Millennium Care Services

Sunnyborough

Inspection report

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Date of inspection visit: 6 November 2014
Date of publication: 07/04/2015

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

Overall summary

This inspection was unannounced and took place on 6 November 2014. At our last inspection we found breaches in regulations relating to the care and welfare of people and how the service assessed and monitored the quality of the service. At this inspection we found that the required improvements had been made.

Sunnyborough is registered to provide personal care and accommodation for up to 19 adults aged 18-65 with a learning disability. There were 10 people living there on the day of the inspection.

Sunnybrough is a purpose built two storey detached property built around a central quadrangle outside space. The service is split into three defined units. Staff are on duty 24 hours a day and people are supported to develop practical skills to help them live as independently as possible

At the time of the visit a manager had recently been appointed and had applied to the commission to be the registered manager. They have since been registered. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

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 service was safe. The policies and procedures for the recruitment of staff helped ensure only suitable people were recruited to work with vulnerable people. People who used the service were included in the interview process and their views were taken into consideration when appointing new staff.

Staff had received a variety of training to assist them to carry out their roles. This included training with regard to safeguarding adults and mandatory health and safety training.

Staff demonstrated a good understanding of the issues regarding safeguarding adults and they understood the action to take if they suspected abuse. Staff also talked with us about the specialist training they had completed to make sure they were able to meet people's individual needs. For example, supporting people with autism.

From our observations and discussions we saw staff knew people well and had developed good relationships. We saw staff interacting with people sensitively and enjoying light hearted banter.

The service was well led. Staff acknowledged that the service had been through a difficult period but all appreciated the skills and experience the acting manager had brought to the service. They said they felt well supported and clear about their roles and responsibilities. The new manager had already worked for the provider; from our discussions it was evident they held the same values and vision for the service to develop.

There were effective quality assurance systems in place to monitor the service.

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?
This service was safe.

Good

There were policies and procedures in place to reduce the risk of people coming to harm.

Staff had received training with regard to safeguarding people and they were able to demonstrate good understanding of the issues and how to report any suspected abuse.

There were safe recruitment practices which helped reduce the risk of unsuitable people working at this service. Recruitment practices included people living at the service.

There were sufficient numbers of staff to ensure that people had their needs met in a timely way and staff received training which was relevant to their role.

There were systems in place to protect people against the risks associated with the management of medicines.

Is the service effective?
The service was effective.

Good

People's needs were assessed and recorded. Information about people's needs was detailed and as such assisted staff to provide support in a way which the person preferred.

Staff had completed training to equip them with the skills and knowledge to provide specialist care for the people living at the service.

The registered provider knew when to gain an independent mental capacity assessment.

People's nutritional needs were met and the arrangements for food provision varied depending on individuals care plans.

Is the service caring?
The service was caring.

Good

People we spoke with told us they were satisfied with the care and support they received. People told us staff were 'good'.

People talked to us about social activities. They told us they had opportunities to participate in social activities which interested them.

We observed positive interactions between staff and people who the used the service.

Is the service responsive?
This service was responsive.

Good

We looked at care records and saw detailed information about people's abilities and needs in relation to their personal, health and social care. Each person living in the home had their own copy of a shorten version of their care plan.

Summary of findings

The provider responded to and investigated complaints. People we spoke with told us they didn't have any complaints and they told us they felt confident concerns would be responded to.

The service sought the views of people through an annual survey. Comments were collated and a development plan produced to assist in implementing improvements.

Is the service well-led?

Good

The service was well led.

At the time of the inspection there was a senior manager in an acting manager role. The new manager, who has since been registered with the commission, was also present.

Staff reported a strong leadership with positive support and an emphasis on good team work and learning evaluating practice. Managers encouraged staff to air their views opening without any redress.

We saw evidence of working with other professionals, for example the local police, psychiatric and learning disability services.

