

# Millenium Employment Agency Limited

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## Inspection report

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Date of inspection visit:  
07 October 2019  
10 October 2019

Date of publication:  
11 November 2019

## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

### About the service

Millenium Employment Agency Limited is a domiciliary care agency that provides personal care and support to people living in their own homes. At the time of our inspection two young adults with physical disabilities were receiving a home care service from this agency.

### People's experience of using this service

People told us they remained happy with the standard of home care support they received from this agency. Typical feedback we received from both people using the service included, "I continue to be happy with the care I have from Millenium Employment Agency Limited" and "The staff who visit me at home are good people...I have no complaints about the agency."

Since our last inspection the provider has improved the way medicines records were maintained by staff and the effectiveness of how they operate their quality monitoring systems.

People, their relatives and staff all spoke positively about the way the managers ran the agency. The provider promoted an open and inclusive culture which sought the views of people using the service, their relatives and staff. The provider worked in close partnership with other health and social care professionals and agencies to plan and deliver people's packages of care and support.

People continued to receive their medicines as they were prescribed. People were supported by staff who knew how to prevent and manage risks they might face and keep them safe from avoidable harm. Staff continued to undergo all the relevant pre-employment checks to ensure their suitability and fitness for the role. People received continuity of personal care and support from staff who were punctual and familiar with their needs, wishes and daily routines. The services arrangements for controlling infection remained effective.

People received personal care from staff who had completed training that was relevant to their roles and responsibilities. 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. Where staff were responsible for this, people were supported to maintain a nutritionally well-balanced diet. People continued to be supported to stay healthy and well.

Staff treated people with dignity and respect. People were treated equally and had their human rights and diversity respected, including their spiritual and cultural needs and wishes. People were encouraged and supported to develop their independent living skills. Assessments of people's support needs were carried out before they started using the service.

Care plans remained personalised, which ensured people received personal care that was tailored to meet their individual needs and wishes. People were encouraged to make decisions about the care and support

they received and had their choices respected. Managers and staff understood the Accessible Information Standard and ensured people were given information in a way they could understand. People were satisfied with the way the provider dealt with their concerns and complaints. When people were nearing the end of their life, they had received compassionate and supportive care from this agency.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at the last inspection

The last rating for this service was requires improvement (published 10 October 2018). 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.

#### Why we inspected

This was a planned inspection based on the previous rating.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Millenium Employment Agency Limited on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### 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 well-led.

Details are in our well-led findings below.

Good ●

# Millenium Employment Agency Limited

## **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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team

One inspector carried out this inspection.

#### Service and service type

This service is a domiciliary care agency that provides personal care to people living in their own homes.

The service had a manager registered with the CQC, who also owned the business. This means the registered manager and the provider were the same person and legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

We gave the service 48 hours' notice of the inspection visit because we needed to be sure the manager/owner would all be available for us to speak with during our inspection. This two-day inspection started on 7 October and ended on 10 October 2019.

#### What we did before the inspection

We reviewed all the key information providers are required to send us about their service, including statutory notifications and our Provider Information Return (PIR), which providers are required to send us. A PIR provides us with some key information about the service, what the service does well and improvements they plan to make. We used all this information to help us plan our inspection.

#### During the inspection

On the first day of our inspection we received feedback about this home care agency from both the people currently using the service who we contacted by telephone. On the second day we visited the provider's offices and spoke in-person with the registered manager/owner and deputy/human resources manager. We also looked at a range of records, including care plans for both people using the service, four staff files in relation to their recruitment, training and supervision, a sample of medication administration record (MAR) sheets and the complaints log.

#### After the inspection

We received email feedback about the service from three members of staff we contacted.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were now safe and protected from avoidable harm.

### Using medicines safely

At our last inspection we found the provider had failed to ensure people's medicines records were appropriately maintained by staff. We discussed this issue with the registered manager at the time of our last inspection. They responded immediately after that inspection by sending us an action plan outlining how they had improved the way they maintained medicines records.

At this inspection we found enough improvement had been made to the way the medicines records were kept.

- People's care plans now included detailed information about their prescribed medicines and how they needed and preferred them to be administered.
- Staff had received up to date safe management of medicines training and their competency to continue managing medicines safely was now routinely assessed by an external training organisation employed by the provider. One member of staff told us, "I have been trained how to manage medication safely and my competency to keep doing it right is assessed regularly."
- In addition, managers now routinely checked the accuracy of completed medicines administration records (MAR), including completed MARs returned to their offices and those that were still in use in people's homes, which formed part of their quality monitoring spot checks on staff during their scheduled visits. This helped ensure any medicines errors or incidents that occurred were identified and acted upon quickly. We found no recording errors or omissions on any of the completed MAR sheets we looked at.
- Medicines systems were now well-organised and people continued to receive their prescribed medicines when they should. One person told us, "My carers are pretty good at making sure I take my medicines on time."

