

Millennium Care Limited

Millenium Care Limited - 1 Old Park

Inspection report

1 Old Park Road
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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?

Requires improvement 

Overall summary

This inspection took place on 26 June 2015 and was unannounced. When we last visited the home on 10 September 2013 we found the service met all the regulations we looked at.

Millenium Care Limited -1 Old Park provides accommodation, care and support for up to ten people with a learning disability or on the autistic spectrum. There were nine 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.

The provider is required to tell us when a formal decision, under the deprivation of liberty safeguards (DoLS), is

Summary of findings

made regarding whether people who used the service are able to consent to their care and support. The majority of people had a DoLS in place but the provider had not formally notified the Care Quality Commission of this.

Safeguarding adults from abuse procedures were available and staff understood how to safeguard the people they supported. Staff understood what to do if people could not make decisions about their care needs as assessments of people's capacity had been carried out. Staff had received training on the Deprivation of Liberty Safeguards and the Mental Capacity Act 2005. These safeguards are there to make sure that people receiving support 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 received individualised support that met their needs. The provider had systems in place to ensure that 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. People were supported to eat and drink according to their individual preferences. Staff treated people with kindness, compassion, dignity and respect.

Staff supported people to attend healthcare appointments and liaised with their GP and other healthcare professionals as required to meet people's needs. Medicines were managed safely.

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 of the home. Staff received supervision and an annual performance review. They confirmed they were supported by the registered manager and received advice where required.

The registered manager was accessible and approachable. People who used the service and staff felt able to speak with the registered manager and provided feedback on the service. People's complaints had been responded to and action taken to resolve them.

Monthly audits were carried out across various aspects of the service, these included the administration of medication, 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?

The service was safe. 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

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

Staff supported people to have their medicines safely.

Good



Is the service effective?

The service was effective. Staff had access to training and support so they were equipped with the knowledge and skills needed to do their jobs.

Staff had a good understanding of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards and their responsibilities in relation to these to help protect people's rights in this respect.

People's dietary needs were met and they received assistance with eating and drinking as required.

Staff supported people to maintain healthy lifestyles and had access to healthcare services.

Good



Is the service caring?

The service was caring. Staff treated people with kindness and compassion, dignity and respect.

Staff responded to people's needs promptly.

People were involved in decisions about their care, and had access to advocates to help them make some decisions.

Good



Is the service responsive?

The service was responsive. People's care was planned in response to their needs. Staff were knowledgeable about people's support needs, their interests and preferences in order to provide a personalised service.

People using the service and their relatives were encouraged to give feedback to the provider and there was an effective complaints system in place.

Good



Is the service well-led?

The service was not always well-led. The provider had not told us about some important changes to the care and support provided to people who used the service.

Requires improvement



Summary of findings

The provider promoted 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.

Millenium Care Limited - 1 Old Park

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 26 June 2015 and was unannounced. The inspection was carried out by one inspector.

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, one professional involved with the service and one relative to obtain their views.

During the visit, we spoke with two 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 also looked at four care records of the people who used the service, five staff records and records related to the management of the service.

Is the service safe?

Our findings

People who use the service were protected from the risks of abuse and avoidable harm. People told us they felt "safe." 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.

Care plans provided identified warning signs that might indicate that the person's behaviour could become challenging and how staff could mitigate and intervene to support the person so that their safety and well-being was maintained. Staff explained how they responded to the behaviours identified in people's care plans. They knew that it was the provider's policy not to use physical restraint and that medication was only to be used as a last resort when managing people's behaviours that may challenge the service.

People's risk assessments were based on their individual needs and lifestyle choices. Risks such as leaving the service without support, self-harm and risks to others were covered. For each of these areas people had an individualised support plan. These had been designed and reviewed with the involvement of the person. People were able to go out if they wanted to. Staff explained that they worked with people to help them to be safe when they accessed the community by giving them information about possible risks to their personal safety and how they could respond.

Sufficient staff were on duty to meet people's needs. Three staff were on duty on the day of the inspection. Staff

explained that additional staff would be available later in the day when people returned from their community based activities. 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 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. 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. There were no omissions in recording administration of medicines. Medicines had been given as prescribed.

