

Millennium Care Services Limited

# Millennium Care Services - 32 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?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

The inspection took place 29 March 2016 and 12 April 2016. The inspection was announced on both days as it is a very small service and we needed to make sure there would be someone available.

32 Sunnyfield is a modern three storey house, which offers a ground floor flat and shared accommodation for up to two people with shared facilities and private bedrooms on the upper two floors. The home offers accommodation and support to adults who have learning disabilities, personality disorders, mental health conditions and the complex needs which arise from their diagnosis.

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.

Staff had a thorough understanding of the processes for keeping people safe, and had undertaken and regularly refreshed their training on safeguarding vulnerable adults.

There were very detailed risk specific risk assessments in place, which identified the risk, the potential outcomes and the actions which needed to be taken to minimise the risk as far as practicable.

The home was modern and nicely decorated. People who lived at the home chose the colours for all areas of the home. The equipment for example in the kitchen was of high quality and there was a programme of monitoring and replacement for all aspects of the home.

There were sufficient staff to not only meet people's needs safely but also to ensure people were able to participate in activities which they enjoyed and which enriched their lives.

There were safe recruitment processes in use in the service, with all appropriate checks being carried out prior to staff commencing work.

Medicines were managed safely and the home was extremely clean.

All staff had received a comprehensive induction and received regular refresher training to ensure they had up to date knowledge. Staff told us the training was all classroom based and was interesting and effective.

The home was aware of and working to requirements of the Mental Capacity Act 2005 one person who had their liberty restricted but had an authorised Deprivation of Liberty Safeguard to ensure this had been done legally.

People had access to nutritious and healthy meals and drinks. People who lived at the home were able to

choose the meals which would be served as part of their inclusion in the running of the home.

We saw staff were kind, caring and very considerate. Staff treated people with dignity and respect and there was an obvious fondness between staff and people who used the services.

Care plans were very detailed and person centred. There was evidence throughout of people's likes, dislikes and preferences.

The registered manager was very visible in the service and despite being based in another building was clearly a very regular presence in the home.

There were robust policies and procedures in place, which incorporated the organisation's vision and values. There was regular monitoring and auditing of all aspects of the service to ensure any issues were picked up. Where there had been any issues there was clear records of the actions which had been taken in response.

The home was delivering high quality services which were improving the levels of independence and confidence of the people who lived there.

## 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.

People who used the service told us they felt safe. Staff demonstrated a good understanding of safeguarding vulnerable people.

Medicines were managed safely. There were risk specific assessments in place to minimise risks

There were sufficient staff to meet the needs of people who lived at the home safely.

### Is the service effective?

Good ●

The service was effective.

There were current assessments of people's mental capacity which were decision specific.

Deprivation of Liberty Safeguards were in place and authorised.

People had a balanced, healthy diet which they enjoyed and free access to drinks of their choice.

### Is the service caring?

Good ●

The service was caring.

Staff were kind, considerate and patient in their interactions with people who used the service.

People were involved in every aspect of their lives and were encouraged to be as independent as possible.

Staff understood the importance of people's religious beliefs, and ensured they were facilitated.

### Is the service responsive?

Good ●

The service was responsive.

Care plans were exceptionally detailed and person centred.

There were planned activities for each person individually which included a work placement.

People's individual choices were respected and encouraged.

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

The service was well-led.

The management in the service was very visible and staff told us they were well supported.

There were robust processes in place to monitor all aspects of the quality and safety of the service, with recommendations made and actioned.

The organisational vision and values were evident throughout the paperwork and practices seen whilst supporting people.

**Good** ●

# Millennium Care Services - 32 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 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.

The inspection took place 29 March 2016 and 12 April 2016 and was announced on both days. The provider was given 24 hours' notice because the location was a small care home for younger adults who are often out during the day; we needed to be sure that someone would be in.

