

Millfield Healthcare Services Limited

Millfield Healthcare Services LTD

Inspection report

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Ratings

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

Summary of findings

Overall summary

About the service

Millfield Healthcare Services Limited is a home care agency that provides personal care to people living in their own homes. At the time of our inspection, two people were receiving a service from this home care agency. A total of five people have received a service from this agency since they became active in 2021.

People's experience of using this service

People told us they were happy with the standard of personal care and support they received from this home care agency.

People received consistently good-quality care from staff who had the right mix of knowledge, skills and support to perform their roles and responsibilities well.

However, staff had not received any training in catheter care awareness, despite supporting some people with this health care need. We discussed this training shortfall with the registered manager at the time of our inspection, who agreed to ensure staff received catheter care awareness training by the end of 2021. Progress made by the provider to achieve this stated aim will be closely monitored by the Care Quality Commission (CQC).

People were kept safe and protected against the risk of avoidable harm and abuse. People received continuity of care from a small group of staff who were familiar with their personal needs and wishes, and whose fitness to work in adult social care had been thoroughly assessed. Medicines were well-organised. Staff followed current best practice guidelines regarding the prevention and control of infection, including those associated with COVID-19.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. People were supported to access food and drink that met their dietary needs and wishes. Assessments of people's support needs and wishes were carried out before they started receiving any home care from this agency. People were supported to stay healthy and well, and to access relevant community health and social care services as and when required.

People were treated equally and had their human rights and diversity respected, including their cultural and spiritual needs and wishes. Staff treated people with dignity and upheld their right to privacy. People typically described staff as "caring" and "kind". People were encouraged and supported to maintain their independent living skills and do as much for themselves as they were willing and capable of doing so safely.

People's care plans were person-centred, which helped staff provide them with the individualised home care and support they needed. Staff ensured they communicated and shared information with people in a way they could easily understand. People were encouraged to make decisions about the care and support

they received at home and staff respected their informed choices. People were supported to participate in activities that reflected their social interests and to maintain relationships with family and friends who were important to them. The provider had systems in place to manage complaints. At the time of our inspection, no one was receiving end of life care.

People receiving a home care service, their relatives and staff were complimentary about the way the registered manager/owner ran the agency, and how approachable they were. The quality and safety of the service people received was routinely monitored by the registered manager and they recognised the importance of learning lessons when things went wrong. The registered manager promoted an open and inclusive culture which sought the views of people receiving a home care service, their relatives and staff. The provider worked in close partnership with other health and social care professionals and agencies to plan and deliver people's packages of home care.

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

Rating at the last inspection

This service was registered with us on 9 November 2020. This is their first comprehensive inspection.

Why we inspected

This was a planned comprehensive inspection based on the service no longer being dormant after becoming active in March 2021.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our inspection programme. If we receive any concerning information, we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Millfield Healthcare Services LTD

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we also looked at the provider's infection control arrangements, so we could understand the preparedness of the service in preventing or managing an infection outbreak.

Inspection team

The inspection was carried out by one inspector.

Service and service type

This service is a home care agency that provides personal care to people living at home.

The service had a manager registered with the Care Quality Commission (CQC). This means that they are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was announced. We gave the service 24 hours' notice of the inspection visit because we needed to be sure the registered manager/owner would all be available for us to speak with during our inspection. This two-day inspection started on 21 September when we visited the providers offices and ended on 22 September 2021.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is

information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We reviewed all the key information providers are required to send us about their service, This information helps support and plan our inspections.

During the inspection

During our site visit we spoke in-person with registered manager/owner.

We looked at a range of records that included care plans in place for the two people currently using the service, three staff files and a variety of other records relating to the overall management and scrutiny of the agency.

Following the inspection

We received telephone or email feedback about Millfield Healthcare Services Limited from one person who had recently received a home care service from this agency, a relative of a current service user, and a member of staff.

We continued to seek clarification from the provider to validate evidence found. We requested the provider send us additional evidence after our inspection in relation to their Statement of Purpose, the service users guide, some risk assessments and management plans that were in place for people using the service and the staff handbook.

Is the service safe?

Our findings

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

This is the first inspection for this service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected against the risk of avoidable harm and abuse.
- People told us they felt safe with the staff that visited them or their relative at home. For example, one relative remarked, "We know all the staff that come and visit us and feel my [family member] is in very safe hands with all of them."
- The provider had clear safeguarding and staff whistle-blowing policies and procedures in place.
- Staff had access to guidance about how to appropriately deal with safeguarding concerns in their staff handbook, which they were given when they first started working for this agency. Staff also received safeguarding adults training as part of their induction.
- The registered manager and staff were confident they knew how to recognise abuse and respond to it. For example, a member of staff told us, "If a client informed me they were being abused, I would listen calmly and reassure them, before reporting it to my manager. I am very confident my manager would take such allegations very seriously and would let the right local authority's safeguarding team know."
- At the time of our inspection no safeguarding incidents had been raised in respect of this service in the first 12 months of it being registered with us.

