

## Millennium Care Services Limited

# Millennium Care

### 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

Millennium Care is a domiciliary care agency and supported living service, providing personal care to eight people in their own homes at the time of the inspection.

### Supported living

There were four houses with up to two people in each house and staff supported people with managing their tenancy and day to day living.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

### People's experience of using this service and what we found

People felt safe and confident using the service. Individual risks were identified, with clear systems and processes in place to maintain people's safety.

Clear support was in place for staff through training, supervision and the approachability of the leadership team.

People were involved in their care and support in meaningful ways. The provider had begun to improve the way they recorded assessments of people's mental capacity.

Staff demonstrated the values of Millennium Care and put people at the heart of the service they provided. Staff were motivated and happy, and knew people well.

People were supported with inclusive person-centred care and staff empowered them to lead fulfilling lives. The provider was considering ways to improve how people could be more involved in their care records.

People understood how to complain and who to approach if they wanted to raise a concern.

Leadership and management of the service was uplifting and staff were respected, valued and cared for, which they transferred into their work with people. There was a very open and transparent culture throughout the service, enhanced through continuous communication and shared respect.

Quality assurance systems were in place and the provider was considering ways to further develop and strengthen these in a more efficient way, such as through IT. Strengths of the service and areas to improve were known and regularly discussed by the management team, with clear service improvement plans continuously under review.

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.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was Good (report published November 2018).

#### Why we inspected

This was a planned inspection based on the previous rating.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

# Millennium Care

## 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.

#### Inspection team

The inspection was carried out by one inspector.

#### Service and service type

This service provides care and support to people living in four 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

The service had a manager registered with the Care Quality Commission. This means that they and the provider 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 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 8 May 2019 and ended on 21 May 2019. We visited the office location on both dates.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider

sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection

During the inspection

We reviewed a range of records. This included two people's care records and medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

We spoke with the regional manager, registered manager, deputy manager and two senior support workers. We spoke face to face with one person who used the service and by telephone with another person and one relative.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff were secure in their knowledge of the systems and processes to keep people safe. Staff understood safeguarding and whistleblowing procedures and were confident to identify and act upon any concerns. Where safeguarding incidents were identified, prompt action was taken to ensure people were safe from harm.
- People said they trusted staff to keep them safe. One person said, "Yes I do feel safe, I really do." One relative said, "I would know if [my family member] was not safe. I know they are perfectly at ease with the staff."

Assessing risk, safety monitoring and management

- People's individual risks were clearly documented within individual risk management plans. Staff knew how to support people safely whilst respecting their freedom.
- Clear and detailed step by step instructions were available for staff to understand how to manage individual risks, such as when moving and handling a person. Diagram instructions assisted staff in identifying pressure sores and the areas to check.

Staffing and recruitment

- Recruitment checks were robust to ensure staff were suitable to work with vulnerable adults. One relative told us staff were chosen carefully. They said, "They have a special insight into choosing people who are right for the role."
- Staffing levels were closely monitored and maintained to ensure individual needs were met in a reliable and timely way. The regional manager showed us some diagrams which illustrated the support and regular staff team who wrapped around people's care needs.

Using medicines safely

- Medicines support was managed safely for individual people according to their needs.
- Records were maintained clearly of medicines people were supported with.
- Staff were trained and confident in how to support individuals safely with their medicine and there were regular checks made of their competency.

Preventing and controlling infection

- Staff understood how to prevent the risk of infection and when it was appropriate to use equipment such as gloves and aprons.

### Learning lessons when things go wrong

- Accidents and incidents were recorded individually and lessons were identified and discussed with staff. The management team were in the process of improving the analysis of accidents and incidents, to be able to more clearly see trends and patterns across the service. The provider used opportunities to learn from incidents within its other locations.
- Where published inspection reports for similar types of service highlighted poor care, the regional manager told us they used these as a focus point for discussion about the importance of providing quality care.



# 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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's individual needs were assessed using the provider's 'Millennium Outcomes Assessment Tool' and a care and support plan was developed from this.
- People's wishes and goals were considered and care planning supported individuals to achieve good outcomes.
- People told us they knew about their care plans, but there was limited information in these to demonstrate how people had been involved and consulted. However, information in progress notes gave good evidence of people's choice and decision making and staff confirmed people's care was always carried out with their consent.

Staff support: induction, training, skills and experience

- Staff were supported in structured ways, such as through supervision, meetings and training. The training matrix showed which staff had done what training and where there were any updates needed, training was being arranged. Regular spot checks were carried out to ensure staff were competent. Staff felt able to approach the leadership team at any time for more informal discussions about matters affecting their work, in addition to regular supervision.
- People and the relatives we spoke with said staff gave the right support to meet their needs. One person said, "[The staff] have been fantastic with me, they know how to look after me." Staff we spoke with knew people's individual needs well and were confident they had the right training to support the people they cared for. Staff had personal development plans as well as learning plans to help them develop in their role. Staff development was discussed at supervision with examples of how staff put training into practice.
- Staff said they were able to shadow more experienced staff until they knew people's care needs and had read their care plans. Where people had individual health conditions, the information was detailed on their care and support plan for staff.

