

Millennium Care Services

30 Sunnyfield

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?

Outstanding 

Is the service well-led?

Good 

Overall summary

This inspection took place on 3 November 2014 and was unannounced. At the last inspection in November 2013 there were no identified breaches of legal requirements in the areas we looked at.

30 Sunnyfield provides care for up to three people who have a learning disability. The home is a 'stepping stone' service for people who aspire to be more independent. There were three people living in the home when we visited. The home has three floors. There is a self-contained flat on the ground floor, a lounge and kitchen/dining area on the second floor, two bedrooms and a bathroom on the third floor. There is a garden to the rear of the property.

The home had a registered manager. 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 and associated Regulations about how the service is run. However, the registered manager had recently been promoted to Care Homes Manager and was going to be cancelling their registration with CQC and an acting manager was in charge of the home when we inspected.

People told us they felt safe at the home. Risks to people were managed well and gave people freedom, yet kept

Summary of findings

them safe. Staff were trained in safeguarding and understood how to recognise and report any abuse. Staffing levels were sufficient which meant people were supported with their care and enabled to pursue interests of their choice in the community. People were supported to manage their own medicines safely.

No-one at the home was subject to the Deprivation of Liberty Safeguards (DoLS). Staff had been trained and had a good understanding of the requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

Staff had developed positive, respectful relationships with people and were kind and caring in their approach. People were given choices in their daily routines and their privacy and dignity was respected. People were supported and empowered to be as independent as possible in all aspects of their lives. People's nutritional needs were met and they received the health care support they required.

Staff knew people well and were trained, skilled and competent in meeting people's needs. Staff were supported and supervised in their roles. People told us they were happy with the care they received, which we saw was tailored to meet their needs. People were involved in planning and reviewing their care and support. Daily routines were centred around people's individual preferences and requirements. People were supported to lead active and fulfilling lives pursuing activities of their choice in the home and out in the community.

Systems were in place to assess and monitor the quality of the service and the focus was on continuous improvement. People and staff were actively involved in developing the service. There was strong leadership which promoted an open culture, which put people at the heart of 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?

The service was safe. People said they felt safe. Risks were managed in a way that enabled and empowered people while keeping them safe.

Staffing levels ensured people could follow preferred routines and spend time out in the community.

Robust recruitment practices were followed to make sure staff employed were suitable and safe to work in the care home.

People understood safeguarding and how to raise any concerns as this was discussed and promoted. Staff understood the safeguarding procedures and knew how to put them into practice.

People were supported to manage their own medicines safely.

Good



Is the service effective?

The service was effective. Staff were trained and supported to meet people's needs.

No-one living at the home was subject to the Deprivation of Liberty Safeguards (DoLS). Staff were trained in, and had a good understanding of, the requirements of the Mental Capacity Act 2005 and DoLS.

People had access to healthcare services when they needed them.

People were involved in the planning, preparation and cooking of meals and had free access to food and drink.

Good



Is the service caring?

The service was caring. People praised the staff who they described as kind and caring. Staff excelled in communication and the development of positive relationships with people, involving them in all decisions.

People were supported to build and retain individual living skills. Staff were exceptional in enabling people to be as independent as possible. People's privacy and dignity was respected and maintained.

Good



Is the service responsive?

The service was responsive. People received highly individualised and person centred care which had been discussed and planned with them. Staff worked flexibly to ensure support was tailored to meet people's individual needs and preferences.

Staff worked tirelessly to provide people with as fulfilling lives as possible both in the home and in the community. People's views were listened to and acted upon by staff.

People knew how to raise complaints and had an easy read complaints procedure. No complaints had been received.

Outstanding



Summary of findings

Is the service well-led?

The service was well led. People and staff were actively involved in developing the service.

There was strong leadership and systems were in place to monitor the quality of the service.

There was an emphasis on continuous improvement and development of the service.

Good



30 Sunnyfield

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 checked 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 3 November 2014 and was unannounced.

The inspection was carried out by one inspector. 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. We also reviewed the information we held about the home and

contacted the local authority and Healthwatch.

Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We used a number of different methods to help us understand the experiences of people who lived in the home. We spoke with three people who were living in the home, two support staff and the acting manager. Following the inspection we spoke with a social worker from the community mental health team and a commissioning nurse from the Clinical Commissioning Group (CCG).

