

Millennium Care Services Limited

54a

Inspection report

54a Pontefract Road
Featherstone
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West Yorkshire
WF7 5HG

Tel: 01977793572
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Date of inspection visit:
11 November 2022

Date of publication:
12 December 2022

Ratings

Overall rating for this service	Good ●
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Is the service safe?	Good ●
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Is the service effective?	Good ●
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Is the service well-led?	Good ●
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Summary of findings

Overall summary

About the service

54a is a residential care home providing a regulated activity to up to 3 people. The service provides personal care support to adults with learning disabilities and/or autism. At the time of our inspection there were 3 people using 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 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: Staff supported people to be as independent as possible, staff knew people well and how to meet their needs. People, staff and professionals were involved with decision making where appropriate. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Right Care: People received person-centred care; we observed staff acting in a person-centred way and care plans reflected people's wishes and preferences. People's privacy and dignity was respected and people were involved with decisions about their care.

Right Culture: We received positive comments from people about staff and the management team. We observed staff working with people respectfully and measures were in place to protect people from avoidable harm. There was an inclusive approach to care provision and staff levels were reviewed and amended in response to people's care needs.

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 requires improvement (published 14 November 2019) and there was a breach in regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

We carried out an unannounced comprehensive inspection of this service on 26 September 2019. A breach of legal requirements was found. The provider completed an action plan after the last inspection to show what they would do and by when to improve the need for consent and good governance.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions safe, effective and well led which contain those requirements.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

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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 an inspector, a pharmacy inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

54a is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. 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 Care Quality Commission 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

We gave the service 48 hours' notice of the inspection. This was because the service is small, and people are often out, and we wanted to be sure there would be people at home to speak with us. We needed to make

sure relevant staff were available and records were accessible.

The Inspection activity started on 11 November 2022 and ended on 15 November 2022. We visited the location's office on 11 November 2022 and 15 November 2022.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (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 3 people who lived at the service about their experience of the care provided. We spoke with 4 members of staff including a representative of the provider, team leader and support staff. We reviewed a range of records, including 3 people's care and medicine records. We looked at 3 staff files in relation to recruitment and staff support and a range of records relating to how the service operated and was managed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at quality assurance records, audits and analysis and policies and procedures.

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 good. At this inspection the rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Systems were in place to safeguard people from abuse. People told us they felt safe and could speak to the registered manager if they had any concerns. One person told us, "I do feel safe here and the staff are nice and treat me well." Another said, "I feel very safe here, all the staff help me."
- Staff received training and demonstrated their knowledge of the safeguarding policy to prevent the risk of abuse to people. Staff understood their role in the prevention and reporting of potential abuse and told us they would speak to the registered manager if they had any concerns.
- The team leader and staff understood their obligation to report any safeguarding concerns to the local authority and to CQC.

Assessing risk, safety monitoring and management

- Staff knew people well and were aware of their risks and how to keep them safe.
- People had detailed risk assessments and associated support plans. These had been reviewed and changes were recorded to ensure the plans reflected current needs. These included information about risks associated with managing emotions and behaviour, personal care, eating and drinking, medicines and doing things people enjoyed in the community.
- Risks were managed in a way that did not restrict the people's freedom and right to independence.
- People were supported to try new experiences while any related risks were identified, and action taken to help reduce the risks.
- The service worked closely with other health and social care professionals in order to adapt and change the way the person was supported if issues arose.
- Emergency plans were in place outlining the support the person would need to evacuate the building in an emergency. Equipment and utilities were regularly checked to ensure they were safe to use.

Staffing and recruitment

- Staff were recruited safely. This included obtaining references and the Disclosure and Barring Service (DBS) checks which provide information including details about convictions and cautions. The information helps employers make safer recruitment decisions.
- There were enough staff to keep people safe. Staff told us levels were sufficient in meeting the care and support needs of people that lived at the home.
- People received care and support in a timely way. We observed staff taking the time to sit and talk to people. People told us they liked the staff and we observed friendly, respectful and light-hearted conversations between people and staff.

Using medicines safely

- The service ensured people's behaviour was not controlled by excessive and inappropriate use of medicines. Staff understood the principles of STOMP (stopping over-medication of people with a learning disability and/or autism) and ensured people's medicines were frequently reviewed.
- People received the correct medicines at the right time. People's medicines were regularly reviewed to monitor the effects of medicines on their health and wellbeing. Staff followed systems and processes to safely administer, record and store medicines.
- Staff provided information about medicines in a way people could understand.
- Internal and external medicine audits were carried out to ensure medicines were used safely

Preventing and controlling infection

- We were assured the provider was preventing visitors from catching and spreading infections.
- We were assured the provider was meeting shielding and social distancing rules.
- We were assured the provider was admitting people safely to the service.
- We were assured the provider was using PPE effectively and safely.
- We were assured the provider was accessing testing for people using the service and staff.
- We were assured the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's IPC policy was up to date.

