

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?        | Requires Improvement ● |

# Summary of findings

## Overall summary

This inspection took place on 22 August 2018. The inspection was announced as it is a very small service and we needed to make sure there would be someone available.

32 Sunnyfield is a residential care home for three people with a range of needs. The home offers accommodation and support to adults who have a learning disability, personal disorders, mental health conditions and complex needs which arise from their diagnosis.

At the last inspection, the service was rated Good.

At this inspection we found the service remained Good.

Staff had regular opportunities to update their skills and professional development. Staff demonstrated an understanding of the Mental Capacity Act (MCA) 2005. 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.

Care records contained clear information covering all aspects of people's individualised care and support and staff had a caring approach to working with the people who used the service.

Staff were confident in supporting people with medicines and knew people well.

There was a clear management structure and staff knew their roles and responsibilities well. There was an open and transparent culture in which staff felt valued and able to approach the registered manager. Staff told us they felt valued and enjoyed their job. We found some areas of governance had not been as robust in some areas as they could have been. We spoke to the registered manager and Head of Residential Care homes about this. The head of care told us this was an area they were working on.

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 Good.

### Is the service caring?

Good ●

The service remains Good.

### Is the service responsive?

Good ●

The service remains Good.

### Is the service well-led?

Requires Improvement ●

The service has deteriorated to RI.

# 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.

This inspection took place on 22 August 2018 and was announced. 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 completed by one adult social care inspector.

Before the inspection we reviewed the information, we held about the provider, including information they had supplied in the Provider Information Return (PIR). A PIR 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 asked for feedback from health watch and safeguarding to support us with the inspection.

We looked around the home, in people's rooms with their permission and communal areas. We spoke with two people, two care staff, the registered manager, the deputy manager and the Head of Residential Care homes. We looked at care documentation for two people, two recruitment files and records relating to quality assurance monitoring and the safety of the premises and equipment.

# Is the service safe?

## Our findings

People who used the service told us they felt safe. One person said, "Yes I feel safe, they look after me here when I need it." Another person said, "Yes, staff sometimes come out with me when I want them to and that makes me feel safe."

We looked at a sample of medicines and records for people living at the home as well as systems for the storage, ordering, administering, safekeeping, reviewing and disposing of medicines. Staff who administered medication had been trained to do so and we saw their competency had been checked.

We looked at the medication administration records (MAR) for the people who used the service and no gaps in recording were seen which showed they had been given correctly. Where medicines had been prescribed on an 'as required' (PRN) basis, protocols were in place detailing the circumstances in which the medicine should be given. However, we saw these forms had not always been signed by two members of staff. We spoke to the Head of Residential Care homes and the registered manager who told us this would be addressed straight away.

Staff were recruited safely. We spoke with staff about the recruitment process. They confirmed that they had completed an application form, provided referees, attended an interview and completed a Criminal Record Bureau Record (CRB) check before they started work.

We saw positive interaction with staff and the people who used the service throughout our visit and people who used the service appeared happy and comfortable with the staff. Staff said they treated people well and that any untoward practices would not be tolerated and would be reported promptly. They said they would have no hesitation in reporting any concerns and felt confident to do so if needed. Staff were aware of the safeguarding process and knew who to escalate this to if needed. Staff said they had received training in the safeguarding of vulnerable adults and staff training records confirmed this.

Staff spoke of their training in managing behaviours that could challenge the service. They said they were trained in de-escalation techniques and felt confident that these techniques prevented incidents of behaviour that could challenge others.

Risks to people who used the service were appropriately assessed, managed and reviewed. We saw risk assessments had been carried out to minimise the risk of harm to people who used the service, while also maintaining and promoting independence. For example, making hot drinks and cooking. The risk assessments were also linked to care plans and activity involved in care delivery such as bathing or showering. The assessments identified any hazards which needed to be considered and gave staff guidance on the actions to take to minimise risk of harm. We saw accident and incident forms were completed and these were discussed at staff meetings.

There were systems in place to make sure the premises and equipment were maintained and serviced as required. Records showed us the gas and electrical safety tests had been carried out at the correct intervals.

Records also showed firefighting equipment had been serviced.

## Is the service effective?

### Our findings

People felt they were well looked after. One person said, "Yes there alright." Another person said, "Yes, they look after me, sometimes they do my ironing but only because I didn't feel well. I used to be in the main house but I now live here so I can be more independent."

We saw people were supported to make their own lunches, some chose to eat meals in the community. People looked relaxed in their home surroundings.

