

## Millennium Care Services Limited

# Sunnywell

### Inspection report

St Johns Road  
Cudworth  
Barnsley  
South Yorkshire  
S72 8DE

Tel: 07852951221

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### Ratings

#### Overall rating for this service

Good ●

Is the service safe?

**Requires Improvement**



Is the service effective?

**Good**



Is the service caring?

**Good**



Is the service responsive?

**Good**



Is the service well-led?

**Good**



# Summary of findings

## Overall summary

This inspection took place on 25 September 2017 and was unannounced. This is the first inspection of Sunnywell.

Sunnywell is a service for 15 people with learning disabilities. At the time of this inspection 12 people were using the service.

The service 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 2008 and associated Regulations about how the service is run.

People felt safe living at Sunnywell. We saw they were comfortable with the staff who supported them and people told us they could talk to their personal worker, other members of staff and the manager if they had any concerns.

Risks to people had been identified, assessed and managed through the care planning process. Within people's care plans there was guidance around how people's needs should be met. People had person centred activity programmes that identified what they were doing throughout the day and included what people did at home and what they did when they went out.

Medicines were usually managed safely; additional checks were being introduced to make sure people had an adequate supply of medicines and topical creams were applied effectively. People were involved in the planning, preparation and cooking of meals. We reviewed menus and saw most of the time these were varied and nutritionally balanced.

We saw from people's records they attended regular health appointments. The provider was liaising with health professionals because people did not have up to date health action plans. We have made a recommendation about plans for what help a person needs to stay fit and well. Staff we spoke with understood their responsibilities around the MCA and confirmed they had attended training. People were encouraged to make decisions and where a person lacked capacity to make decisions appropriate systems were in place to support them.

Staffing arrangements were appropriate and systems were in place for allocating workers to support people on an individual basis. Staff received training and supervision to help them understand how to deliver appropriate care. Staff had a clear understanding of their role and responsibilities. They told us they enjoyed working at Sunnywell and felt well supported.

The registered manager was knowledgeable about the service and had a clear vision for development and improvement. We received positive feedback about the registered manager and the management team who

supported them. People were encouraged to share their views and put forward suggestions. People who used the service and staff attended regular meetings. The provider had effective quality management systems. They told us they would develop medicine auditing to make sure they picked up similar issues to those identified at the inspection.

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

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** ●

The service was not always safe.

People lived in a safe, clean, pleasant and well maintained environment which enabled independent living.

There were always enough staff on duty to make sure people received the appropriate level of care and support.

Medicines were usually managed safely; additional checks were being introduced to make sure people had an adequate supply of medicines and topical creams were applied effectively.

### Is the service effective?

**Good** ●

The service was effective.

Staff were supported to do their job well. Staff received appropriate training and supervision which ensured they understood their role and responsibilities.

Systems were in place to promote choice and assist people to make decisions when they needed help.

People attended regular health appointments. The provider was liaising with health professionals around health action planning.

### Is the service caring?

**Good** ●

The service was caring.

Care records were personalised and contained good information about people's background, which ensured staff understood people's needs and preferences.

Staff spent time with people and it was clear they knew the people they were supporting well.

Everyone was encouraged to share and celebrate successes.

### Is the service responsive?

**Good** ●

The service was responsive.

People's needs were assessed, and their care and support was planned and reviewed.

People were enabled to carry out person centred activities.

Systems were in place to respond to concerns and complaints.

### **Is the service well-led?**

**Good** ●

The service was well led.

The provider had effective quality management systems. They were further developing how they audited medicines.

We received positive feedback about the management team.

People who used the service and staff were encouraged to share their views and put forward suggestions.

# Sunnywell

## **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.

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 all the information we held about the service, 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.

This inspection took place on 25 September 2017 and was unannounced. An adult social care inspector and an expert-by-experience carried out the inspection. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

During the visit we looked around the service and observed staff supporting people. We spoke with six people who used the service, four members of staff, the registered manager and the provider's head of care homes. We spent time looking at documents and records that related to people's care and the management of the home. We looked at three people's care records.

