

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?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

Sunnyborough is a residential care home for 19 adults with a learning disability and/or autistic spectrum disorder. There were 18 people living at the service on the day of inspection. The house is purpose built over two floors. Sunnyborough is one of ten locations registered with the Care Quality Commission (CQC) by the provider Millennium Care Services Limited.

We last inspected the service in November 2014 and rated the service as 'Good.' At this inspection we found the service remained 'Good' and met all the fundamental standards we inspected against.

Staff were knowledgeable about what action they should take if abuse was suspected and had clear policies and procedures to follow. The local authority safeguarding team informed us that there were no on-going safeguarding matters regarding the service.

Checks and tests had been carried out to ensure that the premises were safe. People could choose how they wished their bedrooms to be decorated and furnished.

Recruitment checks were robust and there were sufficient numbers of staff deployed to meet people's needs. Records confirmed that training was appropriate to people's roles and staff were suitably skilled. Staff were supported through supervision and appraisals.

People's nutritional needs were monitored and their special diets catered for. People were supported to access healthcare services when required. Medicines were managed safely.

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

We observed positive interactions between staff and people who lived at the service. Staff promoted people's privacy and dignity.

Care plans were in place which detailed the care and support to be provided for people. People were involved in their care and support and had the freedom to choose their every day activities.

There was a complaints procedure in place. Complaints had been dealt with in line with the service policy.

Audits were carried out to monitor all aspects of the service and action plans developed which highlighted areas for improvement. Staff were very positive in their comments about the registered manager. They said they enjoyed working at the service and felt supported.

Further information is in the detailed findings below.

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 remains Good

Is the service effective?

Good ●

The service remains Effective

Is the service caring?

Good ●

The service remained Good

Is the service responsive?

Good ●

The service remained Good.

Is the service well-led?

Good ●

The service remained Good.

Sunnyborough

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 checked 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.

This comprehensive inspection took place on 14 March 2017 and was unannounced.

The inspection was carried out by one adult social care inspector and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience who assisted with this inspection had experience of adult social care and learning disability.

Prior to the inspection we looked at all the information we held about the service. We looked at statutory notifications made to CQC by the service. These are legally required notifications of events that affect people who use the service or the running of the service. Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We used this information to help us plan the inspection.

During the inspection we inspected the environment looking at people's bedrooms when they gave permission for us to do so. We reviewed three people's care records which included risk assessments and risk management plans. We looked at the online system used by managers to see staff recruitment records. We observed the preparation of and participation of people in a celebratory buffet. We looked at how medicines were managed, saw records of training completed by staff and checked records about how the service was run such as audits, checks of equipment and meeting minutes.

We spoke with eleven people who used the service and eight members of staff. In addition the deputy manager and quality manager made themselves available throughout the inspection. During the inspection we spoke with a social worker who was visiting a person who used the service.

Following the inspection we spoke with local authority commissioners and contacted an advocate, a community nurse and a social worker for feedback. In addition we spoke with one person's relative.

Is the service safe?

Our findings

All the people we spoke with told us they felt safe. One person said, "There is always staff around me so yes, I feel very safe." We observed that people were safe. We saw an incident between two people who used the service. Staff responded instantly calming the situation and avoiding any escalation of the situation.

There were safeguarding procedures in place and staff were knowledgeable about what action they should take if abuse was suspected. There had been one recent safeguarding matter which was under investigation by the local authority when we visited the service. We have since spoken with the person leading on this investigation at North Yorkshire County Council who has told us there was no evidence to suggest any abuse had occurred and so the allegation had been removed from the safeguarding process. The local authority informed us that there were no other current organisational safeguarding concerns with the service. There was a whistleblowing procedure of which staff were aware.

Risk assessments were in place that had been identified through the Millennium Outcomes Assessment Tool (MOAT). This was an assessment and support planning tool which linked to care plans covering a range of areas such as behaviours, vulnerability and finances. This meant that risks were minimised and actions taken to help keep people safe.

One person's risk management plan for behaviour identified triggers and cues to their behaviours and gave a rating to types of behaviour using red, amber, green (RAG) ratings. These were then linked to the responses staff were directed to take. In addition risks relating to activities were identified. For example any risks related to people preparing food in the kitchen were identified; knives were stored safely and knife checks were carried out twice daily.

Where there was any restrictive practice at this service a human rights protocol was followed. Risks to staff had been identified and the provider ensured that each member of staff was issued with an alarm when they started their shift. This was to ensure they could seek assistance quickly.

Accidents and incidents were monitored and analysed. Action was taken if concerns were identified

The building was well maintained. Checks and tests were carried out on the electrical installations and the gas, water and fire alarm systems, to ensure that people were safe in this environment.

