

Millennium Care Services Limited

Sunnyborough

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Sunnyborough is a care home providing residential care for up to 19 people with learning disabilities, autism and associated complex needs. At the time of our inspection 18 people were living there.

Sunnyborough is a large property divided into three separate living areas. Nine people lived in the area called the 'residential service', five people lived in the 'annex' and four people lived in their own self-contained flats.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service received planned and co-ordinated person-centred support that was appropriate and inclusive for them.

People's experience of using this service and what we found

The Secretary of State has asked the Care Quality Commission (CQC) to conduct a thematic review and to make recommendations about the use of restrictive interventions in settings that provide care for people with or who might have mental health problems, learning disabilities and/or autism. Thematic reviews look in-depth at specific issues concerning quality of care across the health and social care sectors. They expand our understanding of both good and poor practice and of the potential drivers of improvement.

As part of thematic review, we carried out a survey with the registered manager at this inspection. This considered whether the service used any restrictive intervention practices (restraint, seclusion and segregation) when supporting people.

The service used some restrictive intervention practices as a last resort, in a person-centred way, in line with positive behaviour support principles. Where interventions were used the manager agreed to record where lessons could be learnt to evidence the work carried out to reduce the likelihood it would occur again.

We have made a recommendation the provider reviews its approach to governance of the service to ensure they record all checks they make to assure themselves legal requirements are met, and performance is good. We have also made a recommendation the provider implements the Accessible Information Standards fully. This will ensure a full assessment of people's communication needs is completed and recorded.

Staff felt supported and a plan was agreed with the provider to ensure they received better training around people's mental health needs and regular supervisions and appraisals.

People had good access to healthcare professionals. Work to promote healthy lifestyles including healthy eating needed to be more specific to individuals to reduce the likelihood of ill health.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; policies and systems supported this practice. People were provided with information they needed and were encouraged to be involved in all aspects of their care. Where they needed support with decision making they were made in their best interests. Records to evidence this good work needed to improve. Staff always asked for people's consent before they carried out support.

The principles of Registering the Right Support were embedded in the culture of the provider and service. This meant people were supported to have meaningful lives, that they were in control, had choice and their independence was promoted. People lived as full a life as possible and achieved the best possible outcomes for them. This included access to the community, friends and family.

People, their relatives and staff all agreed the service was well-led. People received person centred care based on their preferences and aspirations. People had developed their skills with staff support to work to achieving more independence in the future.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was good (published 3 May 2017).

Why we inspected

This was a planned inspection based on the previous rating.

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was exceptionally responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Sunnyborough

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 Care Act 2014.

Inspection team

This inspection was carried out by two inspectors.

Service and service type

Sunnyborough is a care home. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service did not have a manager registered with CQC. The manager in post was on sick leave. An application has been received to register the deputy operations manager employed. Once registered this means they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This was an unannounced inspection on day one. We told the provider we would be visiting on day two.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from professionals who work with the service. We used all of this information to plan our inspection

During the inspection

We spoke with nine people who used the service and two of their relatives about their experience of the care provided. We also spoke with the manager for the service, deputy operations manager and the governance manager who was supporting with the inspection. In addition, we spoke with nine members of staff

including the deputy managers, senior care workers and care workers.

We reviewed a range of documents. This included four people's care plans and multiple medicine records. We looked at three staff files including recruitment, training and supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

Following the inspection we sought some clarity on issues with the operations manager and deputy operations manager and we reviewed multiple records relating to the management of the service.

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

Learning lessons when things go wrong.

- When accidents or incidents occurred learning was shared with staff to improve knowledge and prevent the likelihood something would go wrong in the future. The accident and incident form did not have space to record this analysis and learning. The provider agreed to review their system.

Staffing and recruitment

- Safe recruitment processes were in place. People were routinely involved in the recruitment of staff through attending local events to attract staff and participating in the interview process. One person told us, "I did some staff interviews. We picked a few good staff. I really enjoyed doing this."
- Enough staff were on shift to help people keep safe.
- People could not always go out when agency staff worked at the service and do the things they had planned. Managers worked to ensure people still did essential activities and altered the plans on other days, so everyone had access to the community as much as possible. People understood this but were keen that managers recruited enough staff to stop this happening.

Systems and processes to safeguard people from the risk of abuse

- The provider had effective safeguarding systems in place. Staff received training in this area and knew how to protect people from abuse or harm.
- People felt safe and staff were supportive towards them. One person told us, "I feel safe. Staff help me try new things and if I get stuck they go through it with me. They have helped me a lot with my money."