# Is the service safe?

## Our findings

People felt safe living at Sunnywell and we saw good systems were in place to protect people. The registered manager maintained clear records which showed any safeguarding concerns were dealt with appropriately and included reporting incidents to the relevant agencies. Senior managers monitored this when they carried out their audits. Staff told us they had received safeguarding training and records we reviewed confirmed this. Staff we spoke with recognised signs and symptoms of abuse and were confident if any safeguarding concerns were raised the management team would deal with any issues appropriately and promptly.

People lived in a safe, clean, pleasant and well maintained environment. Certificates and records confirmed checks had been carried out to make sure the premises were safe. When we looked around the service we saw people spent time in communal areas and also accessed their accommodation. Some people showed us their accommodation; these were personalised and enabled independent living. There was an outdoor smoking shelter for people to use. We saw where people needed equipment to keep them safe this was provided, for example, door alerts, bath chair and raised toilet seat.

Throughout the inspection we observed staff were vigilant and ensured people were safe. On arrival they checked our identification and explained protocols that were in place to keep people safe, for example, using call systems to request support. Staff were organised and responded appropriately when the fire alarm activated.

Risks to people had been identified, assessed and managed through the care planning process. We saw from people's care records that risk assessments were detailed and had clear actions that helped ensure people were safe and risk was minimised. Risk management plans identified behaviours and triggers, and included clear guidance for staff around different types of interventions. People also had Personal Emergency Evacuation Plans (PEEP), which detailed the level of support they would require in an emergency situation.

Staff we spoke with did not have any concerns around staffing arrangements; they told us there were enough staff to meet people's needs and the same workers provided support so people received consistent care. During the inspection we saw staffing arrangements were appropriate and clear systems were in place for allocating workers to support people on an individual basis. We looked at staffing rotas for the two weeks preceding the inspection; these confirmed the staffing levels observed were consistent with the staffing arrangements provided on a day to day basis.

In the PIR the provider told us, 'In terms of recruitment processes all staff undergo a rigorous employment and criminal records check. This includes an enhanced Disclosure and Barring Service (DBS) check, two references and checking for gaps in employment. Millennium Care also reserves the right to check employment history as a whole in order to keep our individuals safe.' We looked at three staff files and spoke to two members of staff who had been recruited in the last twelve months which confirmed this. The DBS is a national agency that holds information about criminal records.

We checked the systems in place for managing medicines and found some aspects were well managed, however, we found examples where the provider was not following safe medicine practice.

People had medicines stored in a locked cabinet in their room and any excess medicines were stored in a medication room. Some medicines were administered from a 'dosette box' which was prepared by a pharmacist. We saw these medicines and medication administration records (MARs) were completed correctly. We checked the stock levels of medicines that were dispensed from containers for three people against their medicine administration record (MAR) and found these were correct. Staff who were responsible for administering medicines had received medicine training and their competency was checked at least every year.

We found the service was not following current guidance on external medication. We saw one person was prescribed four different creams but there was no information readily available about the thickness of application and area of the body to which the cream should be applied. This helps ensure that topical medicines are applied effectively in a way that keeps people safe. Another person had a cream prescribed which the MAR stated should have been applied three times daily, however, the MAR indicated this had not been applied between 28 August and 24 September 2017.

We saw ordering systems were not always effective because we saw two people had run out of their medicines. One person had run out of a medicine that is used to treat anxiety disorders. Staff had recorded on 22 September 2017 they had rung the GP because the person had run out of the medicine but they stated there was no answer. They had recorded on 25 September 2017 they had rung the GP and again they recorded there was no answer. We discussed this with the registered manager who took action straightaway and arranged for the medicine to be collected. We saw another person had run out of a laxative solution; it was evident from the MAR the person did not have enough medicine stock but staff had not requested more.