### Systems and processes to safeguard people from the risk of abuse

- The provider had clear safeguarding and staff whistle-blowing policies and procedures in place. Staff had received up to date safeguarding adults training and knew how to recognise and report abuse. One member of staff told us, "If I suspect or witness someone using the service being abused, I would immediately report it to the manager or the local authorities or the police in an emergency."
- People told us they felt safe with their regular carers. One person said, "I know the four carers that regularly come to see me really well and feel safe with all of them."
- The provider had notified the relevant local authority and the CQC without delay when it was suspected people using the service may have been abused. At the time of our inspection no safeguarding incidents were under investigation.

### Assessing risk, safety monitoring and management

- People were supported to stay safe and have their rights respected.
- People's care plans contained detailed risk assessments and management plans which explained clearly the control measures staff needed to follow to keep people safe. This included for example, risk assessments and plans associated with people's mobility, falling and use of moving and handling equipment; skin integrity; behaviours that may be considered challenging; and, people's home environment, which included fire safety.
- Staff also understood where people required support to reduce the risk of avoidable harm. Several staff confirmed risk management plans were in place and easy to follow. This helped staff reduce any identified risk. Staff we spoke with demonstrated a good understanding of how to move and transfer people safely by using mobility slings and hoists correctly. One member of staff told us, "We all know that mobile hoists must always be operated by two trained staff."
- Maintenance records showed where care staff used specialist equipment to support people in their own homes, such as mobile hoists; the provider ensured these were regularly serviced in accordance with the manufacturer's guidelines.

#### Staffing and recruitment

- People told us staff usually arrived on time for their visits, and when staff were running late, someone would always ring to let them know staff were on their way. One person told us, "Staff are normally on time and will ring if they're ever running late, which is usually because of problems with transport." One member of staff remarked, "The managers coordinate our visits and are good at making sure we have enough time to carry out all our tasks we've been asked too."
- Staff continued to undergo robust pre-employment checks to ensure their suitability for the role. Records confirmed staff files contained a proof of identity and right to work in the UK, full employment history and health check, satisfactory character and/or references from previous employer/s and a current Disclosure and Barring Services [DBS] check. A DBS is a criminal records check employers undertake to make safer recruitment decisions.

#### Learning lessons when things go wrong

- The provider learnt lessons when things went wrong.
- The provider had systems in place to record and investigate any accidents and incidents as they occurred. This included a process where any learning from these would be identified and used to improve the safety and quality of support provided to people.
- Managers gave us examples of lessons that had been learnt. This included reducing the number of medicines recording errors by ensuring staff refreshed their medicines training and increasing the frequency managers carried out monitoring checks on MAR sheets.

#### Preventing and controlling infection

- People were protected by the prevention and control of infection.
- Staff were trained in infection control and basic food hygiene. They told us they were provided with personal protective equipment (PPE) such as gloves and aprons to use when supporting people with their personal care needs. One member of staff said, "To ensure good infection control, we are provided with protective equipment such as aprons, gloves to be used when providing personal care to our clients."
- Practice around infection control and use of PPE was checked by managers during their routine spot checks of staff working practices during their scheduled visits. People said staff always wore the appropriate protective gloves and aprons when they were providing personal care to 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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- People received care and support from staff who had on-going training that was relevant to their roles and responsibilities. For example, staff had completed up to date training to meet the needs of people with physical disabilities, including moving and handling and the safe use of mobile hoists, pressure sore management, continence promotion and positive behaviour support to help prevent or manage behaviours that might be perceived as challenging. This ensured staff had the right levels of knowledge and skills to effectively meet the needs of both people who currently used the service.
- It was also mandatory for all new staff to complete a comprehensive induction programme. A member of staff told us, "I had a very good induction, which included shadowing staff, before I started working for this agency."
- Staff demonstrated good awareness of their working roles and responsibilities and confirmed their training was continuously refreshed. One member of staff told us, "I've received all the training I need, which is refreshed every year. . . The service is very good at making sure staff are up to date with their training." Staff confirmed they had been given a staff handbook when they first started working for the service. This set out clearly the providers rules and their expectations regarding staff working practices.
- Staff continued to have opportunities to reflect on their working practices through regular individual supervision and bi-annual work performance appraisal meetings with the registered or deputy manager. One member of staff told us, "We meet regularly with both the managers and we know we can call them anytime if we need any extra support."