We looked at two people's care records and two staff files as well as records relating to the management of the service. We looked round the building and saw people's bedrooms (with their permission), bathrooms and communal areas.

Is the service safe?

Our findings

People told us they felt safe living in the home and discussed how staff supported them to live as full a life as possible. They described measures that were in place to keep them safe which they said had been discussed and agreed with them. This was evidenced in the care records we reviewed. There were detailed risk management plans which showed where restrictions were in place and identified the triggers that could initiate behaviour that challenges. Clear guidance was provided for staff in how to manage these situations to ensure the safety of the individual as well as other people who may be present. Staff we spoke with gave consistent accounts of how risks were managed which reflected the information seen in the records. We found staff had a positive attitude to risk taking, which allowed people to take risks safely with the knowledge that staff were there to support them if the need arose and we saw this during our inspection. For example, we saw staff supporting one person who was ironing, enabling them to complete the task on their own with positive encouragement while at the same time ensuring they were safe.

We saw staff identified early warning signs and supported people to manage their behaviour by working with them in a way that protected their dignity and put them in control. For example, we saw staff patiently and sensitively discussed one person's behaviour with them and we saw the person responded positively and became calmer.

Information provided in the PIR stated safeguarding was discussed with people at house meetings and there was evidence of this in minutes we saw. One person we spoke with said, "I know who to speak to if I have any worries, but I don't have any. I'm alright here." Staff we spoke with had a good understanding and knowledge of safeguarding. Staff knew people well and were able to describe the individual changes in people's mood or behaviour and other signs which may indicate possible abuse or neglect. They understood the procedure to follow to pass on any concerns and felt these would be dealt with appropriately by senior staff. Staff were clear they would have no hesitation in reporting any concerns and were aware of whistleblowing procedures and how to use them. Staff told us they had received safeguarding training for adults and children, which the training matrix confirmed.

There had been one safeguarding incident this year which had been recorded and reported to the Local Authority. We saw an investigation had been completed and appropriate action was taken. The Care Quality Commission (CQC) had not been notified of this incident. The acting manager told us this had been an isolated incident and arrangements were in place to make sure it was not repeated.

Our observations and discussions with people and staff showed there were sufficient staff on duty to meet people's needs and keep them safe. The acting manager said the staffing levels were monitored and reviewed regularly to ensure people received the support they needed. Staff we spoke with told us the staffing levels enabled them to support people to lead active lives out in the community pursuing their own interests safely. This was confirmed by our observations during the inspection.

We looked at the recruitment records for two staff who had recently been employed. We found recruitment practices were robust and involved people who lived in the home at the interview stage. Each applicant completed a two stage interview process as well as comprehensive tests which assessed the applicant's knowledge, values and behaviours. We saw essential checks had been completed such as, a criminal record check and two references. We spoke with one staff member who confirmed this recruitment process had been followed.

People were supported to manage and administer their own medicines safely. Each person's medicines were stored in a locked medicine cupboard in their room and they held the key for the cupboard. One person showed us their medicines and their medicine administration records (MAR). They knew what their medicines were for and when they should be taken. They said staff supported them through observation and signed the MAR alongside their own signature. We saw the MARs were well completed with both signatures recorded on each occasion. We saw there were safe systems in place for ordering which made sure people did not run out of their medicines. We found there were detailed risk assessments and care plans in place which aimed for people to achieve full independence in managing their own medicines. These provided step-by-step instructions of the support each person needed to safely manage their own medicines and had been developed with and signed by people. Daily records and monthly reviews ensured this was monitored and progress was reviewed. There were medicine policies and

Is the service safe?

procedures in place. The PIR showed all staff had received training in medicines and this was confirmed in our discussions with staff and records we reviewed. We saw monthly medicine audits were carried out which covered all aspects of medicine management.

We found the premises were well maintained. People and staff told us any maintenance works were dealt with quickly and effectively. We saw safety records and maintenance certificates, such as gas safety, legionella and portable appliance tests (PAT) were up-to-date. The PIR

stated emergency procedures were in place. Records we saw showed people and staff had been involved in fire drills and those we spoke with knew the evacuation procedures. There was a detailed fire evacuation policy and we saw fire safety checks were recorded monthly and were up-to-date. There was a business continuity plan in place for foreseeable emergencies such as flood and power failure, so that staff knew what action to take in these circumstances.