There was a safe system in place for the management of medicines including controlled drugs (CD's). CD's are medicines which require stricter legal controls to be applied to prevent them: being misused, being obtained illegally or causing harm. People told us that their medication was dispensed by staff and that it was given correctly and on time.

We checked staffing levels at the service. We observed that staff carried out their duties in a calm unhurried manner and had time to provide emotional support. The rotas identified that there were sufficient staff to meet people's needs. The need for additional support for people was identified and some people received

one to one or two to one support at different times. Staff recruitment records were kept at head office so we requested and were sent information which showed how people's work history and all appropriate background checks were carried out to confirm an applicant's suitability to work with people who may be vulnerable. The processes were satisfactory.

Some people received a daily personal allowance. This was documented in care plans and clear records of transactions were kept. A social worker told us that the staff had been very good at managing people's finances.

Is the service effective?

Our findings

People told us that they thought all the staff were very well trained and able to meet their needs. A visiting social worker told us, "Staff have a very good insight into [person's] needs. Communications are spot on. I couldn't fault them."

Staff informed us that they felt equipped to carry out their roles and said there was sufficient training available. Records showed they had completed training in subjects such as health, safety and fire procedures, safeguarding, moving and handling and medication. They had also completed training in other key topics related to the needs of people who lived at the service such as learning disability and autism, and training and approaches to challenging behaviour. Staff received support to understand their roles and responsibilities through supervision, observation of practice and an annual appraisal.

People were supported to receive a healthy and nutritious diet. People were complimentary about the meals and two people took pleasure in showing us the food stored in the cupboards and the menus they had in place. One person commented, "It's like living in a hotel. The food is that good and we can always go to the shops and buy something different if we want." We observed food been prepared for a party with staff providing supervision and support in a friendly, enabling way which resulted in people wanting to take part and enjoying the experience. Staff told us that they asked people what they wished to eat and recorded what meals people had eaten throughout the day.

Some people prepared their own food or ate some meals out but people ate Sunday lunch together each week and were involved in preparing and cooking the food. Care plans identified food likes and dislikes, any special diets and any risks associated with eating or drinking. People were weighed monthly and this was recorded in their care records. Any concerns were reported to senior staff who then went on to seek GP or dietetic advice.

Each person had their own room. Some people had been provided with a small flat to support their independence whilst still having access to staff and facilities. One person showed us their room and told us, "I decorated this [pointing at a papered wall in their room]." They went on to explain that a member of staff had assisted them. People had chosen how their rooms were decorated, chosen any pictures and soft furnishings and had personal possessions in order to personalise their room.

People were able to access healthcare services either with support or alone and had annual health checks. Records demonstrated that people had been seen by healthcare professionals such as the GP, specialist consultants, dentists, and community nurses. Each person also had a 'Hospital passport.' These contained details of medical and personal information as well as how that person communicated, their likes and dislikes and how they reacted to different interventions. People could take this document to hospital or other services to ensure that all healthcare professionals were aware of their needs.

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. People who lack mental capacity to

consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Eight people had a DoLS in place. Records of the authorised DoLS were kept and reviews arranged as required.

Is the service caring?

Our findings

People told us that staff were very caring and made comments such as, "All the staff are brilliant," "I have been in six different places and this is the best I have been in. I'm stopping here. I'm happy here," "Sometimes we get very moody but the staff are very caring and cheer us up" and "Fantastic."

Staff were practical but warm when interacting with people. We saw positive interactions, not only between care workers and people, but also with other members of the staff team. A social worker told us, "I am extremely happy with this placement. I know [name] is happy. They use very nice gentle persuasion." A member of staff said, "It's just like one happy family. We all take care of each other. We are a great team with no loose links."

We found the care planning process centred on individuals. People told us they had contributed to and either read their care plan or had it explained to them. We saw that where people wished and it was appropriate families were invited to all review meetings.

Staff treated people with dignity and respect. They spoke with people in a friendly manner and showed respect by knocking on people's doors before entering. Some people had locked their bedroom door. There was a high number of men living at the service and only two females but we noted that there was a good mix of both male and female staff which ensured that people who preferred same sex staff to care for them had access to that facility.

In the entrance to the service there was a 'Light it up blue' display. This celebrated Autism week and some people who used the service had shared their personal stories and explained the impact autism had for them. Sharing this information ensured that others were aware of their diverse needs.

Advocacy was available for people. We saw that one person had an independent mental capacity advocate (IMCA). IMCA's are appointed by local authorities as a legal safeguard for people who lack the capacity to make specific important decisions: including making decisions about where they live and about serious medical treatment options.

