

# Millennium Support Ltd

## 30 Sunnyfield

### Inspection report

30 Sandringham Court  
Streethouse  
Pontefract  
West Yorkshire  
WF7 6GG

Tel: 01977798181

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### Ratings

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

# Summary of findings

## Overall summary

### About the service

30 Sunnyfield is residential care home providing accommodation and personal care to up to 3 people. The service provides support to adults with a learning disability. At the time of our inspection there were 3 people using the service.

### People's experience of the service and what we found:

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessment and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

### Right Support;

People lived close to the local community and were able to easily access chosen activities or leisure and work. People were able to make choices about their day to day lives and how they wished to spend their time. People received personalised care which was built around their needs and wishes. This enabled people to gain independence and follow their own interests. People were supported safely with their medicines.

### Right Care:

People felt safe at the home and with the staff who supported them. Risk assessments were carried out to promote people's safety and wellbeing. Staff worked with other professionals to make sure people received the care and support they needed. People were supported by adequate numbers of staff to meet their needs and support them in their chosen social activities.

### Right Culture:

People were supported by a registered manager and staff team who treated everyone as an individual. Care provided was person centred which enabled people to follow their own routines and interests. People were happy at the home. They told us they felt well cared for and staff were kind and caring.

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 last inspection

The last rating for this service was Outstanding(15 August 2017).

#### Why we inspected

This inspection was prompted due to the time since the last inspection.

#### Follow Up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service responsive?

Good ●

The service was 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.

# 30 Sunnyfield

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

#### Inspection team

The inspection team consisted of 1 inspector.

#### Service and service type

30 Sunnyfield is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. 30 Sunnyfield is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

The inspection was unannounced.

#### What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

During the inspection

We spoke with 3 people that used the service. We spoke with 4 support workers, a senior support worker, the deputy operations director, the registered manager and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We looked at 2 support plans, medicines records, policies and procedures and information 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 our last inspection we rated this key question Good. At this inspection the rating has remained Good. This meant people were safe and protected from avoidable harm.

### Preventing and controlling infection

- Overall, the environment was clean and homely. We identified some infection control practices that needed improvement. Some frequently touched areas in a kitchen had not been effectively cleaned and we saw soiled laundry left on the kitchen floor, awaiting to be washed.
- Some food items which had been opened had not been dated to ensure they were still safe to eat.
- We raised this with the registered manager and these issues were addressed.
- The providers internal audits had not identified the issues we found and needed strengthening. Further information is reported in the well-led section of the report.

### Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- The provider learned lessons when things had gone wrong.
- The provider had procedures in place to identify, assess and manage risk.
- Behavioural risk assessments for people included information about current risks and how to manage these. We discussed one area of risk with the registered manager who agreed to further discuss how the risk was managed to see if they could be strengthened without impacting on the person's quality of life.
- The provider had carried out regular health and safety risk assessments and checks at the home. Servicing of, for example, gas, electricity, fire equipment and appliances had been carried out and were up to date.

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

- People were safeguarded from abuse and avoidable harm.
- Systems and processes were in place to safeguard people from the risk of abuse.
- Staff had received relevant training and were knowledgeable about when and how to raise any safeguarding concerns.
- Safeguarding information was available and provided to people in accessible formats such as easy reads.

### Staffing and recruitment

- The provider ensured there were sufficient numbers of suitable staff.
- The provider operated safe recruitment processes.
- Staffing levels were reviewed to ensure there was enough staff on duty to meet people's need. Additional staff were used to enable people to participate in social activities, such as attending clubs and going on holiday.

### Using medicines safely

- People received their medicines safely from staff who had received specific training and had their

competency assessed.

- Medication administration records were signed by staff when medicines were administered or refused. This enabled the effectiveness of medicines to be monitored.
- In addition to administration records, staff had protocols to instruct them when and how to administer 'as and when required' medicines safely.

#### Visiting in Care Homes

- People were able to receive visitors without restrictions in line with best practice 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 MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguarding (DoLS)

- The provider was working in line with the MCA.
- Staff could recognise signs when people experienced emotional distress and knew how to support them to minimise the need to restrict their freedom to keep them safe.



# Is the service responsive?

## Our findings

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

At our last inspection we rated this key question Outstanding. At this inspection the rating has changed to Good. This meant people's needs were met.

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 culturally relevant to them

- People were supported to maintain relationships, follow their interests and take part in activities that were relevant to them.
- People told us they were happy with the activity they were involved with but said they wanted to be involved in activities such as recruiting their own staff. One person said, "I would like to be involved in interviewing new staff, but I don't get asked anymore."

Improving care quality in response to complaints or concerns

- We received feedback management had not always responded when relatives asked for a call from them. This appeared to be a one-off problem and when we fed this back to the registered manager, it was thought to be miscommunication and action was taken to address this.
- People and relatives told us they knew who to contact if they were unhappy with the care they received.
- There was a system in place to manage complaints and this was overseen by the registered manager. Each complaint was reviewed, responded to and any required actions taken.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People were supported as individuals, in line with their needs and preferences.
- Care plans contained personalised details about the care each person required.
- People were involved in planning their care and plans were regularly reviewed.
- Where people's needs had changed the management team ensured information was communicated to staff to make sure they were aware and could provide appropriate care and support.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were understood and supported.
- Information about people's needs were recorded so it was clear how best to communicate with each person. Staff we spoke with were able to tell us people's chosen way of communicating and knew how to present information in a way they understood.

#### End of life care and support

- At the time of our inspection no one using the service required end of life care and support. However, care plans allowed for people to document their end of life care wishes, should they choose to share this information.

# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question Outstanding. At this inspection the rating has changed to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The provider had a clear management structure that monitored the quality of care to drive improvements in service delivery.
- There were systems in place to monitor the quality and safety of the service.
- Some provider audits needed strengthening to ensure all areas were being effectively monitored. For example, we identified window restrictor and bed rail checks were not being recorded and infection control audits did not identify everything we found on inspection. Action was taken immediately to strengthen audits further so these areas were included in checks.

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

- The provider had created a learning culture at the service which improved the care people received.
- The registered manager and provider promoted a person-centred culture. People were able to follow their own routines and pursue their interests. People were able to choose when they got up, when they went to bed and how they spent their day.
- There was a positive culture which enabled people to be independent and active members of their community. One person told us about their activities and local clubs.
- People were supported to make choices and actively supported to promote independence.

Where people required support, this was provided on an individual basis.

- Staff were well motivated which created a happy and inclusive atmosphere for people to live in. One person said, "All the staff here are polite and I am very happy." Another person commented, "Staff are really helpful, very supportive with the things that I need."
- The registered manager was open and approachable, and people said they could always discuss issues with them. One person said about the service, "It's very well managed."

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 registered manager was aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation which 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.

- The provider was open and honest with people when incidents occurred.

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

- People and staff were involved in the running of the service and fully understood and took into account people's protected characteristics.
- People and relatives had been asked for their feedback since the last inspection. We reviewed responses from people who had completed questionnaires and found they contained mixed feedback on areas such as staffing levels, use of agency and visibility of managers.
- The provider had acted as a direct response to feedback. The had shared the actions to improve by providing a 'You Said, We're Doing' document which told staff and people information regarding ongoing improvements in areas such as recruitment, meetings and visibility of managers.

Working in partnership with others

- The provider worked in partnership with others.
- Staff and the management team worked alongside other agencies to ensure people's needs were met. This included GPs, community teams and social workers.