The inspection was undertaken by one Adult Social Care Inspector on both days. Prior to our inspection we reviewed the information we held about the service, which included notifications of significant events the registered provider has informed us of, and information gained from other professionals who work with the service. We observed staff interactions with people who lived at the home throughout the days we inspected the home.

During the inspection we spoke with two members of staff, two people who used the service, two relatives of people who used the service, one professional who works with a person who lives at the home and the registered manager. We reviewed the care records of two people including the daily care records, accident and incident records, safety certificates and checks and all auditing of the service carried out in the last 12 months.

# Is the service safe?

## Our findings

People who used the service told us they were safe there, one person told us "I am always very safe here, wouldn't want to live anywhere else." Relatives told us "(relative) is very safe there, I have never had any concerns." Another relative told us "They (relative) are safe as houses there."

Staff we spoke with had a good understanding of the safeguarding process which was in place and had received training when they started their roles and regularly since which we confirmed with their training records. Staff were fully aware of the particular risks and vulnerabilities of the people they supported and could explain the signs they would be watching for which could indicate abuse was taking place. Staff knew who they needed to report any concerns to and what the escalation process was should they ever feel their concerns had not been dealt with appropriately.

Staff were aware of and able to describe the whistle blowing policy which was in place in the organisation. Staff told us they would not hesitate to report any concerns they had and they felt confident their concerns would be dealt with in an appropriate and timely manner.

There were very detailed risk assessments in place. The assessments were personalised and risk specific, which meant they met the needs of the person and maintained their safety. Each assessment laid out the risk and the likely outcome of that risk if action was not taken, and the measures which had been identified and put into place. For example one person had a medical condition which compelled them to eat a substance which could cause them harm. The risk assessment identified how to distract them from this and minimise the likelihood of this happening.

The environment was extremely modern and well maintained. We saw there was a plan for continuous improvement and witnessed a conversation on day two of the inspection about replacing the flooring in the kitchen/dining area. There was thought given to the safety and practicality of the various options, and the hygiene implications were also considered. There was a faulty kettle identified by staff on the morning of day two of the inspection which was immediately removed to ensure the people who were using the kitchen were not at risk of injury.

We reviewed the safety records for the premises and found all safety checks were carried out and all checks were current and in date. This showed the registered provider did all they were able to maintain the safety of the environment in which people lived.

We looked at the accident and incident records for the service. We saw there had been very few accidents or incidents in the home. The records which were in place had been documented in detail and there was clear evidence that the incidents had been investigated and action had been taken to ensure the same incident did not take place in the future.

We asked the registered manager about the staffing levels for the home. They told us, and records confirmed, there was always sufficient staff on duty to meet people's needs safely and to ensure they were

well occupied with meaningful activities which enriched their lives.

We looked at staff recruitment, and found the registered provider was making appropriate checks before allowing staff to commence their roles. This included a disclosure and barring service check (DBS) which allows employers to ensure prospective staff are of suitable character to work with vulnerable people. We saw there were also employment references gained from previous employment. This meant the registered provider was taking necessary measures to ensure the staff they employed were suitable for the role.

We looked at the management of medicines in the home. We saw the people in the home had asked that staff assist them to take their medication safely and in line with the prescriber's instructions. There had been mental capacity assessments carried out to ascertain people's capacity to make these decisions and where necessary advocates had supported people. We found the medicines were ordered, stored, administered and disposed of safely. Staff showed us the records of the monthly medicine audits which were carried out. We saw there were no discrepancies and the records matched the medicines which were in stock. There were protocols in place for as and when (PRN) medicines, which explained to staff what the signs were that a person may need the medicine, when they could have it, how often they could have it and the likely effects of the medicine when administered. This meant the registered provider had processes and policies in place which ensured medicines were managed safely and effectively.

The home was extremely clean throughout. We saw from people's care records they all had their part to play in maintaining the standards of cleanliness in the home. For example people did their own washing and one person cleaned the bathroom on a regular basis. We spoke with the person about this and they told us "I like to clean the bathroom." All the people who lived at the home had tasks to undertake as part of their life skills development. We saw there was personal protective equipment available to staff at various convenient points in the house. This meant that the registered provider was taking the necessary action to minimise the risk of the spread of any infections which may occur in the home.



