Millennium Care Limited

Millenium Care Limited - 89 Fox Lane

Inspection report

Palmers Green
London
N13 4AP

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21 November 2018

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Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
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 14 and 21 November 2018 and was unannounced. The previous inspection was in March 2018 when the home was assessed as meeting all legal requirements.

Millenium Care Limited- 89 Fox Lane is a care home. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The home provides care and support for up to seven people with learning disabilities. At the time of this inspection there were seven people living in the home.

The home is a semi-detached house in Palmers Green, North London. There was a stairlift available but at the time of the inspection everybody was able to use stairs.

The care home was registered more than twenty years ago so before the development of "Registering the Right Support " and other best practice guidance. There was evidence that the service did support some of the values of Registering the Right Support. They supported the values of choice and inclusion which are two of the values underpinning Registering the Right Support so that people with learning disabilities and autism using the service can live as ordinary a life as any citizen.

At our last inspection on 8 and 20 March 2018 we rated the service good. At this inspection, on 14 and 21 November 2018, we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and on-going monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

Staff understood what safeguarding was and how to report any concerns about abuse.

We found some safety concerns in the home as there were no window restrictors to prevent falls from windows or covers on radiators to protect people from risk of burns. The provider reacted immediately to address these issues as soon as we raised them to ensure people were safe from harm.

People's personal risks were managed well though some risk assessments, personal emergency evacuation plans and care plans did not contain all the important information about the person.

Medicines were managed safely by trained staff who followed good practice.

Staff received regular supervision and training and an annual appraisal. Staff said they worked well as a team and were supported by the registered manager.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People had support to eat a healthy balanced diet. Those with swallowing difficulties received the right support from staff with eating.

Staff knew people well and were able to understand their needs and wishes. People were able to follow their interests and took part in activities outside the home that they enjoyed.

Complaints were managed well. The homes had effective quality assurance systems in place including audits of medicines management and annual quality audits. There was evidence of continuous learning and improvement.

We have made three recommendations regarding risk assessments, evacuation plans and care plans containing sufficient information about the person; medicines and ensuring people's communication needs are more detailed in care plans.

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 has deteriorated to Requires Improvement.	**Requires Improvement**
Is the service effective? The service remains good.	**Good**
Is the service caring? The service remains good.	**Good**
Is the service responsive? The service remains good.	**Good**
Is the service well-led? The service remains good.	**Good**

Millenium Care Limited - 89 Fox Lane

Detailed findings

Background to this inspection

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

The inspection was prompted in part by notification of an allegation of abuse. This incident is subject to a criminal investigation and as a result this inspection did not examine the circumstances of the incident. However, the information shared with CQC about the incident indicated potential concerns about the management of risk of abuse. This inspection examined those risks. This inspection was also prompted in part by the findings of an inspection of the provider's other care home where we found unsafe care.

The inspection took place on 14 and 21 November 2018 and was unannounced. The inspection was carried out by one inspector.

Before the inspection we considered all the information we held about the provider including the Provider Information Return. 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 also considered notifications made by the provider since the last inspection.

During the inspection we spoke to three people living in the home who were able to speak with us. Two of those people were able to answer a few questions and one person was able to tell us their views. As most people were unable to speak with us we spent time observing in the communal rooms to observe people's wellbeing, the way staff interacted with them and their experience of mealtimes. We observed two mealtimes.

We met the registered manager, two care staff and the operations manager. We looked at four people's care

records including their care plans and risk assessments, seven people's medicines administration records and two staff files including their recruitment records. We looked at staff training, supervision and appraisal records. We also looked at other paperwork related to
the management of the service including staff rotas, quality assurance, audits, menus, health and safety and fire records. After the inspection we contacted and had feedback from a relative or advocate for four people living in the home and a health and social care professional involved with people in the home.

Requires Improvement

Is the service safe?

Our findings

The registered manager had a good understanding of how to safeguard people from abuse and how to report any safeguarding concerns. Staff had been provided with safeguarding training. There was a written safeguarding and whistleblowing procedure in place which contained details of the local authority safeguarding team so staff could contact them directly if needed. The whistleblowing procedure advised staff who they could contact within and outside the organisation including the Care Quality Commission if they had any concerns about poor care in the home.

Most people were not able to tell us whether they felt safe at the home but their relatives/advocates said they thought people felt comfortable at the home. Staff had good knowledge of each person and could describe the risks to their safety and how to help them to keep safe. We asked one person if they thought staff helped them to keep safe and they said, "Yes they do."

