular updates. For one person with a specific behavioural condition, guidance was provided to staff to work with the person so they could safely access the community on a daily basis.

Staff completed daily diary records for each person which provided information about the person's health and general well-being, interactions, activities that the person had participated in and any other matters of concern. Staff completed a documented handover three times per day to staff commencing the afternoon and night shift.

The service had completed a hospital passport for each person which was available within the person's care plan. A hospital passport is a document which assists people with learning disabilities to provide hospital staff with important information about them and their health when they are admitted to hospital. These documents were easily accessible to all staff and provided them with immediate and relevant information about the person and their needs.

We received consistent feedback from staff that communication between staff and management was positive which enabled staff to be responsive to changes in people's needs.

The provider had a complaints policy in pictorial format which was available to people in order to support them if and when they wanted to make a complaint. People we spoke with seemed happy and did not express any negativity or concerns. People told us they felt comfortable approaching staff if they had any concerns and felt that staff would listen. The service had a policy and procedure in place for dealing with any concerns or complaints. All compliments and complaints were recorded, followed up and resolved.

Is the service well-led?

Our findings

At our last inspection, we found that the provider had not ensured that statutory notifications had been submitted to CQC regarding DoLS authorisations. At this inspection we found that the provider had addressed this issue.

The service had an open culture which encouraged good practice and open communication. We received positive comments from staff regarding the registered manager and support provided. Comments received from staff included, "The care is excellent, the clients are happy, we have good teamwork and any concerns are dealt with", "It's a good place. We really look after people well and we give choice" and "It's managed very well. The team working and staff spirit. We raise issue and [registered manager] is there to listen. We discuss everything." A relative told us that the service was, "Very well managed."

Regular auditing and monitoring of the quality of care was taking place. A monthly audit was completed which assessed staffing, training, provision of care, record keeping, medication, care files and house-keeping. Areas audited were scored and compared with results from previous month's audits. Where an area for improvement had been identified, an action plan was created detailing the person responsible to complete the action and a due date.

There were arrangements in place for people, relatives and healthcare professionals to provide feedback. A questionnaire was sent to people, relatives and professionals in December 2016. We saw that the results were positive.

Staff confirmed they attended regular staff meetings and told us they felt able to raise any issues or concerns. Minutes of a recent staff meeting showed that people's care needs, staffing, cleanliness and the annual summer holiday was discussed.

Residents meetings took place on a monthly basis with the registered manager. Minutes confirmed that topics discussed included people's birthday celebrations, day trips and activities, menu planning and how to stay safe in warm weather.