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

- People's nutritional needs were known by staff and appropriate support was in place where people needed this.

Staff working with other agencies to provide consistent, effective, timely care

- The leadership team was enthusiastic about sharing good practice ideas within the organisation and with other providers to enhance people's care and support. There was effective working between different teams to join up people's care and opportunities.

Supporting people to live healthier lives, access healthcare services and support

- Where people needed additional healthcare support, the provider liaised with other relevant professionals. One relative told us, "We work together. [My family member] has a lot of appointments and the support is always there."

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.

Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty

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

- Staff demonstrated a clear understanding of people's rights and gave examples of how they had supported people to make their own choices and decisions. Staff understood the process to ensure best interest decisions were made where people may lack capacity. People's mental capacity assessments were in the process of being implemented and the regional manager was working with the staff team to ensure new record keeping was in place.

# 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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- Staff had a happy outlook and were very passionate about making a difference in the lives of people, which encompassed the values of the organisation. Staff told us they also felt very cared for themselves by the organisation, which in turn boosted their well-being and helped them deliver high quality of care to people.
- Staff had a caring approach to their work and they demonstrated kindness and respect when speaking with and about the people they supported. Staff told us the best part of working for the service was 'the people we support'.
- People and relatives said staff were fully familiar with individual likes and preferences and so care was provided in a person-centred way. One relative told us staff had a good sense of humour and knew their family member very well.

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

- People has access to easy read guides for matters such as their tenancy agreement, safeguarding them from abuse and how to make a complaint. There were pictorial signs within the office to help people identify where they needed to be, such as pictures of money on the finance office.
- One person told us staff knew their favourite things and they felt involved in deciding how their care should be delivered.
- Care records were written in the first person and one-page profiles gave a clear overview of each person. Care records focused on people's goals, aspirations and outcomes as well as their physical care needs.

Respecting and promoting people's privacy, dignity and independence

- Staff understood how to ensure people's privacy and dignity when supporting them with their care.
- People were encouraged to lead independent lives and staff supported them with the help they needed to make this possible.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Staff consistently demonstrated Millennium Care's mission 'to fulfil lives' and told us about ways in which this was being achieved and strived towards.
- Daily progress notes gave clear evidence of person-centred care. For example, one person's records described how they had been to pick holiday brochures, decided which shops to go to, whether to 'chill out' and go to see tribute bands in keeping with their interests. One person told us how they were a fan of a particular television soap and said how staff supported them with this.

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.

- The provider was aware of their responsibilities with regard to the AIS.
- Communication plans were clear for staff to know how to support people. For example they stated 'when I do [this] it means [this], please do [this]' which helped staff recognise non-verbal signs of communication. The registered manager said they were looking at ways to improve how they demonstrated care records were shared with people, such as through voice recording people's communication and views.

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

- People received meaningful personal care and support, rather than staff focusing on specific tasks or hours of work. Staff were matched with people according to their shared interests, in order to make people's experience enjoyable. For example, one member of staff told us how they supported a person who liked football because they also had this interest in common and could support the person to go to football matches.
- Staff supported people to establish and maintain friendships and gave appropriate advice and information to help empower people in social ways.

Improving care quality in response to complaints or concerns

- People and their relatives knew how to complain and they had easy access to the complaints procedure, with photographs of the staff they could complain to and contact numbers in easy read format. They told us they did not have any complaints, but were confident staff would immediately deal with any matters of concern.

#### End of life care and support

- Information in people's care records included end of life care plans which were very detailed and contained a wealth of information to help inform sensitive discussion.

# 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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- There was a very open, honest, friendly culture within the service, and staff and leaders had a positive approach to change management. Staff were recognised for the work they did and felt valued in a range of ways, such as acknowledgement at team meetings and 'glimpse of brilliance awards'.
- Staff were empowered to support people and they were clearly focused on the core values of Millennium Care. These values were positively reinforced in discussions with staff, through supervision and competency checks of staff practice, attitudes and behaviours. Staff felt the work of the service embraced the values and made a positive difference to people's lives.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- There was an enthusiastic and energetic management team with clear accountability and respect for each other's skills. There was a registered manager who was new in post since the last inspection. They were supported by a regional manager and a deputy manager.
- The provider understood their responsibility within the duty of candour.
- Quality was assured at individual levels, such as within care records and individual staff supervision. The provider was considering ways to more robustly strengthen the management overview of the service as a whole, such as through audits and learning further from accidents and incidents. The regional manager told us they were considering IT solutions to help support this function more effectively.

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

- People, relatives and staff were engaged and involved through regular meetings, such as family and friends' meetings and there were easy read minutes produced from these to ensure information was accessible.

Continuous learning and improving care; Working in partnership with others

- The registered manager connected with other registered managers through attending the Wakefield Registered Manager local network meetings. Partnerships with other providers was promoted and welcomed, particularly where more than one service offered care and support to people.
- The regional manager told us they were happy to share any practice ideas to enhance care and support

for people locally, no matter who was providing the service.