Each person had risk assessments in their file setting out risks to their safety and advising staff on how to reduce the risks. Although staff knew the risks to each person's safety, we found some risk assessments and care plans were not specific to the person and gave general guidance which was not helpful in ensuring safety. For example, for one person the behaviour support plan stated that they were to be offered regular discussion sessions to discuss any concerns when the person had no verbal method of communication. The behaviour management plans advised staff to discuss concerns with people but did not consistently specify how they should support the person at the time of the behaviour, for example when they were harming themselves or behaving aggressively to staff. The registered manager said they would review the records and ensure they contained advice for staff on the person's specific needs.

People had personal emergency evacuation plans to advise staff and the fire brigade on how to support them to evacuate safely in the event of a fire. We found that these did not all contain enough information about the person as they did not contain the fact that one person had a visual impairment and that another was at risk of epileptic seizures.

We recommend that all care records are personalised with sufficient detail in line with best practice to ensure people receive safe care at all times.

On the first day of the inspection we found there were no window restrictors in the home to protect people from the risk of falling from windows. The provider responded immediately when we raised this and fitted restrictors, which they informed us were in accordance with the guidance from the Health and Safety Executive, by the second day of the inspection.

An environmental risk assessment had assessed the risks from unprotected radiators as being low risk. We found that there was a risk of people sustaining burns from unprotected hot radiators. We saw one person sitting with their head resting against a hot radiator and another sitting on the floor leaning against a hot radiator. Two people had epilepsy and would be at risk of sustaining a burn if they were to have a seizure and fall against a radiator. The provider responded immediately when we raised this concern and by the

second day of the inspection some radiator covers had been fitted and others were in the process of being fitted.

One person was at high risk of falls and we observed staff being vigilant observing the person while still respecting their independence. The service used technology such as sensor alarms and monitors to ensure they could respond without delay if a person needed support when alone in their room. We saw that staff responded quickly when the alarm activated which indicated that a person had got out of bed and would need help to come downstairs safely. People had risk assessments in place for risks such as road safety, falls, epilepsy, use of stairlift, bathing and showering.

There were enough staff employed to ensure people's safety and meet their needs. The rota showed that there was a minimum of two staff on duty and the rota was flexible so staffing levels changed throughout the day to meet the needs of people in the home. The registered manager explained that there were staff who worked across the provider's two local homes who knew all the people living in the home so there were always staff available who knew people well. Staff from the home supported some people to go out and to work at a garden centre owned by the provider. This meant that people received support from staff who they knew which was important as people had communication difficulties. One person received one to one staffing for specific hours. This was not recorded on the rota but we saw they had one to one support during the inspection. Some people required one or two staff to go with them whenever they went out for safety reasons and this was provided. There was one staff awake and one asleep in the home on call at night.

Medicines were stored securely and managed safely. People received their medicines as prescribed, from staff who had received appropriate training and were assessed as competent to give medicines. People's medicines profiles were not clear as they did not detail the condition that the person received their medicines for. There was a generic reason for the medicine recorded but this was not in all cases the reason why that person was prescribed that medicine. There were clear personalised written protocols for emergency epilepsy rescue medicines. The written protocols for medicines that were prescribed to be taken as and when needed (PRN), when people were experiencing anxiety all had the same information. These did not give detail for staff on what signs to look out for each individual or what steps to follow before giving them the medicine.

We recommend that the medicines profiles are personalised and protocols for PRN medicines are personalised to ensure staff understand when the medicine is necessary and what signs to look out for.

The home was clean throughout and there were suitable handwashing facilities in the toilets and bathrooms. Staff used personal protective equipment when supporting people with personal care. There was an infection control policy and staff were trained in infection prevention. The registered manager carried out monthly infection control audits. The service had received a five star rating at their latest food hygiene inspection. Staff helped people to keep their bedrooms clean and tidy.

The registered manager shared learning from incidents with the staff team. Staff meeting minutes showed that they had recently shared learning from the inspection of the provider's other home with staff at this home. They informed us of improvements they are planning to make at the home.

Good

Is the service effective?

Our findings

People had a written assessment of their needs in their care files. The registered manager updated the assessment every year. These reflected where people's needs had changed for example if they had developed new health conditions.

Staff completed induction training when they started in the home. The most recently employed staff member had completed induction and told us they had "shadowed" experienced staff for three or four days before they started working on shift. Staff received training in relevant topics. Most of training was completed online but there was face to face training where this was essential for example for safe moving and handling. Staff were up to date with mandatory training and had additional training in topics relating to the needs of people living in the home including epilepsy, autism and challenging behaviour. Staff had regular individual supervision with the manager and an annual appraisal. One staff member told us they had completed the care certificate online and received good support from the manager with it. Staff felt supported and one said, "the team work is brilliant."