Assessing risk, safety monitoring and management

- People were supported to stay safe while their rights were respected.
- People said staff knew how to keep them safe. A relative said, "Our regular carer knows my [family member] very well and is aware what they need to do when supporting him to get in and out of his wheelchair safely."
- Care plans contained up to date person-centred risk assessments and management plans. We found management plans that provided staff with clear instructions regarding the actions they needed to take to safely manage specific risks people might face. For example, risks associated with people's home environment, accessing the wider community and moving and transferring.
- Staff told us risk management plans were easy to access and follow.

Staffing and recruitment

- The agency ensured they had sufficient numbers of suitable staff to meet people's personal care needs and keep them safe.
- People told us their family members received continuity of care from a small group of staff who were always punctual and familiar with their relatives needs and wishes. For example, one person said, "We regularly have the same two staff take care of my [family member], so we've all got to know one another extremely well. The carers are never late, always stay the agreed time and do everything that is expected of

them."

- The registered manager told us they had plans to introduce an electronic monitoring system by the end of the year (2021), which would help them log the exact time staff started and finished their scheduled visits and automatically flag up when staff were late, left early or missed a call.
- Staff were subject to robust pre-employment checks to ensure their suitability for the role. Staff files contained proof of the employees identity, right to work in the UK (where applicable), full employment history, satisfactory character and/or references from previous employer/s and a current Disclosure and Barring Services [DBS] check. A DBS is a criminal records check employers undertake to make safer recruitment decisions.

Using medicines safely

- At the time of our inspection, no one was receiving support from the agency to manage their prescribed medicines.
- Care plans nonetheless included detailed information about the medicines people were prescribed. Medicines risk assessments and management plans made it clear to staff that everyone currently receiving a home care service from this agency self-medicated.
- Staff received medicines training as part of their induction. The registered manager told us they planned to routinely assess staffs competency to manage people's prescribed medicines safely.

Preventing and controlling infection

- We were assured the service was following current infection prevention and control (IPC) procedures, including those associated with COVID-19.
- We received positive feedback from people about how the provider was managing COVID-19. For example, a relative said, "Staff who visit us always wear a mask and are able to show us they recently had a negative COVID-19 test, which is very reassuring."
- Staff had completed IPC training as part of their induction, used personal protective equipment (PPE) correctly and demonstrated a good understanding of all their IPC roles and responsibilities. A member of staff told us, "I was shown proper hand washing technique and given appropriate PPE, which included gloves and masks. I'm also tested twice weekly for COVID-19."
- Staff were routinely tested for COVID-19.

Learning lessons when things go wrong

- The provider learnt lessons when things went wrong.
- The provider had systems in place to record and investigate any accidents and incidents involving people using the service. This included a process where any learning from these would be identified and used to improve the safety and quality of support people received.

Is the service effective?

Our findings

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

This is the first inspection for this service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- People received care from staff who had the right mix of skills, knowledge, and support to deliver it effectively.
- Staff had on-going opportunities to reflect on their working practices through regular individual supervision and work performance appraisal meetings with the registered manager.
- It was mandatory for all new staff to complete a comprehensive induction programme that was mapped to the Care Certificate. The Care Certificate is a nationally recognised set of standards which provides new staff with the expected level of knowledge to be able to do their jobs well.
- People described the staff as competent. For example, one relative told us, "The staff who regularly visit us certainly know what they're doing."
- However, care plans indicated staff supported some people who used catheters, but had not received any training in catheter care awareness. We discussed this training shortfall with the registered manager at the time of our inspection who acknowledged staff would all benefit from receiving this additional training.

The registered manager agreed to ensure staff completed catheter care awareness training by the end of 2021. Progress made by the provider to achieve this stated aim will be closely monitored by the CQC.

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

- People received care and support that was planned and delivered in line with their identified needs and wishes.
- Care plans were based on assessments carried out by the provider and various community health and social care professionals prior to people using the service.
- Staff were aware of people's individual support needs and preferences.

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

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

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

liberty.

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

- People consented to the care and support they received from staff.
- Relatives told us staff always asked for their family members consent before providing them with any personal care.
- Staff had received MCA and DoLS training as part of their induction. Staff told us they always asked for people's consent before commencing any personal care tasks.
- Care plans clearly described what decisions people could make for themselves. The assessment process addressed any specific issues around capacity.

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

- People were supported to access food and drink that met their dietary needs and wishes.
- Where staff were responsible for preparing people's meals and/or assisting them to eat and drink, people told us they were satisfied with the choice and quality of the meals and drinks they were offered. A relative said, "The carers generally know what my [family member] likes to eat and drink, and they never fail to ask them though what they might like to have for their breakfast and lunch every day." The registered manager demonstrated good awareness of the food one person they regularly supported liked and how they wanted it prepared, which was clearly stated in the persons care plan.
- Care plans also included nutritional risk assessments about people's dietary needs and preferences. Staff monitored the food and drink intake of people who had been assessed as being at risk of malnutrition to ensure these individuals ate and drank sufficient amounts.
- Staff had received basic food hygiene training as part of their induction.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People were supported to stay healthy and well.
- Care plans detailed their health care needs and conditions and the action staff needed to take to keep people fit and well.
- Staff ensured people attended scheduled health care appointments and where appropriate, made timely referrals to community-based health care professionals including, GP's. A relative told us, "Staff make sure my [family member] attends all their physiotherapy session's on time."