Assessing risk, safety monitoring and management

- The provider completed assessments to evaluate and minimise risks to people's safety and wellbeing.
- People were supported to take positive risks and to be as independent as possible. For some people this included them accessing the community independently and for others, taking control of their money and budgets. One person said, "I am making progress. I do my own cooking and I have my own budget."
- The environment was managed safely. Staff had not always taken part in fire evacuations frequently enough as guidance requires. The management team agreed to organise a system to monitor this better.
- Staff effectively used positive behaviour support (PBS). This is a person-centred framework which helps staff understand the reason for behaviour, so they can better meet people's needs, enhance their quality of life and reduce the likelihood that the behaviour will happen. Care plans did not clearly identify what approach staff should take as a person's anxiety escalates.
- Where behavioural incidents occurred, staff reflected on these to support their learning and improve practice. This led to good outcomes for people and helped them understanding the reasons behind their

behaviours. One person told us, "Staff don't need to physically intervene with me. I have learnt to control myself. I know to take myself out of the way. When I see staff intervening they do it to protect everyone." Another person said, "I have to give all the credit to the staff for helping me learn how to talk instead of being angry."

- Staff used physical restraint as a last resort at times when people were at risk or others. The provider agreed to update their care plan system to demonstrate their interventions more effectively.

Using medicines safely

- Staff managed medicines safely.
- Staff were aware of the health campaign to stop the over-use of medication to manage people's behaviour. Medication reviews had been requested to support reducing these medicines and consider alternative less restrictive techniques.

Preventing and controlling infection

- Cleaning and infection prevention and control practices were in place. All areas of the service were clean.

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 deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support could be improved by more focus on staff knowledge and approach to some situations.

Staff support: induction, training, skills and experience

- Where people had a diagnosis around their mental health staff had not received formal training to support them to fulfil their role as effectively as possible. The provider agreed to source such training to aid staff confidence and potentially improve outcomes for people. A system was in place to monitor that staff received all other required training.
- Staff felt supervisions were supportive, these encouraged self-reflective practices, learning and self-development. Staff had not received enough supervision in line with the provider's expectations. A plan was in place to make improvements.
- Staff did not receive an annual appraisal of their performance. The provider was due to implement an appraisal system in the future.
- Staff completed an induction and training package to prepare them for their role. This included shadowing colleagues in their role. One member of staff told us, "The new training around PBS is good. It teaches us good practice in avoiding the use of restraint."

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

- People had choices and access to food and drink they were supported to buy for themselves. At times people were not always supported to access healthy foods and this had led to weight gain for some people. Although staff did give advice, individual plans were needed around each person's own needs in this area to prevent potential future ill-health.
- Staff encouraged people to participate and use their skills to remain or develop independence with cooking. One person was proud to say, "I now cook from scratch and everyone likes what I make."

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. 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The provider had submitted applications under MCA and DoLS to the supervisory body for authorisation. The manager monitored and reviewed authorised applications.
- Staff knew how to ensure people made their own decisions or that they were included when decisions were made in their best interests. The care records did not always reflect this process to evidence best practice. The manager agreed to make improvements to the records around consent and best interests.

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

- People's needs were assessed and continually reviewed when needed. People and their relatives were fully involved in the assessments.
- Staff had awareness of how to use best practice guidance in some areas to enable good outcomes for people, this improved their quality of life. For example, people were supported to talk about their anxiety and distress and had developed coping strategies which enabled them to access the community and activities of their choice.

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

- People had access to health care professionals and staff contacted them for advice and guidance. People had an annual health check as per best practice guidance for people with a learning disability and/or autism.
- Profiles were in place which summarised people's likes, preferences and things that were important to them. This was shared with other agencies such as hospitals to provide effective, coordinated care.

Adapting service, design, decoration to meet people's needs

- The premises were designed to provide a homely environment for people.
- People had chosen their own décor for their bedrooms and were happy with this. People's bedrooms included personal items such as family photographs, memorabilia and items linked to people's hobbies and interests.
- Refurbishments had taken place since our last inspection. People were really pleased with how the environment had been improved, in particular the animals they now had to care for which included chickens, ducks and a rabbit.

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 were treated with kindness and compassion by staff. One person told us, "Staff treat me well, they care about us."
- People's equality, diversity and human rights were respected. Staff knew how to uphold people's rights and championed them to ensure people received the right services and were not discriminated against.
- People's religious and political preferences were explored, and they were supported to access venues of their choosing.

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

- Regular meetings were held where staff supported people to express their views. Suggestions were taken on board and improvements made. These included changes to the environment and the development of the area for their animals.
- People were encouraged to be involved in their care and support planning. Where people chose, their relatives or representatives were involved. Feedback had been received from a visiting professional to say staff had positively worked alongside families and professionals for the benefit of one person's wellbeing.
- People were directed to sources of advice and support or advocacy when this was required.