The provider had completed medicine audits. We reviewed ones from July and August 2017; these showed areas such as stock balance checks and MARS were checked. However, they did not cover all aspects of medicine management. After the inspection the registered manager wrote to us and told us they had reviewed their medicine systems and had introduced a more robust audit. They sent us copies of audits for three people's medicines that were completed the day after the inspection. These covered key areas of medicines management including those identified as an issue at the inspection.



# Is the service effective?

## Our findings

Staff told us they received very good support from colleagues and the management team. They said the quality of training was good and covered areas that were relevant to their role. They told us they were equipped to do their job well. Staff said they received supervision on a regular basis where they had opportunities to discuss their role and responsibilities.

The registered manager explained all staff went through a robust induction process and had structured reviews throughout their probationary period which were held after one month, three months, five months and six months. Staff we spoke with confirmed this. One member of staff said, "I was completely new to care and received fantastic support when I started. I cannot speak highly enough of colleagues and management. I was bombarded with training and support; it was excellent. Everything helped me enormously.

We reviewed supervision trackers which showed staff received regular support sessions. The registered manager sent a copy of the training matrix after the inspection which showed staff had received a variety of training and included health, safety and fire, equality and diversity, safeguarding, behaviours that challenge, first aid, food safety, autism and epilepsy. We saw on the matrix some training sessions were highlighted in red, for example person centred care; the registered manager explained this was because the training was 'fairly new and staff hadn't yet started all of these courses'.

In the PIR the provider told us they were making the service more effective because they were introducing, 'A talent mapping process for highlighting talent and skills within the business and were looking to use the talent maps within a more refined appraisal process within the coming months'. We saw this process had commenced.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

MCA training was included in the provider's training programme. Staff we spoke with understood their responsibilities around the MCA and confirmed they had attended training. Staff were confident the principles of the MCA were being adhered to. They said people were encouraged to make decisions and when a person lacked capacity decisions were made in their best interest.

In the PIR the provider told us, 'Capacity assessments are carried out to ensure people are in control of making their own decisions where they have capacity. In the absence of capacity legal frameworks and best interest processes are used to ensure decisions are made which are least restrictive and aim to work with

the individual to enhance capacity. Care records we reviewed confirmed this. We saw examples where assessments and best interest decisions covered areas such as medicines and the use of PRN (when required medicines). One person's capacity assessment stated they did not have capacity around medicines and there was risk of decline in their health if they did not receive their medicines as prescribed. We saw they had regularly refused their medicines but there was no guidance around what action staff should take in the event of refusal. The registered manager contacted us after the inspection and confirmed this had been discussed with other professionals; they sent us a copy of the revised care plan which contained clear guidance for staff.

People were involved in the planning, preparation and cooking of meals; people had individual menus. People told us they enjoyed the meals and chose what to include on the menu. We saw one person was being supported with their breakfast. Staff offered choices of cereals, drinks and checked whether the person wanted sugar. Another person told us they made meals independently. At lunchtime people's dining experience was relaxed and staff provided appropriate support. The provider shared examples where they supported people to eat healthily and meet specific dietary requirements. One person had a detailed care plan to support them to manage their diabetes. Another person showed us photographs of their 'success story' where they had lost weight following a programme of healthy eating.

We reviewed menus and saw most of the time these were varied and nutritionally balanced. One person's menu was not fully completed and the foods that were recorded were not varied or nutritionally balanced. For example, sausage rolls were often included. From discussions with members of staff and management it was evident the person chose the meals, however, there was no information to show how healthy eating was promoted or encouraged. We discussed our findings with the registered manager who wrote to us soon after the inspection and told us they were promoting and encouraging healthy alternatives. They said this would be monitored on a weekly spot check basis.