There were effective quality assurance systems in place and the manager welcomed feedback on the quality of the service so that improvements could be made.

Sunnyborough

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 6 November 2014 and was unannounced. The inspection was carried out by two inspectors.

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. The PIR was reviewed along with other the information we held about the service and the provider to assist in the planning of the inspection. We had received no concerns since the previous inspection carried out on 17 December 2013. We looked at notifications we had received for this service and reviewed all the intelligence CQC had received.

During the inspection visit we spoke with five of the people living at the service and spent time with people in communal areas and observed how staff interacted with people. We reviewed four people's care records, three staff recruitment files, records required for the management of the home such as audits, minutes from meetings and satisfaction surveys, medication storage and administration. We spoke to the previous acting manager, the new manager and the regional manager. We also spoke with seven members of staff.

Good

Is the service safe?

Our findings

This service was safe. Some people living at the home had complex needs which meant they sometimes became physically distressed, and required intensive staff support; either on a one to one basis or within sight of a member of staff. The manager told us that the service promoted non-physical intervention. However staff did undertake Individual Reactive Strategy training which was Bild (British Institute for Learning Disability) accredited and this included training in physical restraint. In order to keep people safe, risk assessments and Individual Reactive Strategies had been completed. There was guidance for staff about any personal triggers and reactions for individuals together with strategies for de-escalation of the situation. We saw in one person's file they had been involved in preparing their Individual Reactive Strategy and had discussed and agreed the staff intervention that helped them best.

Incident and accident reporting took place. Each week any accidents/incidents were reported to head office. A senior management team including the general manager, health and safety manager and a registered manager analysed the reports. They were broken down by time/place/service user/staff to see if there were any common factors and to see if further action needed to be taken. If they decided an incident needed further examination they assigned someone to look in to it further and deal with it in a timely fashion. The general manager then followed up with the staff member to ensure the matter was dealt with. They also identified whether any training issues had been raised, or if the incident could be closed. All incidents were looked at by a senior person.

The provider had safeguarding and whistle blowing policies (telling people) in place, to provide staff with guidance about protecting people from abuse. The staff we spoke with were aware of the different types of abuse and described how they would respond if abuse was suspected or happening. Staff told us they had received safeguarding training. The training records confirmed this. This helped to make sure staff were aware of their roles and responsibilities in identifying, reporting and recording abuse. The manager demonstrated openness and transparency with regard to safeguarding and had made safeguarding referrals to the local authority. We saw evidence that the manager worked positively with other agencies to ensure people were kept safe.

We spoke with the manager about recruitment processes. They told us applicants were required to complete an application form. Applicants then attended two interviews; the first with the manager and a senior member of staff; the second included a person living in the home and the applicant spent time in the home. A member of staff confirmed they had been interviewed by people living at the home. The provider, at head office, processed applications and tracked whether important information had been received and checked to make sure those using the service were not at risk from staff who were unsuitable to work with vulnerable people. The manager told us two references would always be obtained as would a Disclosure and Barring Service check (previously called Criminal Records Bureau (CRB) check) to make sure people employed were suitable to work with vulnerable adults. We looked at three staff recruitment files and saw application forms, interview records and relevant checks had been completed.

The manager explained that new staff completed a 12 week induction which consisted of a combination of e-learning, face to face and competency based assessments. Staff were appointed a senior member of staff as a mentor to provide additional support through the induction process.

We spoke with the manager about staffing levels and reviewed actual staff rotas for the previous four weeks. The manager told us staffing levels were determined according to people's individual needs and risk assessments. Some people required or had allocated one to one time. At the time of the inspection there were only ten people living at the home and we were told for any new placements recruitment would take place prior to the person moving in to ensure the service could provide care safely. Any vacancies, sickness and holiday leave was covered by bank staff. We looked at the rotas for the previous four weeks and saw there were sufficient staff on duty.