The registered manager had a training programme in place. We saw staff had received training in mandatory topics, such as first aid and fire safety and personalised training for people on an individual basis. Staff told us they felt supported by the management team and received formal supervisions. It was evident from our observations that staff knew people very well.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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). There was one person who had a (DoLS) in place at the time of inspection.

People we spoke with told us they had access to health care services and received support from healthcare professionals when they need them. In one person's care plan a GP follow up had not been recorded, we spoke to the registered manager who told us this had been completed in May. We spoke to the registered manager and Head of Residential Care homes about the importance of recording of up to date information. One person said, "If I am unwell I go to the Drs." Another person said, "Yes I go to the dentist."

Everyone we spoke to was happy with the layout and appearance of the home. People showed us their bedrooms, which were personalised. One person told us, "I chose all my own colours I really like it."

## Is the service caring?

### Our findings

Everyone we spoke to told us they were very well looked after. One person said, "Yes they respect my privacy when I need it. They knock on my door and I will let them in. I am well looked after."

We observed staff knocking on doors and waiting for an answer before they entered or were let into the room. One staff member told us, "I would not like someone just walking in." We saw staff treated people in a respectful calming way.

We observed staff who were very caring. We observed them with people and they supported each person according to their needs. We saw lots of interaction between the staff and people who used the service, with lots of fun and laughter. Staff were mindful of people's abilities and told us they always promoted their independence. One staff member said, "It's so important to maintain their independence as much as possible. Some people would let you do everything for them, but that isn't helping them."

The care plans showed us people and their family had been involved in developing their care plan. One person said, "Yes I do have a care plan staff here support me with it." We saw information about people's life histories and their likes and dislikes in the care files. One member of staff said, "They tell us what they like and don't like to be honest. They like to mostly do their own thing, we are here if they need support with anything."

Staff told us people's diverse needs in respect of the seven protected characteristics of the Equality Act 2010; age, disability, gender, marital status, race, religion and sexual orientation were met where applicable.



## Is the service responsive?

### Our findings

People we spoke to told us they enjoyed the activities on offer. One person said, "I enjoy going out shopping and I went to see [name of place] I booked the tickets myself." Another person said, "I go to the pub."

Care plans included detailed information about people's lifestyle choices. This included the time they liked to get up, what toiletries they liked to use, their food preferences and social choices. Care plans were personalised, reviewed monthly and updated when people's needs changed. They reflected current risk assessments, personal histories and preferences.

In each care plan there was an activity plan which covered what activities people had chosen to do that month. These included, trips out, shopping, pub, family visits, college and attending church. We saw people chose where they would like to go on holiday. One person told us, "I went on holiday and stayed in a caravan."

People and their told us they knew how to make a complaint. One person said, "I know who to complain to, but I don't need to they are all really nice." Another person said, "Complain yes, I have it in my room and it's on the wall of who I can get in touch with." We saw a picture and written format of how people could complain. No complaints had been received.

People's care plans had information about end of life care, if they wished to discuss this. People and their relatives were actively encouraged to complete and discuss information relevant to the person.

## Is the service well-led?

### Our findings

At the time of inspection there was 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.

There were systems and processes in place to ensure the quality of the service was kept under review. Improvements had been made where necessary. The registered manager had good systems in place to maintain and drive standards forward. However, we saw a quality check had been completed by new Head of care, who had come to focus on care plans and risk plans. We saw actions from this audit had not been followed through. As a result of this some of the quality assurance around supervisions and appraisals had been missed. We spoke to the registered manager and the Head of care in relation to this. They told us, "The structure had changed and this had been an oversight. This will not happen again." We did not see any impact on the service, staff or people in the home. We recommended the registered manager this was actioned straightaway.

People told us they were happy with their home. Comments included, "I really like it here, it's my home." Another person said, "Yes, of course."

People told us they felt they had a voice in their home. One person said, "We have meetings and we sit and talk about what we like to do and if we are unhappy about anything. We also talk about how to keep warm in the winter and cool in the summer."

We saw evidence of staff meetings in the home. Items of discussion included; people, changes in care plans, maintenance, training, cleaning and safeguarding. Staff told us they felt valued and listened to in the staff meetings. One member of staff said, "Yes the manager is great, he supports me inside and outside work. I couldn't ask for anyone better." Staff we spoke to told us the registered manager was visible in the home.

We saw surveys had been sent out to get people's views about the service. These were due to be completed by 31 August 2018. The registered manager told us they would look at these when they were returned to look at continuous improvement.

The service had close partnerships with outside professionals such as mental health workers. The home had a clear set of values which echoed throughout the feedback we received by both people and staff.