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 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 to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- People told us staff always asked for their consent before providing any personal care.
- People's care plans clearly described what decisions people could make for themselves. The assessment process addressed any specific issues around capacity.
- Managers and staff were aware of their duties and responsibilities in relation to the MCA. For example, staff understood who they supported lacked capacity and told us they always asked for people's consent before commencing any personal care tasks. One member of staff told us, "As my client has the capacity to make his own choices, I always let him decide what he wants to do rather than imposing or making decisions for him."

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

- Where staff were responsible for this, people were supported to eat and drink enough to meet their dietary needs and wishes.
- People who received assistance to eat and drink told us they were satisfied with the choice and quality of the meals and drinks staff offered them.

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

- People's care plans set out how staff should support them to ensure their identified health care needs were met.
- Appropriate referrals were made to the relevant health care professionals to ensure people received the support they required. This ensured external professionals, such as GPs, district nurses and occupational therapists were notified in a timely manner when people's health care needs changed.

# 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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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 continued to be treated equally and had their human rights and diversity respected. People told us staff were "caring" and treated them and their families well. One person said, "I get on very well with all my carers. They're all really nice people. I think there's a real mutual respect between us all." A second person told us, "I feel lucky to have the carers I've got."
- People also told us they received continuity of care and support from the same small group of staff who were familiar with their needs, daily routines and preferences. One person remarked, "I've had the same four carers since I started using the agency, so I can safely say we all know each other pretty well; my likes and dislikes, daily routines etc..."
- Staff received equality and diversity training to help them protect people from discriminatory behaviours and practices and staff were respectful of people's cultural and spiritual needs. People's care plans contained detailed information about their spiritual and cultural needs and wishes. One member of staff told us, "I often support my client to celebrate religious festivals that are important to him, such as Eid and Ramadan."

Respecting and promoting people's privacy, dignity and independence

- People told us staff respected their privacy and dignity. Comments we received included, "My carers are very good at respecting my privacy and always treat me with dignity."
- Staff spoke about people they supported in a respectful and positive way. Staff told us they always ensured bathroom, toilet and bedroom doors were kept closed when they were meeting people's personal care needs. One member of staff said, "When carrying out personal care, we make sure the curtains and doors are closed, and my client is always well-covered."
- People told us staff supported them to be as independent as they could and wanted to be.
- People's care plans set out their level of need and the specific support they should receive with tasks they could not undertake without staff assistance. For example, it was clear in care plans we looked at who was willing and capable of making their own drinks and meals safely.

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

- People were encouraged to make decisions about the care and support they received and have their decisions respected. People told us staff listened to them and acted upon what they had to say. One person commented, "The carers do listen to me and do what I ask them to do. They're [staff] in my house after all."
- The provider used people's initial assessments and regular care planning reviews and quality monitoring visits to ensure people had a voice and were actively involved in the decision making process regarding the

package of home care and support they received.

- Care plans documented people's views about the outcomes they wanted to achieve. We saw people had agreed to the content of their care plan, which they had each signed and dated.
- People were given a service users guide which ensured they had access to important information they might need to know about this home care agency.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People had their own person-centred care plan that contained detailed information about their unique strengths, likes and dislikes, staff visiting times and duration of their calls, and how they preferred staff to provide their personal care.
- People using the service, and where appropriate their relatives, were encouraged to be involved in the care planning process. This helped to ensure people's choices were used to inform the care and support they received.
- Several staff explained how they helped people make informed choices about the personal care and support they received. For example, staff told us they always encouraged people they supported to choose the food they ate and clothes they wore by showing them a selection of meals they could help prepare or clothes they might like to wear on the day.
- People's care and support needs were regularly reviewed with them by the provider. If people's needs and wishes changed their care plan was updated accordingly to reflect this.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The provider was aware of their responsibility to meet the Accessible Information Standard. The registered manager told us they could provide people with information about the service, including the service users guide and complaints procedure in a variety of formats, such as large print, audio and different language versions.
- People told us staff understood their preferred method of communication.
- People's communication needs and preferred method of communication had been clearly identified and recorded in their care plan. This ensured staff had access to all the relevant information they needed to effectively communicate with people they supported.