People had support to eat a balanced diet. We saw that people had food that they liked and which was suitable for their assessed needs. A relative/advocate told us that they saw staff ensure people had their favourite foods and drinks. Three people were assessed as being at risk of choking and staff supported them to eat foods suitable for their needs and supervised them when they were eating to ensure that they were safe. One person told us that they could only eat soft foods and said that staff always gave them suitable foods and a choice of meals. People enjoyed their meals. One person told us the food was, "brilliant" and said, "I love the food." As most people did not have any speech or signs staff offered people a selection of drinks to choose from at each meal so they could point to the one they liked. In between meals staff offered people hot drinks and biscuits and one person asked for fruit between meals which staff gave to them. As most people could not ask for food and drink staff would offer them food and drinks when they came near to the kitchen.

The staff team worked with healthcare professionals to ensure people's needs were met. Staff followed the guidance from speech and language therapists for people's eating and drinking where people were at risk of choking. A psychiatrist and dentist visited the home to see people and the GP practice nurse would come to the home to take blood samples for people who found it difficult to go to the surgery. An occupational therapist and physiotherapist visited one person and advised on suitable equipment for their needs. A visiting professional and an advocate told us that staff were friendly and helpful whenever they visited.

Staff supported people to maintain their health. They escorted people to healthcare appointments and took relevant information, such as their medicines records, with them to ensure the healthcare professional had all the information they needed. Where people could not consent to medical procedures, decisions were made in their best interests and staff were involved in the decision making along with other relevant people. Some people had complex mental and physical health conditions which staff were aware of. Staff kept records of all health appointments and the outcome. Staff monitored people's weight regularly. One person's health action plan did not contain some important information that they had dysphagia

(swallowing difficulties) and needed liquid medicines although this was recorded elsewhere. The registered manager agreed to update this.

People's rights to make their own decisions, where possible, were protected. The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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). Everybody in this home had a DoLS. We saw that the registered manager kept a record with information on when these needed to be reviewed. People benefitted from an independent advocate where necessary from a local advocacy organisation. The registered manager was in the process of carrying out mental capacity assessments for people.

Staff understood the need to seek people's consent before providing care and had completed training in the Mental Capacity Act 2005. Care plans stated whether or not the person had capacity to consent to their care. We saw that staff asked people if they would like to do something and respected the person's decision if they did not want to do it. Where people did not have the capacity to make decisions, for example about use of equipment for safety reasons, a decision was made in their best interests and put on their file. One relative/advocate said that the staff team knew a person well and contributed to a best interest decision about a medical procedure and always made person-centred best interest decisions for that person. They said that the staff team responded to recommendations made by advocates and best interests assessors.

At the time of this inspection everybody could manage stairs but there was a stair lift installed which one person used on occasions. People's bedrooms were personalised with their own belongings and staff supported them to choose items for their rooms. One person had a hospital bed and bedsides and there was a wheelchair to support people who may not be able to walk far when out. No other adaptations were needed at the time of this inspection.

Good

Is the service caring?

Our findings

As four people in the home had no verbal communication method, we spent time with people observing in their lounge and dining room over two days to observe their experience and wellbeing. We saw people were comfortable with staff and that staff were able to interpret their behaviour and understand what people wanted or how they were feeling. Staff offered emotional support to one person who was upset and offered them a hot drink as this was something that often helped them feel better when they were upset. This was in accordance with guidance recorded in the person's care plan. People's representatives said that staff were kind and friendly. Staff told us they had formed close relationships with people and treated them as they would treat their own family members.

People felt comfortable to go where they wanted in the home and to let us know when they did not want us to sit near them. Staff knew where each person liked to sit in the lounge and supported them to be able to do so. Staff interacted with people in a person-centred way and treated each person as an individual. People appeared to enjoy staff company.

The registered manager was a good role model to staff, interacting and assisting people and advising staff on how to support people with their meal or with certain behaviours.

Staff treated people with dignity and respected their privacy when supporting them with personal care where it was safe to do so. Staff encouraged people to be independent, for example eating without help even though this took two people a long time. Staff were encouraging and patient with people.

Staff asked people if they would like to go to the lounge, have dinner, go to the toilet without telling them to do so. They offered them the option to wear an apron at mealtimes and respected their individual choices on this. Staff could interpret people's behaviours and explained that the person was indicating that they wanted more food or wanted to go to a quieter room.

People's care plans detailed information about people who were important to them so that staff could support them with maintaining relationships with family and friends. A relative told us that staff kept them up to date with any changes and that their family member liked the staff.