We checked the systems for the storage, administration and record keeping with regard to medicines. Medicines were located in a locked clinical room in a lockable trolley secured to the wall. There was also a lockable medication fridge. The member of staff explained that medicines were supplied in a monitored dosage system with pre-printed

Good

Is the service safe?

medication administration sheets (MAR). Medicine boxes were colour coded to indicate morning, lunchtime or evening doses. We completed a random check of stock against MAR charts and found them to be correct. We saw controlled drugs were stored in a suitable locked cabinet and we checked stock against the controlled drugs register. The stock tallied with the record.

We noted that where people were prescribed PRN (as required) medicines, information was recorded about the circumstances under which the medicine could be administered. This included non-verbal clues the person might present if they were unable, for example, to express pain verbally.

Staff were not permitted to administer medicines until they had completed medication training. The training included a written exam and observation of competency which meant people at the service could be assured they received the medicines they were prescribed safely.

The service had in place emergency contingency plans. And there was a fire risk assessment in place for the service and individuals (Personal emergency evacuation plan).

Good

Is the service effective?

Our findings

We spoke with staff about how they were supported to fulfil their roles. They told us that there were good opportunities to attend training which gave them the skills and knowledge to provide appropriate care. They gave us examples of training in MOAT(Millennium Outcome Assessment Tool), Mental Capacity Act, autism, non-physical intervention and equality and diversity. We spoke to two relatively new members of staff who spoke with us about their induction. Both said they found it useful and helped them with their role. They told us it included a combination of face to face and e learning and both had a mentor who they met with regularly to discuss their progress.

Staff told us they worked well as a team and told us "We have handover each morning where we talk about how each person has been and staff are then allocated tasks so we know who is working with who. It is a great team to work with, they are all supportive." Another member of staff told us "If doing 1:1 there are opportunities to take a break, staff are very supportive and work well together."

Staff told us they received regular supervision which encouraged them to consider their care practice and identify areas for development. Staff told us they found supervision sessions useful and supportive. This meant that staff were well supported and any training or performance issues identified.

We looked at whether the service was applying the Deprivation of Liberty safeguards (DoLS) appropriately. These safeguards protect the rights of adults using services by ensuring that if there are restrictions on their freedom and liberty, these are assessed by professionals who are trained to assess whether the restriction is appropriate and needed. The manager told us they had a good working relationship with the local authority DoLs team and had made appropriate applications. At the time of the inspection there were five approved deprivations in place. We reviewed two of these and saw the appropriate processes had taken place and reviews were scheduled. We saw as part of the care planning process people had their mental capacity assessed with reference made to legal guidance

The manager told us all staff had received training with regard to Mental Capacity Act (2005) and deprivation of liberty safeguards. When we spoke with staff they demonstrated a good understanding of the issues with particular regard to day to day care practice.

The arrangements for food provision varied from unit to unit. In one unit people had their own food cupboards and were encouraged to cater for themselves with support. In other units there was a menu and staff asked people what they wanted, which people helped to prepare. Alternatively people were able to choose what they wanted to eat if they didn't like what was on the menu. We observed lunchtime and found it to be a relaxed and social occasion. We talked with people about meals and they said they enjoyed making bread, cakes and desserts. One person said there is a choice and each person picks the meal for one or two days. We saw people helping themselves to drinks and snacks through the day. Special diets were available for people with specific medical or religious needs. For example one person ate a Halal diet and this was provided for.

People had good access to mainstream and specialist health services. We saw health action plans were in place and were regularly reviewed. People had VIP passport information competed which detailed essential information to take to hospital in the case of an emergency. People told us they were supported to attend health appointments. One person told us they received a regular visit from a health care professionals.

Good

Is the service caring?

Our findings

People we spoke with told us they were satisfied with the care and support they received. People told us staff were "Good."