Three people we spoke with said they received good support with their health needs and other professionals were involved in their care and support. One person said, "I have an appointment in the hospital for a scan." Another person told us their personal worker supported them to appointments and said, "She is very good. She helps me with the hospital appointment, supports me to the surgery and on holiday." One person talked to us about the involvement with their social worker. We saw from people's care records people attended regular health appointments. One person's health records showed they had refused a number of health appointments over a prolonged period but there was very little information in their care records to show how this was being addressed. Soon after the inspection the registered manager sent us a revised care plan that would ensure their health and wellbeing was being appropriately monitored.

People had health files, quick health guides and we saw people attended regular health appointments, however, they did not have health action plans (HAP). The provider wrote to us and confirmed they had liaised with health professionals and were trying to arrange these. Government guidance states people with a learning disability should be offered a HAP which holds information about the person's health needs and says what help a person needs to stay fit and well. We recommend that the service considers current guidance on health action plans.

## Is the service caring?

### Our findings

People told us they were happy living at Sunnywell. One person said, "I'm happy I've got my own flat. I like living on my own. I'm happy living here." Another person told us they liked living at Sunnywell which they said was better than where they previously lived. They said, "I'm happy here." One person told us they had chosen their personal worker and had a good relationship with them.

During the inspection we observed people were comfortable in their environment and viewed the accommodation as their own. There was sufficient space to ensure people's privacy was respected.

Interactions between staff and people who used the service were professional and respectful. Staff were caring and it was evident they knew the people they were supporting well. Staff assisted us to communicate with people where appropriate. For example, a member of staff reworded questions when we were asking one person about their experience of living at Sunnywell. Another person's care plan stated staff would present a picture to help them understand, for example, choice of activity because they used a range of gestures and signs to aid communication. We saw staff following the communication guidance and the person actively making choices about what they wanted to do during the day.

Staff told us they were confident people received good quality care and were proud to work at Sunnywell. They said good systems were in place to make sure people received person centred care which included recognition of people's history and preferences. One member of staff said, "I would recommend this service without a doubt. People have a good quality life. It's person centred." Another member of staff said, "We are there to help. We encourage people to have a normal life and as a team we do it well." We observed staff maintaining people's privacy and dignity. For example, they ensured doors were closed during personal care and knocked before entering accommodation.

People's care records contained detailed information about their preferences, histories and background, which included details such as ethnicity and significant events. We saw where applicable information was available which described people's conditions such as autistic spectrum disorders. This ensures staff have relevant knowledge about the person and helps them understand how to provide personalised care.

In the PIR the provider told us about 'great stories' where people were 'encouraged to be proud of their accomplishments however big or small these appear to others'. We saw examples where people had celebrated their successes and 'great stories'. For example, one person showed us an award they had received for losing weight and this was captured in a recent house meeting minutes.

## Is the service responsive?

### Our findings

People told us they talked to their personal workers about what they wanted to do and met them on a regular basis. One person told us they had spoken to their personal worker and had meetings about wanting to make changes to their accommodation, and these had been acted upon.

In the PIR the provider told us, 'Individuals who use the service are involved in developing their person centred documentation including choosing personal workers, devising one page profiles, relationship maps etc. These have been completed in personal worker meetings and evidence of these are available upon inspection. Our inspection findings confirmed this. We found care documentation was detailed and ensured staff had clear guidance around how to deliver care. Care plans covered key areas such as morning routine, life skills, medication, health and behaviours. Relationship maps contained pictures of friends, family and 'Sunnywell support'. One page profiles covered 'how best to support me', 'what people admire about me', and 'what's important to me'. We saw one person had discussed during recent personal worker meetings their care plan, activities and their holiday.

Staff completed progress notes which related to different elements of their care plan, for example, a progress notes was completed each day around medication. These were informative about each element of the care plan, however, it was difficult to get a holistic overview. The management team told us they would review their daily recording system.