Some people were prescribed sedating medicines to be used only when needed for agitation or challenging behaviour. There were protocols in place to give staff instructions on when these should be used. We saw that these medicines were hardly ever used, and so had not been used excessively or inappropriately to control people's behaviour. There was a process in place to learn from medicine incidents.

All prescribed medicines were available at the service and were stored securely. Staff had responsibilities for administering medicines to people, as people were unable to manage their own medicines. All staff had received medicines training in 2014.

Is the service effective?

Our findings

People were supported by staff who had the skills to meet their needs. Staff told us they received regular supervision and training that helped them to meet people's needs effectively. Staff who had recently started to work at the home had completed a detailed induction. This included time spent getting to know the needs of people who used the service and how these needs should be met. 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. Some staff had completed a vocational qualification in care. A training matrix was used to identify when staff needed training updates.

Supervision records showed that staff were having supervision every three 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 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 authorisation 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, "They asked what I want to eat." People who used the service 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.

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 dietician and 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 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 use 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 should 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 see 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

Is the service effective?

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.

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 engaged positively with people who used the service, using a range of communication techniques (for example, Makaton on sign language and symbols) to establish people's views. People told us that they "liked" the way staff treated them.

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 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 whether they wished to have same gender care when staff supported them with personal care.

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 registered manager explained that he regularly consulted with 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 making decisions. The registered manager had monthly discussions with the relatives of people who use the service and these were recorded in their daily notes and reflected in their care plans. Where people did not have a relative who could advocate on their behalf the service had helped them to access a community advocacy service so that they were supported to share their views.

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. One person told us, "The staff always asked what you want." Staff training records showed that staff had been trained in the principles of dignity.

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 a place of worship of their choice and community activities. One relative told us, "Staff are helpful."

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 regularly reviewed and updated. 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. 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.

The service responded to people's and relatives 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. Complaints were used as part of ongoing learning by the service so that improvements could be made to the care and support people received.

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.

Is the service well-led?

Our findings

We reviewed information we held about the service prior to our inspection. This told us that people who used the service had a DoLS in place. However this showed that we had not received any notification regarding the outcome of DoLS. Care records showed that seven people already had a completed DoLS application. We had not received notifications for these completed applications as the provider is required to do. We raised this with the registered manager who told us they had not completed any notifications regarding the outcomes of completed DoLS applications. The registered manager was not aware that they were needed to do this for each completed DoLS application. This meant that the provider had not told us about significant events affecting people who used the service regarding changes to their care and support. This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

We observed that there was an open and positive culture in the service. Staff, people and relatives told us that the service had a management team that was approachable and took action to address any concerns that they raised. Staff were approachable and engaged positively with people and relatives.

The provider had a system to monitor and ascertain people's views of the quality of the care and support they received. An annual survey of the views of people, relatives and professionals had been carried out in the last six

months. The results of this were generally positive; people said that the service responded to their needs. Regular meetings were held with people to get their views on the service.

The values of the service were discussed with staff in their induction. Training records showed that staff were encouraged to complete professional qualifications and ongoing training so that they had the skills to implement the values of the service. Staff were supported through regular supervision and an annual appraisal to identify areas for further training and development. Staff told us that the registered manager discussed areas of good practice relating to the care of people with them so that they could effectively meet the needs of people. In this way they were supported to develop and improve their practice.

The registered 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 the service's accident and incident records, and saw that each incident and accident was recorded with details about any action taken and learning for the service. Incidents and accidents had been reviewed by the registered manager and action was taken to make sure that any risks identified were addressed. The service's procedure was available for staff to refer to when necessary, and records showed this had been followed for all incidents and accidents recorded.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 18 CQC (Registration) Regulations 2009 Notification of other incidents</p> <p>How the regulation was not being met: The provider had delayed in telling us about significant events affecting people regarding changes to their care and support with respect to the outcomes of deprivation of liberty safeguards (DoLS) applications. Regulation 18 (4).</p>