Improving care quality in response to complaints or concerns

- People told us they knew how to make a complaint if they were unhappy with the standard of home care and support they received, and felt the process was easy to follow.
- People told us they were satisfied with the way the registered manager had dealt with any formal complaints or informal concerns they had made about the service. One person said, "There's been a few problems in the past, but when I've talked to the office about it they've been pretty good at sorting things out quickly." A second person remarked, "I do feel able to pick up the phone and talk to the office if I've got a

problem."

- People were given a copy of the providers' complaints procedure when they first started using the service. This set out clearly how people could make a complaint and how the provider was expected to deal with any concerns they received.
- A process was also in place for managers to log and investigate any formal complaints made, which included recording any actions taken to resolve any issues raised. In addition, it was now the responsibility for the deputy manager to analyse the nature and outcome of complaints the service had received each month. This helped the provider identify emerging trends and to develop action plans to address any issues found.

#### End of life care and support

- No one currently using the service was receiving any end of life care support.
- Care plans included a section where staff could record people's end of life care and support needs and wishes, if people chose to.
- The registered manager told us the service would liaise with various external health care professionals, such as GP's and district nurses, as and when required to ensure people they supported who were nearing the end of their life continued to receive dignified care at home.

# 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 the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant the service was now consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

### Continuous learning and improving care

At our last inspection the provider had failed to ensure their governance systems were effectively operated to monitor and improve the quality and safety of the service people received. Specifically, we found the outcome of the providers satisfaction surveys and audits they had carried out in respect of complaints, accidents, near misses and safeguarding incidents were not always analysed to identify emerging trends and patterns. This meant the provider did not reflect on their practice to learn lessons and consider how they might improve the home care service they provided.

This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 17.

- The provider had improved the way they operated their governance systems in the last 12 months. It was clear from comments we received from both managers they had a better understanding of the importance of quality monitoring and continuous learning and improvement.
- The quality and safety of the service people received was now routinely monitored by the managers. For example, both managers now carried out unannounced monthly visits to people's homes to observe staff working practices during their scheduled visits and to check their record keeping. One member of staff told us, "We do get spot-checked regularly, which does help us maintain the quality and consistency of our work...Its certainly made me buckle-up my working practices whenever I've needed too in the past."
- Both managers confirmed they now analysed the results of all audits described above at least once a month to help them identify issues, recurring themes and learn lessons to improve the home care service they provided people. These records included, MAR sheets, complaints, accident and incidents, and staff recruitment checks, training and supervisions. The registered manager told us they felt the significant reduction in the number of omissions and recording errors on MAR sheets was due to improvements in the way they monitored these records.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- We saw the service's last CQC inspection report and rating were easy to access on the provider's website and a paper copy of the report was clearly displayed in their offices. The display of the rating is a legal requirement to inform people, those seeking information about the service and visitors, of our judgments.

- The provider had a clear vision and person-centred culture that was shared by managers and staff. The registered manager told us they used group team and individual supervision meetings they regular held with staff to remind them about the organisations underlying core values and principles.
- The registered manager was aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour, providers must be open and transparent, and it sets out specific guidelines providers must follow if things go wrong with care and treatment. We saw two letters the registered manager had sent to people using the service in the last 12 months apologising to them after their complaints had been upheld following an internal investigation by the provider.

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

- The service continued to have the same registered manager and provider with CQC.
- There were clear management and staffing structures in place, which consisted of the office-based registered manager and the deputy manager. People using the service, their relatives and staff all spoke positively about the way the service was managed.
- Managers understood their responsibilities with regard to the Health and Social Care Act 2008 and were aware of their legal obligation to send us notifications, without delay, of events or incidents that affected their service and people using it.

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

- The provider used a range of methods to gather people's views about what the agency did well or might do better. For example, people had regular opportunities to share their views about the quality of the home care service they received through regular telephone and home visit contact, and yearly satisfaction surveys.
- It was clear from the findings of the most recent satisfaction survey conducted by the provider in the Summer of 2019 that both people who currently used the service were happy with the overall standard of home care support they received from this agency. One person wrote, "I'm happy with the staff and the quality of their work", while a second person stated, "Staff are punctual and they do a good job."
- The provider also valued and listened to the views of staff. Staff had regular opportunities to contribute their ideas and suggestions about the agency through regular one-to-one meetings with one of the office-based managers and group meetings with their fellow co-workers.

Working in partnership with others

- The provider worked closely with various local authorities and community health and social care professionals including GP's, district nurses, social workers and occupational therapists.
- The registered manager told us they regularly liaised with these external bodies and professionals to share best practice ideas with them. This helped to ensure people continued to receive the appropriate care and support they required.