# Is the service effective?

## Our findings

One person who used the service told us "My staff are very good; they know what they are doing and what I need." Relatives told us "The staff are really knowledgeable, I can't visit very often but I am confident in their ability to care for (relative)."

We reviewed the training records for staff who worked at the home. We found staff had undergone a detailed induction prior to starting work and had then been given the time and opportunity to read people's care plans and 'shadow' a more experienced member of staff whilst they got to know people and gained confidence. We saw from the training records staff regularly undertook refresher training in all mandatory subjects including safeguarding and managing medicines. Staff also had regular training in subjects which gave them the skills to be able to support people effectively, such as autism awareness. Staff also received training in the use of physical restraints to be used as a last resort when people were anxious or upset.

Staff told us and records confirmed they received regular supervision sessions on a one to one basis with a senior member of staff. Staff also said they could ask questions whenever they needed and they always knew where they could get support from between their planned supervisions. The purpose of supervision is to allow staff to embed their current knowledge and gain new knowledge. Staff also received an annual appraisal, at which their performance throughout the year was discussed and further development was agreed. This showed the registered provider provided support to their staff to allow them to carry out their roles to a high standard.

Relatives told us "They keep in touch and tell me everything I need to know, it is very reassuring." Another relative told us "They know when to contact me, they are very good." We saw from records there was regular contact with people's relatives to ensure they were aware of what was going on between their visits. This showed the registered provider recognised the need for open communication with people's relatives and made sure this was in place.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We saw there had been appropriate mental capacity assessments carried out for each of the people who lived at the home. The assessments were decision specific and clearly showed the consideration which had been given to the judgements made. There was one person who was subject to a DoLS. An application had been submitted to renew the authorisation which was being processed by the local authority, there were no

conditions attached to this authorisation. This meant the registered provider was working within the MCA 2005 and was protecting the rights of people who lived at the home.

We saw in people's care records there were risk management plans in place. These plans described the measures which needed to be used in cases where a person was displaying behaviour which challenged others. The plans clearly laid out what techniques should be used and what the escalation procedure was should these not be effective. Physical restraints were described, however staff told and records confirmed that there had not been any need to use them for a significant period of time, as people's behaviour could be managed by much less restrictive methods such as distraction.

We looked at whether people had been asked for and given their consent to the care they were being given. We found that people had given their consent as they had been involved in the creation of the care planning and had signed them to show their agreement, in all cases there was a mental capacity assessment in place which showed what level of decisions each person was able to make and they were supported in their decision making by advocates.

People who used the service told us they enjoyed the food, and that they were asked what they liked and didn't like. People told us they could ask for something else if there was anything they didn't want and they would always be given an alternative. We saw there was a good variety of meals provided and these included stir fries, roast dinners, kebabs, salad and curry rice and naan bread. The meals were prepared from fresh ingredients. We observed there was a bowl of fruit on the dining table and people had free access to drinks throughout the day. We saw in one person's care plan one of their goals was healthy eating, to improve their health and long term well-being. The person told us they had been able to achieve this with help from the staff.

People had a health file, which included a VIP passport. This is a document which is completed by the person giving all the key information which would be needed if they needed to go to hospital or to another placement. The purpose of this is to give the care provider a snapshot of easily accessible information about how the person likes to be supported to reduce the anxiety and stress of having to be away from home. Each person was also offered an annual health check which looked at all aspects of their health and well-being. Records showed each person had regular access to other health professionals including dentists, opticians, GPs and hospital specialists to ensure they were as well as possible.

## Is the service caring?

### Our findings

One person who used the service told us, "Staff look after me, they are really good here." A Relative told us "They are all very approachable and friendly." Another relative said "They are all really good, there are no bad ones."

