

Millennium Support Ltd

Sunnywell

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Sunnywell Care Home is a residential care home providing the regulated activity of personal care for up to 15 people in one adapted building. The service provides support to people who primarily have a learning disability and autistic people. At the time of our inspection, there were 9 people living at the service.

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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance the Care Quality Commission CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

Right Support:

People were not protected from the risk of harm. Medicines were not always managed safely. Cleaning procedures within the home did not ensure a clean and hygienic environment for people. Not all staff had sufficient training to support them to carry out their roles effectively.

People living at the home each had unique and complex health needs and staff mostly knew people and understood risks to people.

People were mostly 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.

Right Care:

Support plans and risk assessments relating to people's health needs and the environment were completed but needed more person-centred information to help protect the health and welfare of people who used the service. The registered manager and staff understood their responsibilities in relation to the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards

There were sufficient staff deployed to meet people's needs and wishes. Staff recognised and responded to changes to individual's needs. Staff provided kind, caring, person-centred care and support. Staff communicated with people in ways that met their needs.

Right Culture:

Governance arrangements were not as effective or reliable as they should be. Further improvement was needed in the quality assurance processes to identify shortfalls and to drive improvement.

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

Rating at last inspection

The last rating for this service was good (published 8 December 2017).

At our last inspection we recommended the provider consider current guidance on health action plans. The provider had made improvements.

Why we inspected

The inspection was prompted in part due to concerns received about people's safe care and treatment, management of incidents and lack of person-centred care. A decision was made for us to inspect and examine those risks.

The overall rating for the service has changed from good to requires improvement based on the findings of this inspection.

We have found evidence that the provider needs to make improvements.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Sunnywell on our website at www.cqc.org.uk.

Enforcement

We have identified 3 breaches in relation to safe care and treatment, medicines management, staff training and oversight and governance at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our safe findings below.

Requires Improvement ●

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 not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Sunnywell

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 Health and Social Care Act 2008.

As part of this inspection, we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by 3 inspectors and an assistant inspector.

Service and service type

Sunnywell is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Sunnywell is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the CQC to manage the service.

Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before 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 (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 4 people who used the service, and we observed staff interaction with people, to help us understand people's experience. We spoke with 2 relatives about their experience of the service. We spoke with the provider, the registered manager 4 senior support workers and 10 support workers. We reviewed 4 people's care records and 3 staff files and a variety of records relating to the management of the service, including audits and checks and medicine records.



Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection, the rating remains requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Known risks to people were not always safely managed.
- People had care and support plans that included ways to avoid or minimise the need for restricting their freedom. However, these needed further improvement to ensure they included preventative and reactive strategies for staff to follow to help ensure people received an enhanced quality of life
- People were at risk of harm from hazards in the environment including bleach.
- A record of accidents and incidents was maintained but not consistently reviewed regularly by senior staff and managers to look at patterns and trends.

The provider had failed to safely manage and mitigate risks. This was a breach of Regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Using medicines safely

- Medicines were not always managed safely.
- Staff competency assessments to administer medication had not been recorded in line with the provider's own policy. This meant we could not be assured staff remained competent to safely administer medicines.
- Records to show topical preparations such as creams were being applied were not always completed; therefore, we were not assured people's skin was cared for properly.
- We found several examples of where the stock count of medicines was incorrect meaning people may have been given more or not enough of their prescribed medicines. The manager and staff team were unable to account for this as audits were not effective in monitoring if medicines have been administered correctly.

The provider had failed to safely manage medicines. This was a further breach of Regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Preventing and controlling infection

- The provider failed to ensure effective infection prevention and control measures were in place. Cleaning procedures within the home did not ensure a clean and hygienic environment for people.
- Infection and prevention control policies were in place, but staff were not following them which placed people at risk of harm.
- There were stains and marks on flooring and kitchens were dirty and disorganised. We found areas of black mould in bathrooms and strong malodours in areas of the home.

The provider had failed to ensure infection and prevention and control measures were in place. This was a further breach of Regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Visiting in care homes

The provider was following government guidelines in respect of visiting in care homes at the time of this inspection. There were no restrictions on people having visitors.

Systems and processes to safeguard people from the risk of abuse

- Relatives were positive and said their family member received safe care. One relative commented, "Yes, definitely the care is safe, and we've never had to raise any concerns."
- Staff were aware of their role and responsibility to protect people from avoidable harm and abuse. We observed staff providing care and support safely and in a way that reflected guidance in people's care records.

Staffing and recruitment

- Staff were deployed to meet people's individual needs and safety.
- People received the right level of support they had been assessed as required. The staff allocation and rota confirmed staff were deployed to meet people's additional support hours as planned.
- Safe recruitment processes were being used in line with the provider's recruitment policy to ensure staff employed were suitable to work with vulnerable people.

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 our last inspection we rated this key question good. At this inspection, the rating has changed to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills, and experience

- People were supported by staff who had not received relevant training. This included training in the wide range of strengths and impairments people with a learning disability and or autistic people may have, mental health needs, communication tools, positive behaviour support, trauma-informed care, human rights, and all restrictive interventions.
- The provider had not ensured staff had completed all relevant training. For example, the providers positive behaviour support policy stated all staff should have first aid training. However, records showed only 10 out of 40 staff had completed first aid training.
- The provider's training matrix was not up to date, nor reflective of staff's current training and expired training. This meant we could not be sure staff were suitably skilled to complete their roles.

The failure to provide staff which are suitably qualified and competent is a breach of Regulation 18 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff were enabled to share their views via staff meetings and during one-to-one supervision meetings. Staff were positive about working at the service and the improvements that had been made and were ongoing.