Respecting and promoting people's privacy, dignity and independence

- People were offered choice and control in their day to day lives. Kind and caring interactions were seen between staff and people, where people were empowered to be as independent as possible. For example, people were encouraged to visit the local pub, go for walks in local areas, access community-based groups and consider work experience placements.
- Staff supported people to maintain their dignity. One person told us, "Staff treat me well, they are not rude to me."
- The staff team had developed a team profile outlining their values and commitment to person-centred care. This work had highlighted their strength in promoting people's choice and inclusion, enabling them to live their lives as they wish.
- Staff were supporting people to move to independent living. They had supported people to develop their skills to enable this to become a reality. People were excited and proud at having the opportunity to have aspirations and make them a reality.

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 ensure people have choice and control and to meet their needs and preferences; End of life care and support

- People received person centred care based on their preferences. Staff worked with people, their relatives and other professionals to recognise individuals' abilities, aspirations and preferences. These were recorded, and staff had good knowledge of them.
- Care plans contained all the information but were difficult to navigate at times. Managers were in the process of being transferred to a new electronic records system to make them easier to access for people and staff.
- People had been fully involved in developing their own care plans, however, this was not always recorded.

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 had considered people's communication preferences and needs such as the use of adapted sign language and different methods of communication such as whiteboards for people to plan their days.
- Alternative formats for documentation were offered to people such as easy read formats. However, people's communication needs had not been assessed in line with the AIS and recorded.

We recommend the provider implements the Accessible Information Standard fully.

Supporting people to develop and maintain relationships to avoid social isolation: support to follow interests and to take part in activities that are socially and currently relevant to them

- People were encouraged and supported to develop and maintain relationships with people that were important to them, build social networks and links with the local community. One relative told us how their loved one's previous placements had not supported them to be independent and have their own space. They were pleased that they now had their own private flat but could also be part of their peer group when they chose this.
- Where possible people were supported to access voluntary work, work experience and education. One person regularly presented on the local radio station. Another person worked at the local provider office.
- People enjoyed a good lifestyle, and this impacted positively on their wellbeing. Everything organised was based on each person's preferences such as hiking, cycling, political activist and local talent shows. One person told us, "I like my animals, I did animal care at college. I have been to the 'Great Yorkshire Show' it

was amazing."

- Local events where members of the community and peer groups could join were held frequently. People and staff had successfully held an event for 'Yorkshire day' at a local community centre. Plans for the annual Halloween party were underway, one person said, "I am looking forwards to Halloween, I am making a toad stool and skeleton head, we are doing and Alice in Wonderland theme."

Improving care quality in response to complaints or concerns

- People felt comfortable raising concerns with staff or management and were confident these would be addressed.
- The provider actively sought people's feedback about the service and actioned changes in line with people's requests.

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 this key question was rated good. At this inspection this key question has remained the same. 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; continuous learning and improving care

- The manager and staff were clear about their roles and responsibilities and good outcomes were achieved for people. The manager in post was on sick leave at the end of the inspection. The deputy operations manager was providing oversight of the service and had applied to be registered with CQC.
- There was no clear audit and governance process in place. Visits from provider representatives and checks made by the management team were not always recorded to evidence actions taken to make improvements where needed.

We recommend the provider review their policy around quality assurance to ensure robust checks are made of performance and that legal requirements are met.

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

- The provider promoted positive culture within the service which demonstrated good outcomes for people.
- Staff spoke positively about the service and told us they felt supported by the management team. One staff member told us, "I feel the service is well run. I feel like staff work as a team, all one team, support each other."
- Leaders and managers demonstrated a commitment to provide person-centred, high quality care by engaging with people and stakeholders. Staff understood the providers values and work ethos, they worked closely as a team to deliver these. Relatives and people agreed that the service was well-led.

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 manager displayed an open approach and listened to people, their representatives and staff when things went wrong. Staff performance was continually reviewed and improved upon to ensure standards were maintained.
- The manager had shared all relevant incidents or concerns through their internal processes and externally to the local authority or CQC as required by law.

Working in partnership with others; engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider obtained feedback from people and their relatives or representatives, through satisfaction surveys, resident's meetings and during one to one time. Feedback was reviewed, and actions taken to improve the service.
- People were supported to have good access to the local community and peer community. People attended local peer groups for people with a learning disability and/or autism to champion the rights of people to services and ordinary lives.
- Proactive work had been done with local services to promote inclusion and demonstrate the provider's values. The local police had also attended a meeting with people to highlight the support on offer for them and how to live harmoniously in their home and community.