Staff supported people to go to church when they wanted to go. The registered manager told us that nobody had any other specific religious needs or preferences.

Good

Is the service responsive?

Our findings

People had a care plan setting out their needs and preferences in all areas of their lives. Care plans did not contain detailed information about people's communication methods. There was a lack of written guidance about how staff should communicate with somebody who was deaf or somebody who had no speech or signs. There were no communication programmes in place to teach people signs or to use pictorial methods of communication. The level of support people needed for personal care or with behaviour was not specific. For personal care, one person's care plan said, "needs support" and another said, "full staff support" but didn't detail how they liked their personal care or what steps they could do for themselves or should be encouraged to do as the information was not detailed enough. This did not appear to have a negative impact on people as there was a stable staff team who had known people for a long time and were able to understand their needs. One person had received support from a psychologist and had person-centred guidelines for their behaviour support. These contained clear guidance for staff on warning signs, triggers which might distress the person and how to provide support. Staff followed the guidelines in practice. The registered manager said that they had plans to review and personalise all care plans and behaviour support plans soon. There was a brief review of care plans monthly.

We recommend that care plans contain detailed personalised guidance on how to communicate with people and the level of support they needed for personal care tasks.

Staff responded to people's wishes and knew what they liked to do and their preferred daily routines. Three people went out to local day services and others could go out to work at a garden centre owned by the provider if they chose to. If people preferred they could stay at home and do what they liked such as watch television. People had the choice to attend a range of social clubs and staff supported them to go out to local places they liked to go. Care plans contained information about the person's interests. One person agreed that they liked the activities listed in their care plan. Another person told us they didn't like to go out as often as they used to but enjoyed watching television in their room and spending time chatting with staff. Staff discussed one person's interests with them including their favourite football team. The person clearly appreciated staff showing interest. Five people had been on a group holiday this year with people from the provider's other care home. People could choose whether to go on holiday or stay at home. A relative/advocate for three people told us that staff had a good understanding of people's needs and worked in a person-centred way. They also said that people went out regularly.

There was a written complaints procedure in place and a pictorial version. Although the registered manager confirmed that nobody could understand the symbols used in the pictorial procedure there was evidence that one person knew how to complain. Complaints were recorded appropriately along with the response. There had been two minor complaints in 2018 both of which were quickly resolved.

Most people were unable to explain their end of life care wishes but all had either a relative or advocate to assist with this. The registered manager had booked training for staff on end of life care. Many people had lived in the home for over twenty years and it was considered their home for life so this training would be of

benefit.

Good

Is the service well-led?

Our findings

There was a registered manager in place. 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.

Staff were positive about the management of the home. They said the manager helped and guided them and that they felt well supported. They also said they worked together as a team and that the staff team supported each other. One person's representative told us that the manager responded quickly to phone calls. Another said that staff kept them well informed about any incidents affecting their relative and always told them when they were unwell. They also said that the manager acted on their feedback and implemented their suggestions.

There were systems in place to monitor the running of the home and assess risks and quality on an ongoing basis. There were weekly health and safety checks including for fire alarms and water temperature. The registered manger completed monthly audits on infection control and the provider completed quarterly audits visits that looked at all aspects of the running of the home. These were sometimes carried out by the deputy manager for the home. We saw that they had identified when improvements needed to be made and detailed the findings in a report. There were monthly audits of medicines management in the home. At one recent audit it had been identified that the medicines storage cupboard needed to be cleaned and we saw this had been done. There was evidence that the audits were effective at identifying areas for improvement and checking that the improvements were made.

The registered manager ensured that clear records were maintained and files were organised well with information easy to find. They showed a commitment to continuous learning and improvement.

There was an annual quality assurance survey sent to people who had an interest in the home and a yearly quality assurance audit carried out. The 2017 yearly audit highlighted some areas for improvement and these had been acted on. An example of this was new flooring in the lounge and staff ensuring they labelled food with the date it was opened. Surveys were sent to relatives and results were then collated. We saw the survey results for 2017, which were very positive. The registered manager told us that the survey for 2018 had recently been sent out.

There were monthly staff meetings where the registered manager advised staff on any improvements or changes needed in their work. The registered manager also took part in daily handover meetings with staff on duty where information about people's wellbeing and plans for the day were discussed. Staff told us they found the regular meetings helpful.

There were monthly residents' meetings to discuss relevant topics such as food and activities.

People's care files showed that the home worked well with other agencies, including the local authority and

healthcare professionals. The registered manager told us that they implemented guidance from other professionals. We saw examples of this in people's behaviour support and eating plans.