

# Millennium Care Services Limited

## 54a

### Inspection report

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

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 on 15 February 2017 and was announced. As this is a very small service, and people regularly go out into the community, we announced the inspection shortly before the visit to make sure someone would be available at the home to assist in the inspection. The home was previously inspected in July 2015 when breaches of legal requirement were identified. The provider sent us an action plan outlining how they would meet these breaches. You can read the report from our last inspection, by selecting the 'all reports' link for '54a' on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

54a provides accommodation and personal care for up to three people who had a learning disability. People using the service are supported to live as independently as possible. The service has a self-contained flat for one person and two bedrooms in the main house. The home is close to local amenities.

The service had a registered manager in post at the time of our inspection. 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.

The service had procedures in place to ensure people's medicines were managed in a safe way. We looked at the storage of medicines and found they were kept in each person's room in a locked cabinet which was accessible by staff. Some medicines, prescribed on an 'as and when' required basis were recorded but a record was not always kept of the effect the medicine had on the person.

Risks associated with people's care had been identified. However, the service did not have any Personal Emergency Evacuation Plan's (PEEP) in place for people who may not be able to evacuate the service quickly in an emergency. We spoke with the registered manager who told us they would address this and devise a personal plan if required.

Through our observations and by talking to people who used the service, their relatives and staff, we found there was enough staff available to support people.

Staff we spoke with were knowledgeable about safeguarding people from abuse. They knew how to recognise and respond to abuse. All staff we spoke with were confident the registered manager would address any situation brought to their attention.

We looked at records in relation to staff training and saw that staff had certificates in their personal file. We also saw a training matrix, which was a record of training received, due and overdue. This was completed by the deputy manager. Some training was out of date in relation to what the company expected. However, training was sought and booked during our inspection.

People were supported to eat healthy meals based on their likes and dislikes. People discussed the menu on

a weekly basis and devised a shopping list, helped to buy the food and where appropriate assisted in the preparation of meals.

The service was meeting the requirements of the Mental Capacity Act 2005. Staff were knowledgeable about this subject and supported people well.

People were referred to healthcare professionals when required. Staff took on board advice given and updated support plans to reflect this.

During our inspection we observed staff interacting with people who used the service. We saw that staff had developed positive, caring relationships with people based on their individual preferences and choices. It was evident that staff knew people very well. We saw that staff maintained people's privacy and dignity.

We looked at care records belonging to people and found they reflected the support people required and the support staff were offering. An initial assessment was carried out to ensure the service was able to meet people's needs.

People were involved in community activities and events within the service. People had an activity planner which they had devised. This included events people took part in and identified where they would need support.

The service had a complaints procedure in place and people felt they could raise concerns if they needed to. People told us they were happy with the service and did not have any worries.

We spoke with people who used the service and staff and they told us the registered manager was supportive and approachable. Staff knew their roles and responsibilities well and worked as a team.

We saw audits were in place to ensure the quality of service provision was being maintained. We saw audits for areas such as finance, medication, health and safety, fire safety and infection control. Areas for improvement were identified and addresses appropriately.

We saw evidence that people had a voice and used several forums to raise suggestions and ideas. These were listened to and appropriately actioned.

Some policies and procedures required updating. Work was currently taking place to address this.

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

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** 

The service was not always safe.

People received their medicines in a safe manner. Staff were trained in the safe administration of medicines.

People had risk assessments in place to identify any risks associated with their care and to help minimise them. However, the service did not have any Personal Emergency Evacuation Plan's (PEEP) in place for people who may not be able to evacuate the service quickly in an emergency.

There were enough staff available to meet people's needs and to assist them to maintain community activities.

There was a safe recruitment process in place in order to recruit suitable people.

### Is the service effective?

**Good** 

The service was effective.

We looked at records in relation to staff training and saw that staff had certificates in their personal file. Some training required updating and this was arranged during our inspection.

People were supported to eat healthy meals based on their likes and dislikes.

The service was meeting the requirements of the Mental Capacity Act 2005. Staff were knowledgeable about this subject and supported people well.

People were referred to healthcare professionals when required.

### Is the service caring?

**Good** 

The service was caring.

During our inspection we observed staff interacting with people who used the service. We saw that staff had developed positive, caring relationships with people based on their individual

preferences and choices. It was evident that staff knew people very well.

Staff we spoke with knew how to treat people with dignity and respect. They gave us examples of how they would achieve this.