Throughout the two days we spent at the home we observed kind, caring, patient interactions taking place between staff and the people they supported. Staff treated people with dignity and respect. There was clearly fondness between people who lived at the home and their staff team. We saw from care records there was a risk of overly familiar behaviour in one person's case. However this was being closely monitored and staff had learnt to recognise situations where this was likely and avoided them. This risk did make the person particularly vulnerable whilst in community and staff were very pro-active in ensuring this behaviour was minimised.

We found from records that people's cultural needs were considered and measures put in place to ensure these needs were met. This included inclusion of regular trips to a place of worship. Whilst there were no specific cultural needs people were able to access cuisines from around the world which they had identified they enjoyed.

The home held monthly meetings with the people who lived at the home. These meetings were used to discuss all aspects of the daily running of the home, the activities people chose and future planning for the service and people personally. People were consulted about every aspect of their lives, and were able to express their wishes and thoughts which were taken into consideration. For example people were asked to choose the colours for the communal areas in the home.

We saw from looking at care records and speaking to people's relatives that people had access to people to help them make decisions. In most cases the advocate was a member of the person's family; however the registered manager told us they had access to independent advocates who could be engaged to support people who did not have family support.

People had their own rooms, which were decorated to their own taste and were accessed only with permission from the person whose room it was. People were able to spend time in their rooms relaxing and watching television for instance. Staff were considerate of people's need for privacy. Staff were thoughtful when speaking to people about personal matters and were discreet.

People were able to access the community independently where they had been assessed as having the capacity to do so. This was measured and monitored to ensure the safety of the people who used the service and people they may come into contact with. One of the people who accessed community independently could at times become anxious and need assistance from someone. The service had thought about this and had created 'excuse me cards' which the person carried with them and could show to people such as bus drivers to alert them that assistance was needed. This showed staff had thought about how they could support people to be as independent as possible whilst still being reassured they could access help if they

needed to.

Staff were mindful of people's well-being and recognised that people had varying moods for instance, and were aware of how this may affect their behaviour and physical health. One person was complaining they were feeling under the weather on the second day of our inspection. Staff were sympathetic and reassuring in their approaches to this person and ensured they had plenty of opportunities to maintain good levels of hydration and rest.

## Is the service responsive?

### Our findings

A relative told us, I don't know what would have happened if (relative) had not come here. They would never have done even half of what they have; they have been abroad which would never have been possible without them being here. They have a better social life than me."

We reviewed the care records for two of the people who lived at the home. We found there were exceptionally detailed assessments and care plans in place for both people. The registered provider had created a tool for assessing people who used their services, called a Millennium Outcome Assessment Tool (MOAT). This document allows the assessor to record in great detail all aspects of the person's life, including their history, family circumstances, medical conditions, behaviours and personality. The MOAT was used as the basis for creating a suite of care plans for all aspects of the person's life. Throughout the care plans there were examples of people's thoughts, preferences, likes and dislikes.

Care plans were reviewed on a monthly basis or more frequently if there was a significant change to a person's needs or presentation. The reviews showed great attention to detail and documented all input from other professionals which had taken place over the month and the impact this had on the person and their needs.

In each person's care file there was a comprehensive activity plan which covered their activities for each month, and had been created in partnership with the person it related to. We saw there were a wide variety of activities including Zumba classes, pub nights, visiting a family grave to place flowers, attending church and birthday celebrations for other people who used the registered provider's services at other homes.

Staff told us and we saw from records including the 'Glimpse of Brilliance' book that people had many opportunities to get involved in activities and outings which enriched their lives. These included day trips to the seaside and the Beamish museum, charity fund raising events for the Lennon Children's Cancer Fund, and a Macmillan coffee morning. There had also been trips to air shows and professional snooker matches.

Each person has the opportunity to choose and plan their own holiday each year; one person told us "I am going to Skegness for my holiday as that is where I like to go." Another person told us they had not yet decided where they wanted to go this year as yet, but said they were talking to staff about it.