People had activity programmes that identified what they were doing throughout the day and included what people did at home and what they did when they went out. One person told us they cooked their meals and cleaned their flat. They also said they enjoyed music, playing pool and spending time on the computer. Another person told us about the things they liked to do, which included swimming and dancing; we reviewed their activity programme and saw all were included.

Staff we spoke with said the care planning process was effective and there was appropriate guidance and information to help them understand how to provide appropriate care to people. One member of staff said, "We know what support everyone needs. The care plans are individual and we all follow these." Another member of staff said, "The plans are good."

People told us they could talk to their personal worker, other members of staff and the registered manager if they had any concerns. We saw information was available to help people raise concerns and complaints. The registered manager explained the formal complaints procedure and told us no formal complaints had been received.

In the PIR the provider told us, 'Some people who used the service have advocates in place to help with decisions being made.' Advocacy is independent help and support with understanding issues and putting forward a person's own views, feelings and ideas. We saw records that confirmed this. An advocate had recorded that the care files were 'well set out, informative and always up to date'. Another professional had recorded, 'The personal worker meetings are a really nice way for people to be involved in their care and the

format of them are easily accessible for people. They were very person centred.'

## Is the service well-led?

### Our findings

The registered manager had been in post since the service registered in July 2016. Staff we spoke with provided positive feedback about the registered manager and the management team who supported them; this included the care homes manager who line managed the registered manager and visited the service on a regular basis. Staff told us they felt well supported. One member of staff said, "[Name of registered manager] and [name of assistant manager] have an open door policy. Seniors are the same. I know I can approach anytime. It fills me with confidence and I know I will always get an answer." Another member of staff said, "It's good to work here. The managers are easy to talk to and are understanding. It's rewarding work." Another member of staff told us they didn't mind travelling along way to work because they really enjoyed the work and got good support from management.

Throughout the inspection the registered manager demonstrated good knowledge and understanding of how to provide high quality services and how they were continuing to develop and improve. They told us they were well supported in their role. They discussed areas where they had learned lessons and the focus for future provision. This included looking at people's specialised needs such as autism.

Staff we spoke with had a clear understanding of their role and responsibilities. They said the management and staffing structure worked well. They told us the service was well organised and communication was effective. Staff said meetings were held regularly and they discussed things that were relevant to the service. We saw in August 2017 discussions included personal workers, temperature checks, cleaning and tidying, safekeeping of people's monies and fire keys. Everyone was encouraged to talk about what had done well and 'great stories'.

We saw people who used the service were encouraged to share their views and put forward suggestions at individual personal worker meetings and at house meetings. Meeting minutes showed people discussed their 'great stories', 'what's going well' and 'any changes'. We saw in August 2017 they had discussed feedback from the provider's advocacy meeting and CQC's assessment framework. They also discussed holidays and activities. One person said they really enjoyed their computer course and another person said they enjoyed their new activity 'going to the airport'. We also saw meeting minutes were completed in easy read formats with pictures so information was accessible. In the PIR the provider told us, 'Prior to Sunnywell opening Millennium carried out a provider satisfaction survey to all stakeholders. This meant that Sunnywell just missed the date and the service wasn't yet occupied to be able to complete. As the Service is approaching 12 months the Home Manager will be sending out a bespoke questionnaire tailored towards Sunnywell initially to staff and people who use our services.'

The provider monitored the service through a range of quality management systems. We saw audits had covered areas such as health and safety, environment, finances, and care records. In August 2017 we saw a senior manager's audit included a review of team meeting minutes, staffing, safeguarding and care plans. The provider also used data received from the service to keep them informed about what happened at the service, for example, information which related to accidents and incidents.

The service had a 'continuous service improvement plan, which identified what they did well and what they were going to improve; we saw they were planning to develop areas such as 'clients skills in preparing healthy, balanced meals', and documentation which included care plans around 'safeguarding' and 'human rights and having a say'. They had not included medicines audits and health action plans as areas to improve. When we shared our findings with the provider they responded promptly and took action to improve these systems.