**Is the service responsive?**

**Good** ●

The service was responsive.

We looked at care records belonging to people and found they reflected the support people required and the support staff were offering.

People were involved in community activities and events within the service.

The service had a complaints procedure in place and people felt they could raise concerns if they needed to.

**Is the service well-led?**

**Good** ●

The service was well led.

We spoke with people who used the service and staff and they told us the registered manager was supportive and approachable.

We saw audits were in place to ensure the quality of service provision was being maintained. Areas for improvement were identified and addresses appropriately.

We saw evidence that people had a voice and used several forums to raise suggestions and ideas. These were listened to and appropriately actioned.

# 54a

## 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.

The inspection took place on 15 February, 2017 and was announced. As this is a very small service, and people regularly go out into the community, we announced the inspection shortly before the visit to make sure someone would be available at the home to assist in the inspection. The inspection was completed by an Adult Social Care inspector. At the time of our inspection there were three people using the service.

Prior to the inspection visit we gathered information from a number of sources. We also looked at the information received about the service from notifications sent to the Care Quality Commission by the manager.

We spoke with two people who used the service. We also spent time observing staff interacting with people.

We spoke with five staff including two support workers, a senior support worker, and the management of the service. We looked at three people's care and support records, including the plans of their care. We saw the systems used to manage people's medication, including the storage and records kept. We also looked at the quality assurance systems to check if they were robust and identified areas for improvement.

# Is the service safe?

## Our findings

At our previous inspection in July 2015 the service was in breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Care and treatment was not provided in a safe way for service users because staff did not follow policies and procedures about managing medicines. We also found the service in breach of Regulation 13 as systems and processes were not established and operated effectively to prevent abuse of service users, because staff were not trained at appropriate intervals. At our inspection on 15 February 2017, we found the service had met these actions.

The service had procedures in place to ensure people's medicines were managed in a safe way. We looked at the storage of medicines and found they were kept in each person's room in a locked cabinet which was accessible by staff. One person's medicines were held in the office space in an appropriate cabinet. However, the temperature of the office was not taken on a regular basis to ensure the medicines were kept at an acceptable temperature. We spoke with the registered manager about this and they told us they would commence this straight away.

The service was not currently storing any controlled drugs or medicines which required cool storage in a fridge. The registered manager spoke with us about how they would store this type of medicines if and when required.

We looked at records in place in relation to medicine management and found they were completed correctly following the administration of medicines. Each person had a medicine administration record (MAR) sheet in place to ensure the medicines they had taken were recorded. Some people required medicines on an 'as and when' required basis (PRN). We saw that PRN protocols were in place to ensure staff knew when to give the medicine and for what reason. However, the result the medicine had on the person was not always recorded. This meant the service may not be aware if the medicine was appropriate or not.

Medicines received at the service were recorded on the MAR sheet and if any medicines were returned to the pharmacy they were recorded in a returns book.

Staff received training in the safe handling of medicines and their competencies were checked annually to ensure they were administering medicines to people in a safe way.

We spoke with staff about safeguarding people from abuse, and they told us they had received training in this subject. Staff were able to explain how they would recognise abuse and told us that they would report anything of this nature immediately to their line manager. They had confidence that their manager's would take the appropriate action to ensure people were safe and free from harm. We spoke with the registered manager about safeguarding and we were told there had not been any safeguarding concerns over the past year.

We looked at care records and found that risks associated with people's care had been identified. Risk

assessments in place identified the risk and any known triggers, and also provided guidance on how to support the person. For example, one person could become aggressive and triggers had been identified so staff could manage the situation before it escalated to physical aggression.

The service did not have any Personal Emergency Evacuation Plan's (PEEP) in place for people who may not be able to evacuate the service quickly in an emergency. We spoke with the registered manager who told us they would address this and devise a personal plan if required.

Through our observations and by talking to people who used the service, their relatives and staff, we found there was enough staff available to support people. One person said, "The staff are always around." Staff we spoke with told us they worked well as a team and were very supportive of each other. They told us there were always enough staff around. During our inspection we saw people were supported to engage in community activities and staff were around to support this. There were also staff at the service for people who preferred to stay home. Staff told us they had out of hours contact numbers in case they needed support

We looked at three staff recruitment files and found the provider had a safe and effective system in place for employing new staff. They all contained pre-employment checks which had been obtained prior to new staff commencing employment. These included two references, and a satisfactory Disclosure and Barring Service (DBS) check. The DBS checks help employers make safer recruitment decisions in preventing unsuitable people from working with vulnerable people. This helped to reduce the risk of the registered provider employing a person who may be a risk to vulnerable people. Staff we spoke with confirmed that they had to wait for the checks to be returned and satisfactory prior to commencing their post.