One of the people who used the service told us they were going to work. They told us they volunteered at a local club and did practical jobs for them to maintain the building. They also told us they had met new people by doing this and had formed a relationship as a result. They told us they really enjoyed the work they did and felt that it was appreciated.

There was another home next door at number 30 and the registered provider recognised that to avoid people being at risk of social isolation it was positive for people to visit each other and take part in joint activities. The registered provider also held monthly social evenings where people from all their services were able to come together and socialise and forge new friendships.

We reviewed the complaints and concerns records. We saw there was a robust procedure in place for the management of complaints, which included timescales for each part of the process to be completed. There were no complaints or concerns in the file. We asked staff about this and they confirmed there had been none received.

We saw people who used the service were treated as individuals and were able to express their personalities in the way they dressed and the activities they chose to participate in. Staff actively encouraged people to make their own choices and express themselves as they felt comfortable. For example one person was very interested in cars and had a large collection of remote controlled cars. Staff made sure the person was able to use their cars as they had access to batteries to ensure the cars were operational.

## Is the service well-led?

### Our findings

There was a registered manager in place at the time of our inspection. People who used the service reacted very positively when the registered manager visited the home. It was clear their presence was a very regular feature in people's lives and the people were very fond of the registered manager.

Staff told us the registered manager was very visible in the service and spent time there often. Staff told us they felt they could approach the registered manager with anything which was bothering them and they would always see that action had been taken and they received feedback on what that was.

There was an open positive culture within the home. Staff reported being happy in their roles and this showed through in the way in which they supported people. There was clear leadership within the home, not only from the registered manager who whilst based in another home next door, was a frequent visitor throughout the days we were present in the home. There were senior support workers who took the lead in the home and gave very clear guidance and support to the other members of the team.

There was a strong sense of responsibility throughout the service. Staff took their roles in maintaining the safety and well-being of the people they supported very seriously including the registered manager. There was a person who needed to complete daily exercises to improve the outcome of recent surgery; they had been reluctant to do their exercises. The registered manager had come to the home and done the exercises with them to encourage them to carry them out.

The service is part of the wider Millennium Care community and this offers support and friendship to people who use the service. This includes focus groups and other groups which concentrate on music or writing for instance. These groups also include people who use the registered provider's day services which further widens the community. There are monthly social gatherings which the people using the service attended.

The registered provider and manager are keenly aware of their regulatory responsibilities and comply with all aspects of these in a timely manner, informing us of notifiable events and communicating with us in a transparent manner.

The service is of exceptionally high standard, this is directly attributable to the consistent presence and approach of the registered provider's senior management team and the registered manager and their commitment to improving the lives of people who use their services. The service continually looks at how they can improve the lives of the people who live at the home, for example by researching and facilitating people to take trips to places which relate to their personal interests. This was evident as one person had a love of soap operas, but found it difficult to understand that these were not 'real life'. Staff had arranged for them to visit the set of one of the favourite shows and there were photographs around the home of the occasion to remind them of the day. Staff could use the experience to remind the person the shows were fictional as they had seen behind the scenes.

There was robust and thorough procedures in place to monitor and assess the quality and safety of all

aspects of the service, including unannounced visits from members of the senior management team at which there were inspections carried out and reports created. There was very clear evidence that where any issues had been identified there was a corresponding action recorded and this could be tracked through to completion. There was analysis of the information which was gathered which meant patterns and trends could be picked out and lessons learnt actions put in place to reduce further risks and improve standards still further.

The standard of the records kept was extremely high. Records were detailed, accessible and regularly reviewed to ensure people's progress was being monitored and support needs were re-adjusted accordingly.

The service had close working partnerships with mental health and other professionals who had regular contact with people who used the service. Relatives told us they had very good relationships with the staff team and felt they were kept informed and invited to participate in the planning and review of their relatives' care plans.

Millennium Care has a clear set of values which are embedded throughout their services. The main value is 'with not for', which is clearly evidence throughout the service and the practices of all the staff.