People were allocated a 'key worker' who they met with regularly to discuss and review how care and support was provided. One person told us "They (staff) do talk to me about my care plan. x is my key worker. I go out with staff and staff ask me what I want to do every day. It's okay here and the staff are alright most times." Another person told us "We have house meetings and you can say what you want. I enjoy going out."

The PIR stated that people's needs were assessed using a person centred planning tool; MOAT (Millennium's Outcome Assessment Tool), risk profile and individual reactive strategies (IRS). The manager explained this tool supported people to identify needs; how they were to be met, and helped people identify personal aspirations with short and long term goals. For example we saw in one care file that an individual was working towards accessing the local community independently. We saw short term goals and strategies to help this person achieve their goal. We could see this had been reviewed with the person. We saw people's care plans included a one page profile. One we viewed included a 'collage' which depicted important aspects of the person's life.

We saw located around the service information about accessing local advocacy services, how to complain and human rights available in easy read format. This demonstrated the service's commitment to ensuring information was available to everyone.

One person told us they had an advocate who they met with regularly. They told us their advocate helped them talk through decisions and support them in linking with their social worker.

We observed interactions between staff and people who the used the service and they were positive, professional and relaxed. Staff talked to people in a gentle, quiet way and always responded to questions. They continually asked what people wanted to do and guided them in activities appropriate to their needs. One person had had a difficult day the previous day and staff were sensitive to them needing some time and space to reflect. Whilst it was acknowledged the previous day had been difficult for the person staff were supportive in trying to assist them.

We also witnessed some good hearted banter between staff and individual's and for those people who needed intensive one or two to one support this was observed to be relaxed and unobtrusive. Staff clearly knew people well as we heard discussions which reflected people's personal preferences. We saw staff take account of people's privacy and dignity. For example we saw staff knocking on people's doors before entering and we heard one member of staff suggest to someone they move to their bedroom where they could talk privately.

Due to the complexity of people's needs the manager explained that the relationships developed between people and staff was key to people achieving their aspirations. Staff had attended a training course; 'Relationships and when it goes wrong' which aimed to enhance staff communication skills and knowledge in supporting people.

Some people showed us their bedrooms/flats and we could see they had been personalised. Without exception people appeared proud of their rooms and how they had chosen to decorate them. Some people had placed welcome mats outside their doors. All rooms were en-suite and contain a lockable cupboard for the person's medication. People had their own door key.

Good

Is the service responsive?

Our findings

The service was responsive to people's needs. Prior to people being admitted to the service an assessment of their needs was completed to ensure the service could provide appropriate care.

We looked at the care records for four people. We found a standard format used to assess and record people's needs and aspirations. We saw detailed information about people's abilities and needs in relation to their personal, health and social care. Support plans were written from the perspective of people using the service which detailed the support they needed with their daily living activities. Information about people's preferences and aspirations for the future were also recorded. We saw each person had a 'One page profile' which had been completed by individuals with help from staff. These recorded 'What people like about me', 'What's important to me' and 'How best to support me.' We saw an example of one person who wanted support to manage an addiction. They had worked with staff to agree an 'Incentive care plan' where rewards had been agreed with the individual for specific tasks completed. Risk assessments and management plans were reviewed regularly. This helped staff deliver continuity of care and support and ensured that changing needs were identified and met.

In order to help people who had literacy difficulties to be included more fully in the care planning process, some of the records were in an easy read format and contained photographs and pictures.

People's care plans also included what activities people wanted to be involved in and how these could be achieved. Many of the activities focused on developing independent living skills such as managing finances, shopping and cooking. Other activities were focused on developing employment skills and social interests. Staffing levels were arranged to facilitate activities; for example, on the day of the inspection one individual was being supported to go out for an evening meal at a local restaurant. People talked to us about social activities. They told us they had copied the format of the TV programme 'come dine with me' within the home and had celebrated the Muslim festival of Eid. People also told us they went on holidays of their choice and went on social outings to the pub. People particularly said they enjoyed going to the 'stars in the sky' group which is a social club for people with learning disabilities who would like to meet a partner. One person told us "The work placement with MCS (Millennium Care Services) makes me proud" and "I love going to the studio and making my own songs."