Visiting in care homes

- The provider was facilitating visits to people living at the home in accordance with current infection prevention and control guidance.

Learning lessons when things go wrong

- There was an analysis of incidents and accidents to identify potential causes or triggers. The team leader explained that learning was undertaken to prevent recurrence and any risk assessments updated to reflect this.

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 a previous inspection (report published 14 November 2019) we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance

At a previous inspection (report published 14 November 2019) the service was not working within the principles of the Mental Capacity Act 2005 (MCA). This was a breach of regulation 11 (need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 11.

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.

- The provider was working within the principles of the MCA. For people that the service assessed as lacking mental capacity for certain decisions, staff clearly recorded assessments and any best interest decisions.
- Staff had an understanding of the MCA. Staff empowered people to make their own decisions about their care and support. Staff demonstrated best practice around assessing mental capacity, supporting decision-making and best interest decision-making.

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

- People's needs were assessed prior to them being supported by the service. These assessments ensured that people were supported to live the life they choose, with the same choices and rights as other people. Staff had detailed information on how best to meet these needs and people's choices in line with best practice guidance. Care plans were regularly reviewed with people to enable them to make their own

decisions and choices about their care and to set goals for the future.

Staff support: induction, training, skills and experience

- People received their care from trained staff who received the support required from management and the provider.
- Staff consistently told us they received an induction, tailored to their own skills, and levels of care experience. They confirmed they could complete the care certificate, where new to working in care. This is a set of induction standards that care staff should be working to.
- The induction programme included shadowing experienced staff and getting to know people and their care and support needs. New staff had to complete a probationary period before being permanently employed, this included management carrying out checks to make sure they were suitable for the role.
- All staff regularly completed core training, including refresher training. The provider used a staff training matrix to monitor staff training and ensure it was up to date.
- Staff received regular supervision and management carried out staff competency checks.

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

- People had personalised care plans for nutrition and hydration. Some people had additional needs relating to their diet and these were well-managed. The emphasis was on encouraging people to make choices about their food and balance that with maintaining a healthy diet.
- Food diaries showed people had a varied diet and ate meals at the service and out in the community in line with their preferences.
- One person told us, "I choose my food and the times I eat it but staff are always there if I need them."

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People had regular access to health and social care professionals. Staff supported people to appointments.
- Communication about healthcare was communicated in a way that suited people's individual needs. Oral care assessments were completed to help support people with dental care.

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 'requires improvement'. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Managers and staff understood their roles and responsibilities and there were effective quality assurance systems and processes in place to monitor quality performance and ensure good governance.
- Managers carried out a range of checks and audits to monitor and improve the quality of the care and support people received. Action was taken to improve procedures and practice when audits identified issues.
- Staff had clear job descriptions and the service had a mission statement and a set of values and staff were made aware of these.
- Lessons learned and updates to guidance and practice were shared with staff in various ways and management regularly checked staff competencies and provided staff with the support they needed.
- The management team understood their legal obligations and knew what incidents had to be reported to the local authority and CQC and when to submit notifications to CQC.

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

- Staff were clear of the important roles they had in ensuring people led meaningful lives. Staff demonstrated their passion for providing person-centred care. This was particularly apparent in the way staff engaged with people and the inspection process.
- Staff told us they felt the registered manager was open and approachable, with one staff member describing them as, "A great person to work for, very supportive." The leadership of the service had a positive influence on the performance and caring approaches taken by the staff team.
- The team leader told us they, and the registered manager, were passionate about the service and the people who lived there. They told us, "The sense of achievement when people move on to more independent living is fantastic."

Continuous learning and improving care

- The service promoted a learning environment, and this improved the care and support people received.
- The management team received email updates from the local authority about infection control and COVID-19. The team leader said these support networks were very helpful for keeping up to date with guidance and sharing good practice.
- Management cascaded information and learning to staff and staff acknowledged updates to guidance and practice.

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

- The management team understood their responsibility in relation to the duty of candour and the need to report certain incidents, such as alleged abuse or serious injuries, to CQC, and had systems in place to do so should they arise.

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

- The provider sought feedback from people and staff and used the feedback to develop the service.
- Feedback from people was often gathered in a less formal way on a regular basis as this was more appropriate for people's needs. People also had regular contact with the registered manager and attended regular review meetings where they discussed their goals, aspirations and outcomes.
- One person said, "I really do think they listen to me, we have an good and open relationship. They have always listened and reacted to any concerns I've had."

Working in partnership with others

- The management team worked well in partnership with advocacy organisations and other health and social care organisations, which helped to give people using the service a voice and improve their wellbeing.