Is the service responsive?

Our findings

People told us that staff were responsive to their needs. One person said, "This is the best place they could have sent me. I used to [described previous behaviours] and now I'm much better." A social worker told us, "Staff have done everything to accommodate [name of person]. Staff allow him to have a social life. He goes on holidays with staff support and loves going to the theatre."

Care plans had been developed from the assessment tool used by the service and were detailed and person-centred. This is when care takes into account people's individual needs and preferences. Each person had a care plan for every aspect of their lives including their communication, behaviour and physical health. These gave staff specific information about how people's needs were to be met. We read that one person required one to one support to keep them safe. They were receiving treatment in hospital and so the staff had provided support in the hospital. This meant that staff continued to ensure people's safety. Regular reviews were carried out which ensured that care and treatment continued to meet people's needs.

When there were planned admissions to the service care was taken to make the transition run as smoothly as possible. We saw that there were plans for one person to live at this service. Their transition had taken approximately eight weeks. The registered manager and deputy manager had visited them twice and then they had visited Sunnyborough. They had taken part in activities and had one overnight stay. They had chosen how they wanted their room to be decorated and new furniture was being installed. This meant that the person was familiar with their surroundings, the staff and other people who used the service when they arrived, making the transition positive.

People chose their individual activities and sometimes did things as a group. For example when we arrived at the service it was one person's birthday. They had a buffet lunch and then decided to go to a nearby city to eat later with others from the service. Another person was weight lifting and a third person went out shopping. People were able to keep pets and we saw that one person had a hamster which they told us they looked after. We were told that one person was very sociable within the community and that they sometimes visited the local public house and shop.

Millennium Care Services Limited held events for people to attend such as the Christmas and summer balls. Sunnyborough had hosted a 'Halloween scarefest' event and there was a football tournament for staff and people used the service.

The service had their own vehicle which could be used to access activities, appointments and other events. We spoke with one person who told us that they presented on a radio station each week and also attended the company resource centre where they could access different activities such as football and snooker. They also sang in a church choir. People were encouraged to choose what they wanted to do. This helped to prevent social isolation.

There was a display board in the entrance of the service outlining how people could complain or compliment the service. None of the people we spoke with raised any concerns about the service. One

relative spoke about some concerns they had after the inspection which we looked into but we found no evidence to support the claims. The complaints form was pictorial and easy read which meant that it could be used by anyone. People who used the service told us they knew who to report to should they have any concerns or wanted to make a complaint and they all felt confident that they would be listened to.

Is the service well-led?

Our findings

Sunnyborough is one of ten locations run by the registered provider Millennium Care Services Limited. There was a clear management structure with four directors who each fulfilled a role within the company and provided support to senior managers, who in turn supported registered managers. There was a registered manager in post at the time of our inspection. They had been registered with the Care Quality Commission (CQC) since December 2016. 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. Managers were supported through training and development, supervision and attendance at managers meetings.

Everyone spoke highly of the registered manager and deputy manager. People told us they were both very approachable and that a manager was available 24 hours a day. This was confirmed by the deputy manager. The quality manager was present during the inspection and it was clear that people who used the service were familiar with them. They were chatting, laughing and joking demonstrating that they were a regular visitor to this service.

Our observations and findings on the day of our inspection confirmed that there was an effective quality monitoring system in place. Audits and checks had been carried out which identified any areas for improvement and that action plans had been developed.

Annual surveys were carried out to obtain people's feedback. Regular meetings with people who used the service were held to discuss aspects of how the service was run. Staff meetings were held regularly and staff informed us that they could raise any issues and their views would be taken into account. Handover meetings were also carried out at the beginning of each shift to ensure consistent and safe care was provided. Staff told us that they enjoyed working at the service and morale was good. One staff member said, "I love working here. It's so rewarding."

Two people living at Millennium care services sat on the Wakefield learning disability (LD) partnership board. The information from this group was passed to the inclusion group run by the registered provider. One of the people who lived at Sunnyborough was a representative on that group. They explained that information from the meeting was fed back to people who used the service at their house meeting. Any issues from house meetings were fed back to Wakefield LD partnership.

One person had been involved in talking to students at Huddersfield University about autism. This promoted community links between the service and the University.

The provider was meeting the conditions of their registration. They submitted notifications in a timely manner. Notifications are changes, events or incidents that the provider is legally obliged to tell us about. The submission of notifications enables us to monitor any trends or concerns within the service. They also displayed their previous CQC performance ratings in line with legal requirements.