Is the service effective?

Our findings

People we spoke with had confidence in the staff. One person said, “Staff know what they’re doing and know how to help me.”

Staff we spoke with told us they received the training and support they required to carry out their roles. They said they received regular supervisions and appraisals and we saw evidence of this in the staff records we reviewed. Staff were knowledgeable about the needs of the people they supported and knew how these needs should be met.

Staff said the training was comprehensive and confirmed they received regular updates. The organisation had its own training and development team and we saw there was a detailed induction, training and development programme planned for the year. The training matrix showed the training staff had completed and identified when updates were required. Staff had received core training in subjects such as first aid, infection control, fire safety, food hygiene, medication, moving and handling, mental health awareness and learning disabilities. We also saw training had been provided to meet the specific needs of the people who used the service, such as the British Institute of Learning Disability (BILD) accredited courses in challenging behaviour.

We spoke with a recently employed staff member who told us about their induction which they described as ‘outstanding’. They said the training had been interactive and very informative. They said the three days BILD course in challenging behaviour helped them understand why people behaved in certain ways and what staff could do to support them. They told us they spent four weeks shadowing more experienced staff, which included three days reading through people’s care records. They said this allowed them to get to know people’s needs well and meant they felt prepared and confident when they first worked unsupervised. We saw from the records that new staff also completed online assessments throughout their twelve week induction, to make sure they had understood what they had learned. Records showed regular supervisions were carried out throughout the new staff member’s probationary period to review their progress.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The Deprivation of Liberty

Safeguards (DoLS) are part of the Mental Capacity Act 2005. They aim to make sure that people in care homes, hospitals and supported living are looked after in a way that does not inappropriately restrict their freedom. The acting manager and staff had a good knowledge and understanding of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty (DoLS). The records showed staff had received training in MCA and DoLS and this was refreshed every two years. The acting manager was fully aware of the latest judgement issued by the Supreme Court in March 2014 in respect of DoLS. This judgement widened and clarified the definition of deprivation of liberty and therefore had implications for all adult health and social care providers.

There were no DoLS in place. However, the acting manager told us, in light of the Supreme Court judgement, they had applied for standard authorisations for the three people living in the home.

The acting manager told us people had fluctuating capacity and we saw there were comprehensive mental capacity assessments in place, which recorded best interest decisions.

People told us the food was good and described how staff supported them with meal planning and preparation. Staff told us people had their own shopping budgets. One person told us they did all their own shopping and cooking, which they said they enjoyed. Two people told us they were involved in shopping, planning and cooking their meals and deciding the menus, which we saw were available in the kitchen. During the inspection we saw people making their own drinks and snacks and chatting with each other about what they were going to have for their meals and who was doing the shopping. Dietary needs were recorded in people’s care plans. Weights were monitored monthly and records showed they remained stable.

Staff told us people were supported with accessing health care services such as GPs, dentists and opticians. This was confirmed in the care records we reviewed. The acting manager told us they liaised with the GP surgery to make sure people’s annual health checks were completed. The records we saw showed people were supported to access other health care professionals as required. For example, we saw input from the diabetes nurse, consultant psychiatrist and the community mental health team.

Is the service caring?

Our findings

People living at the home spoke highly of the staff and described them as 'very good'. They said staff knew them well and were kind and caring. One person said, "Staff are very nice and we all get on. It's a happy place." People told us staff were always around if they wanted to talk. They said staff listened to them and this helped them. They said staff supported and encouraged them to do things for themselves and we saw this throughout the inspection.

We spent time with people in the communal areas and observed there was a happy atmosphere and people were comfortable and relaxed around staff. There was laughter between people as they chatted with one another and staff. We saw staff encouraged people to express their views and listened calmly and patiently to their responses. We saw staff were skilled in communicating with people, discussing choices with them and giving them time to consider the options before making a decision. For example, one person spoke with staff about a banner they wanted to make and staff discussed with them the different ways in which this could be done. Another person was going out and we saw staff offered them a lift, but the person decided they would rather go on the bus. We observed that staff excelled in promoting a 'can do' attitude which empowered people to make decisions for themselves. For example, we saw people discussing and deciding who was doing different domestic tasks, what shopping they might need and what they were going to have for lunch.