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

At our last inspection we recommended the provider consider current guidance on health action plans. The provider had made some improvements.

- The provider had introduced emergency grab sheets to support external professionals about a person's ongoing care and support such as when a person was admitted to hospital.
- The management team had completed an assessment before each person started to use the service to ensure they were able to meet their care and support needs.

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

- People were involved in choosing their food, in shopping and planning their meals.
- People we spoke with were complimentary about the food. One person said, "I do my own shopping and I choose what food to buy. It's great."

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

- Staff routinely made referrals to other services and were familiar with health professionals and their scope of support. This included the dietitian, speech and language therapy, GPs, and district nurses.

Adapting service, design, decoration to meet people's needs

- People personalised their rooms and were included in decisions relating to the interior decoration and design of their home. One person was eager to show us their gallery of photographs and show us their apartment.
- Communal spaces both inside and outside the home were available for people to access whenever they chose. This helped to encourage socialisation and provided people with the opportunity to spend time alone when needed.

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

- Staff supported people to access healthcare services. For instance, we saw examples of staff working with mental health professionals to support people to achieve positive outcomes.
- Care records confirmed how people's health care needs were monitored and any concerns were raised with relevant healthcare professionals.

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 MCA 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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- People were supported in line with the principles of the Act. Where people were thought to not have capacity to make certain decisions, capacity assessments had been carried out. Where capacity was not evident to make specific decisions, best interest decisions had been made and management and staff followed the correct process to do so.
- Staff understood their role in asking for and gaining consent from people when assisting them with personal care. Support workers told us they would always obtain a person's consent before carrying out any care and they understood some decisions may need to be taken in a person's best interests.
- Staff understood when feelings of anxiety or agitation could result in people not consenting to certain aspects of care or support and used appropriate methods to help manage these situations.

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 our last inspection we rated this key question good. The rating for this key question has remained good. 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

- People received care and support that was kind, caring and compassionate.
- We observed positive staff engagement with people. Staff were observed to offer people choices such as how to spend their time, including offering opportunities to access the community.
- Staff were responsive to people's needs and requests. People were seen to be relaxed within the company of people and much laughter, chatting and jovial exchanges were observed.

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

- People were supported to express their needs and be involved as fully as possible in their care.
- People were given time to listen, process information and respond to staff and other professionals.
- People were supported to access independent advocacy.

Respecting and promoting people's privacy, dignity, and independence

- Staff provided compassionate and respectful support to people whose mental health had an impact on their personal hygiene. The approach taken by staff helped to ensure people's dignity.
- Staff respected people's choices and supported them to live the life they chose.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. 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

- People their families, their advocates and their social workers were involved in the development of their care plans.
- People were offered choices about how they spent their time. This included places of importance to people in the community, such as places of religious worship.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs, and preferences were known and understood. We observed staff interacting effectively with people. This included responding and interpreting people's needs and wishes who had limited verbal communication.
- Staff considered people's communication needs, and difficulties as part of the assessment and care planning process.
- Staff used alternative methods to effectively communicate with people who had communication needs or difficulties. For example, now and next boards.

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

- Staff supported people to try new things and to develop their skills.
- People had access to a full programme of activities which were overseen by staff. The home had a games room which they used to show films of people's choosing and played pool. During the inspection we observed people playing pool in the games room and enjoying it. We saw people going out swimming and shopping and one person told us how much they were looking forward to going on holiday.

Improving care quality in response to complaints or concerns

- The service kept a record of any concerns or complaints made and action taken to address them.
- People had access to information about how to make a complaint and felt confident raising any concerns.

End of life care and support

- At the time of our inspection no person was receiving end of life care but there were plans in place.
- The registered manager told us they would support people at the end of their lives if necessary and would arrange appropriate training for staff and seek support from external health care professionals to manage this.

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 our last inspection we rated this key question good. At this inspection, the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks, and regulatory requirements; Continuous learning and improving care

- Senior management oversight and leadership needed strengthening and developing. The registered manager had worked with the senior staff team to make improvements. However, the senior staff team had not consistently implemented the systems and processes that monitored the quality and safety of the service. This put people at increased risk of harm.
- Systems and processes that monitored quality and safety required improvement. For example, the audits and checks that monitored medicines management, health and safety, infection control and records had not identified the shortfalls we identified during this inspection.
- Staff roles, responsibilities and accountability needed further development. Without this, the service was at risk of improvements not being fully embedded and sustained.

Systems and processes were not consistently effective in maintaining effective oversight of the safety and quality of the service. This was a breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- The registered manager had worked hard to improve the culture of the service to ensure a more person-centred approach and further work was needed to improve the culture at the service.

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; Continuous learning and improving care

- Throughout the inspection the management team were honest and open with us. They acknowledged the shortfalls identified at this inspection and were eager to put processes in place to ensure people receiving care and support were safe and protected from harm.
- The service apologised to people, and those important to them, when things went wrong

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

- Staff engaged well with people and were responsive to their care needs.
- Staff encouraged people to be involved in the development of the service and they were looking at

different ways to support people to share their views and discuss issues with staff.

Working in partnership with others

- The registered manager engaged and worked in partnership with others. They acted appropriately in response to the concerns we found on inspection.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment An effective system was not fully in place to assess, monitor and manage risk in relation to the environment, medicines, and infection control. Regulation 12 (1)(2)(a)(b)(c)(g)(h).
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance An effective systems was not in place to effectively maintain the oversight of the safety and quality of the service. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing An effective system was not in place to ensure staff were suitably qualified and competent. This is a breach of Regulation 18 (1) of the of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.