People we spoke with told us they didn't have any complaints. They told us they could talk to staff about any concerns. They also said they could raise issues at house meetings. The service had policies and procedures with regard to concerns, complaints and compliments. The manager told us they encouraged openness and hoped that people would raise issues as soon as they happened in order that that they could be resolved quickly. The service had not received any complaints since the previous inspection. The acting manager also told us that an analysis of complaints formed part of quality assurance including lessons learnt for the organisation as a whole and individual staff as appropriate. The service also completed an annual survey; results were collated and shared with action plans for areas for improvement.

Good

Is the service well-led?

Our findings

This service was well led. At the time of the inspection there was a senior manager in an acting manager role. They explained this was a response to the staff team having raised concerns about some care and management practices in the home. The provider had responded by putting a senior manager in the home full time in order to respond to those concerns and to take immediate action to improve the service. A new manager has since been recruited from another MCS service and was currently being inducted into their new role. They were present during the inspection and have since become registered with the commission.

There was a clear management structure to the home. From the rota we could see that there was always an accountable member of staff on duty and at shift change staff met and were updated on people's needs and given roles and responsibilities for the shift. There were procedures in place which determined who and in what circumstances to escalate any incidents or concerns. For example safeguarding or medicines errors. This provided a consistent accountable approach.

We were told the manager also varied their working hours and they worked outside of office hours so they could work alongside all members of staff, monitoring their work and the service.

The acting manager explained that in order to improve the service it had been essential to ensure staff had an opportunity to air their views and develop good team working. The acting manager implemented dedicated teams for each unit and although this was still in a transitional stage the service was seeing the benefits in the reduction of incidents, reduced staff sickness and generally a more relaxed atmosphere. Initially staff teams met weekly to review changes and give staff an opportunity to air their views. More recently these have moved to monthly meetings.

Staff spoke honestly with us and said "The service has become more organised, better communication, good management systems in place since the last manager had left. There is an open culture within the home now and they have monthly meetings to discuss issues within the home." Staff told us that managers gave priority to supervision and annual appraisals; that these were a two way opportunity to give and receive feedback and develop action plans for professional development. Other staff told us "The acting manager and new manager are really approachable and very supportive." One staff member said they felt "More relaxed working" due to the change in culture.

The PIR stated the service held a regular 'house meeting' for people living at the service, where the running of the house and planning for events were discussed. One person told us they attended house meetings and felt happy speaking out and sharing ideas. They said they talked about how everyone was getting on with each other. The manager told us one person living at the service is a representative on the Millennium Care Services (MCS) advocacy group. This group is made of representatives from all the services run by MCS where people who use the service can raise issues about how the service is run.

We saw evidence of working with other professionals, for example the local police, psychiatric and learning disability services. The manager told us the local police often 'popped' into the service and spent time with people in order to gain an understanding of the people who lived there. We were told this had a positive impact for people if the police had been called to the home to attend to an incident. This also meant where a variety of professionals were involved in people's care this was well coordinated because of established working relationships.

The registered manager and senior staff undertook a range of health and safety quality audits, for example, fire safety, equipment and medications. The acting manager explained that the provider completed a monthly audit report identifying any issues that required addressing. Areas looked at included whether staff training and staff supervisions had been completed and if there were gaps in training needs. Any complaints were analysed and checked against the complaints procedure and any themes identified. Care plans were audited to for accuracy, updating and reviewing. Any areas for improvement were identified in an action plan for managers to implement. Annual satisfaction surveys were completed, analysed and made available to people using the service and a development plan produced. For example in promoting an open and transparent culture the provider's website now has a direct link to the CQC 'tell us your experience' page and the inclusion of people who use the service in recruitment processes were identified areas for action.