Care plans we saw showed people were actively involved in decisions about their care and treatment and people we spoke with confirmed this. People showed us their care plans which they kept in their rooms and talked animatedly as they took us through their plans. It was clear they had played an active role in determining how their support and care was delivered. Our discussions with people reflected the information we found in the care plans.

We found staff were exceptional in enabling and promoting people's independence in all aspects of their lives. This was evident from our observations as well as people's care records we reviewed. We saw staff recognised and valued people as unique individuals. Our discussions with staff showed a passionate commitment to maximising each person's potential. One staff member said, "We're here to make their lives the best they can be. It's about doing things with people, not for them." Another staff member said, "It's about people living life to the full. We focus on what they can do, not what they can't." This was endorsed by the social worker and commissioning nurse we spoke with who both said they felt staff managed people's risks well and enabled them to lead full and active lives. The social worker said staff had developed trusting relationships with people and were continually looking at how they could drive forward improvements to make people's lives better.

People told us staff treated them with respect and maintained their privacy and dignity. We saw staff were respectful in their interactions with people who lived in the home, as well as each other. People had their own keys to their rooms and had secure facilities to keep their own medicines and money safe. People were very proud of their rooms and had chosen the décor and furnishings. People told us staff always knocked and waited for an answer before entering their rooms. We saw staff discreetly and sensitively brought matters to people's attention. For example, one person's clothing was loose causing a potential lack of dignity and we saw the staff member quietly spoke with the person who readjusted themselves. We saw any personal care was carried out in private.

People told us they were supported to keep in touch with family and friends through visits and phone calls and this was evidenced in the care records we saw. Staff told us about family and friends days which were organised at different times during the year to bring people together at a social event.



Is the service responsive?

Our findings

People told us they liked living at the home and that their lives had improved since they had moved there as they were now more independent. They said staff involved them in all aspects of their care. One person went through their care plan with us saying, “This is all about me, what I like to do and how staff help me.” We saw the care plans were in an easy read format which made them accessible to people.

We looked at two people’s care records. Each file had a section where people had written down what was important to them, how they wanted to be supported and what people admired about them. The home used the Millennium Outcomes Assessment Tool (MOAT), which covered all the domains in a person’s life assessing where they are now, where they want to be and what they want to work on. Care plans developed from the MOAT focussed on people’s strengths and provided detailed information about the care and support people required from staff to achieve their goals. Daily records completed at each shift showed how support was given in accordance with the care plans. Monthly reviews were detailed and monitored people’s progress in achieving their goals. We saw that any decline prompted the involvement of other agencies such as the local Community Team Learning Disabilities (CTLD). Risk management plans showed people had been involved in discussions about risks and how these would be managed. People confirmed staff discussed their care and support with them and we saw they had signed their care records.

People told us they had choice and control over their lives. One person said, “I can come and go as I please.” Our discussions with staff showed they were continually looking at new ways in which they could optimise people’s lives. The social worker and commissioning nurse we spoke with said they felt the service was very good at providing individualised care and maximising people’s potential. Staff told us they felt the service excelled in person-centred care.

Each person had an activity planner which was individualised to meet their personal interests and goals. People told us they could choose how to spend their days and were supported by staff to access activities of their choice. We saw people were actively involved in the local community using public transport. People spoke enthusiastically about the activities they did. One person

told us they enjoyed long distance walking and fishing. They showed us photographs, certificates and trophies they had for events they had been involved in. They talked about a local rugby team they supported and the matches they had attended. Another person told us they enjoyed cycling and showed us their bike. They told us they had completed a cycling proficiency course and we saw their certificate for this. This person told us they also loved cooking. They said how much they had enjoyed a ‘Come dine with me’ event that they had taken part in earlier this year. This involved other services in the organisation and was organised in celebration of learning disability week in June. This person had planned and cooked the meal, baking their own bread, and showed us the trophy they had won for the best food in the competition. They had also achieved an National Vocational Qualification (NVQ) in cooking. Two people played weekly in a local football team. Other activities people told us they were involved with included Zumba, swimming and going to the gym.