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

This is the first inspection for this service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence

- People told us staff respected their privacy and dignity.
- Staff spoke about people they supported in a respectful and positive way.
- Care plans included information about people's different dependency levels and what they were willing and could do for themselves and what tasks they needed additional staff support with, such as eating and drinking, for example.

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

- People had their human rights and diversity respected and were treated with compassion by staff.
- People told us staff were "kind" and treated them or their family members with the utmost respect. Typical feedback from relatives included, "The staff are very kind and caring...The care my [family member] has been second to none" and "The level of care provided by this agency is exceptional...The staff are always kind and put the needs of my [family member] first."
- Care plans contained detailed information about people's spiritual and cultural needs.
- Staff knew how to protect people from discriminatory behaviours and practices. Where people expressed a preference to have staff support them who they had things in common with, such as gender, language, culture, religion and/or social interests, the registered manager told us they would always take this into account in the matching process.

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

- People were encouraged to make decisions about the care and support they received and had their choices respected.
- People told us they had regular opportunities to express their views and were encouraged to be active participants in helping to plan the package of care they received. For example, people had the chance to make decisions about their care at regular care plan review meetings and home monitoring visits, which the registered manager carried out.
- Staff also told us they supported people on a daily basis to make informed decisions about their care. For example, a member of staff said, "I always make sure the person I support informs me about their food choices and what they might wish to do each day."
- People were consulted and agreed to the contents of their care plan. People had signed their care plan to show they agreed to it.

Is the service responsive?

Our findings

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

This is the first inspection for this service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People received personalised care that was tailored to meet their individual needs and wishes.
- People had up to date person-centred care plans. The plans included detailed information about people's personal and physical health care needs, and their likes and dislikes.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Care plans reflected people's social interests, cultural needs and spiritual wishes, and whether or not they were at risk of social isolation at home.
- People told us staff supported them to take part in various activities that reflected their social interests and spiritual wishes.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were identified, recorded and highlighted in their care plan.
- The provider was aware of their responsibility to meet the AIS. The registered manager told us they could provide people with information about the service in accessible formats as and when required. For example, the service users guide, and the providers complaints procedure could be made available in a variety of different formats, including large print, audio and different language versions.

Improving care quality in response to complaints or concerns

- The provider managed complaints well.
- People were given a copy of the provider's complaints procedure when they first started using the service. People told us the process was easy to follow as it was how they could raise any concerns they might have about the agency and the action they could expect the provider to take in response to their complaint.

End of life care and support

- At the time of our inspection, no one was receiving end of life care.
- The provider had an end of life policy and people's care plans had a section they could record their end of life care and support needs and wishes, if they wanted to.

Is the service well-led?

Our findings

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

This is the first inspection for this service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People spoke positively about the way this home care agency was managed. For example, a relative told us, "The manager puts your mind at ease and runs the agency extremely well", while a member of staff said, "My manager is very approachable and is in constant touch throughout the day while I'm on shift."
- The registered manager understood their responsibilities with regards to the Health and Social Care Act 2008 and what they needed to notify us about without delay.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- People received consistently good-quality care from staff who had the right mix of knowledge and skills to perform their roles and responsibilities well.
- The registered manager/owner had a clear vision that she shared by staff. The registered manager told us they routinely used in-person and virtual meetings, training and various electronic communication systems to continually remind staff about the organisation's underlying core values and principles.
- The registered manager was aware of their responsibilities under the Duty of Candour. Under the Duty of Candour providers must be open and transparent and apologise if things go wrong with care and treatment.

Continuous learning and improving care

- The registered manager was keen to improve the service and they recognised the importance of continuous learning.
- The quality and safety of the service people received was routinely monitored by the registered manager. For example, they routinely carried out home monitoring visits to observe staff working practices, including how staff interacted with the people they were supporting, their time keeping, and how well they managed records they were required to keep.
- Audits and feedback from people were routinely analysed to identify issues and learn lessons.

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

- The registered manager promoted an open and inclusive culture which sought the views of people receiving a service, their relatives, and staff.
- The provider used a range of methods to gather views about what the agency did well or might do better.

For example, people had ongoing opportunities to share their views about the agency through regular telephone contact and in-person home monitoring visits, and were encouraged to complete satisfaction surveys. Written feedback from people who received or had received a service from this agency, including relatives, was one hundred percent positive about the standard of care and support provided. Typical comments included, "I would highly recommend this agency to anyone" and "The level of professionalism shown by this agency is exceptional."

- The provider also valued and listened to the views of staff. Staff stayed in touch with the registered manager through regular telephone, social media and email contact.

Working in partnership with others

- The provider worked in partnership with various community health and social care professionals and external agencies, including the relevant Local Authorities.
- The registered manager told us they regularly liaised with these external bodies and professionals, welcomed their views and advice; and shared best practice ideas with their staff.