We saw staff tailored support to meet the needs of people living in the home and adopted a flexible approach. One person had been to the garden centre and when they came back they said they were planning to spend the rest of the day ‘just chilling’. Another person told us they were going out to Wakefield. Two people were involved in cleaning and laundry tasks which they organised between themselves with staff prompting and supporting them when needed. We saw people were relaxed and engaged while carrying out their jobs, listening to music and often laughing and joking with one another.

Care records showed people had individual meetings regularly with staff where activities, events and holidays were discussed. We saw notes from a recent meeting with one person where Hallowe’en, Christmas and holidays had been discussed. One person told us they had recently been to Dublin and they were planning to go to Tenerife next year. Other people discussed holidays they had been on and where they were thinking of going next year. People showed us photographs from a recent Hallowe’en party they had been to which they said was ‘great fun’.

The acting manager showed us copies of a weekly bulletin, which people and staff received. This shared people’s stories and celebrated success across all the services in the organisation.

People we spoke with knew how to make a complaint and who to go to if they had any concerns. People told us the



Is the service responsive?

names of senior managers they would go to if they felt their concerns had not been dealt with. We saw people had easy read copies of the complaints procedure and this was also displayed in the home. The complaints procedure included

contact details for the senior managers in the organisation, the Local Authority, CQC, the Ombudsman and Voice Advocacy. The acting manager told us there had been no complaints.

Is the service well-led?

Our findings

The home had a registered manager. However, the PIR advised the registered manager had recently been promoted to Care Homes Manager and would be cancelling their registration with CQC. The acting manager told us they were in the process of registering with CQC and had applied for their Disclosure and Barring Service (DBS) check.

Information in the PIR described how the organisation fostered a culture of openness and transparency and this was confirmed in our observations and discussions with people and staff. We saw people were actively involved in developing the service in a number of different ways. We saw minutes from house meetings and service user group meetings which discussed developments at the home as well as across the organisation. People we spoke with knew the senior managers in the organisation and said they met with them at the home and had been to the head office. Records we saw showed one person was involved in service user groups outside the service, such as the Patient Experience Group in Wakefield, the Hear Our Thoughts (HOT) group and they were a member of the local disabilities partnership board. They were also involved in the health and safety committee for the service. The acting manager told us satisfaction surveys were being sent out to people later this year.

We found the home took a pro-active approach in keeping commissioners updated about the outcomes for people whose care they funded. Staff showed us the quarterly reports they had introduced which provided detailed information about people's progress and achievements.

Staff we spoke with were positive about the leadership and management of the home. They told us they were encouraged to share their views about the service and how it could be improved. Senior staff told us they had three shifts a week where they were supernumerary which enabled them to mentor, train and support staff. Staff said they were supported in their roles through regular supervision and staff meetings as well as more informally on a day to day basis. Records we saw confirmed this. One staff member said, "I'm 100% happy here. It's a great

company to work for as everything is about making people's lives good." The acting manager said the organisation promoted the growth and development of staff and described their own career progression, through training, support and mentorship, from their initial post as a support worker.

The organisation's vision and values emphasised respect for each other, put people at the heart of the service and focussed on people's abilities, growth and development. Our discussions with staff and people, our observations of life in the home and how care and support was planned and delivered showed these values were embedded in practice.

Systems were in place to monitor and improve the quality of the service through a variety of audits carried out by the acting manager, health and safety manager and senior management team. The audits we saw identified any actions required.

Records we saw showed there were systems in place to monitor and review safeguarding concerns, accidents, incidents and complaints. The acting manager told us the incident reporting process had been strengthened and all incidents were now reviewed and signed off by senior staff before being sent to a central incident reviewing team to be audited. This ensured the organisation had an overview of incidents occurring in the service so any trends could be identified and addressed and any lessons learnt were shared across the organisation.

Information provided in the PIR showed Millennium Care Services had been recognised and awarded for areas of good practice. In 2013 the organisation entered the regional care awards and won an award for health and nutrition. They were also runners up in the training category and inspirational leadership awards. In August 2014 they were awarded West Yorkshire business of the month by the Chamber of Commerce and go forward to the annual awards next year. The organisation was awarded the bronze award by Investors in People. The organisation was also awarded the 'positive about disability' symbol by Jobcentre Plus, which recognised employer's who had made commitments to employ, keep and develop the abilities of disabled staff.