Staff we spoke with told us that they received an induction when they commenced employment at the service. One support worker said, "We completed some training and shadowed experienced staff. We were able to spend time getting to know people."



## Is the service effective?

### Our findings

We spoke with people who used the service and they told us that the staff knew them well. One person said, "They [the staff] know what they are doing."

We spoke with staff and they told us they received training to support their role. They told us that training was done face to face and was available in subjects such as, moving and handling, fire prevention, safeguarding, safe handling of medicines, food hygiene and first aid. One support worker said, "The training is useful, very interesting and informative."

We looked at records in relation to staff training and saw that staff had certificates in their personal file. We also saw a training matrix, which was a record of training received, due and overdue. This was completed by the deputy manager. Some training was out of date in relation to what the company expected. However, training was sought and booked during our inspection.

Staff we spoke with felt supported by the registered manager. One support worker said, "It's a good company to work for, they are very supportive." Staff told us they received regular supervision sessions. These were one to one meetings with their line manager. Staff felt these were supportive and useful. We spoke with the registered manager about staff appraisals as we found these were not carried out. We were told that these would be completed and prioritised this year. In the meantime supervision sessions included a reflection of the person's practice and current training requirements.

We spoke with people who used the service and they told us they were able to decide what meals they wanted. The main meal was eaten at tea time as most people were engaged in community activities throughout the day. People who used the service told us that they decide what they will eat during the week and make a shopping list. People assisted with the shopping where appropriate.

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 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).

Through our observations and from talking with the registered manager we found the service to be meeting the requirements of the DoLS. Staff confirmed they had received training in this subject. We spoke with the registered manager who was knowledgeable about the process of applying for DoLS.

We also saw staff interacted well with people, offered choices, gave time for the person to respond and respected the person decision.

People who used the service felt staff were good at assisting them to access other services where required. One person said, "They [the staff] arrange things like the dentist for me." Another person said, "They [the staff] see to all we need," We looked at care records and found that referrals were made where appropriate and that staff acted on the advice given.

# Is the service caring?

## Our findings

We spoke with people who used the service and they felt very well supported by the staff. One person said, "The staff are nice, yes, I like them." Another person said, "I get on with the staff. They have a laugh with me."

During our inspection we observed staff interacting with people who used the service. We saw that staff had developed positive, caring relationships with people based on their individual preferences and choices. It was evident that staff knew people very well.

We looked at support plans and found that people had a goal plan in place which highlighted an aim they wanted to achieve. This was broken down in to small steps to ensure this was achievable. For example, one person wanted to move in to a one bedroom flat with support. Small goals were in place to assist the person to become more independent in tasks such as cooking. One person said, The staff look at my goal setting and help me to achieve the things I want to do."

The service had a 'glimpses of brilliance' book which contained stories about people's achievements. People who used the service were keen to show us the book and tell us about this. One person had trained to be a fire marshal and was involved in maintaining fire safety in the home alongside staff. One person lived in a self-contained flat within the service. This supported the person to be independent while still having access to support from staff as required. Another person grew their own fresh produce at a nearby allotment.

People were supported by a keyworker whose role was to ensure their support plan was kept up to date. They met with the person frequently to ensure goal plans were up to date and maintained in line with what the person wanted to achieve.

We spoke with people and found they were supported to maintain relationships with their family members and visited them frequently. They were also supported to remember birthdays and special events so they could continue to celebrate them.

We looked at care records and found they contained a detailed pen picture which included a chronological history of significant events. This helped support worker to understand and get to know the person well.

From our observations and from talking with people, we found that people were supported to create a living space and bedroom which was to decorate and furnished to suit their individual tastes. We saw that people had personal items in their rooms which meant a lot to them. People had also been involved in the way their room was decorated and could choose whatever they preferred.

## Is the service responsive?

### Our findings

We spoke with people who used the service and they told us the staff supported them well. One person said, "The staff are great." Another person said, "I trust them [the staff], I like them a lot. They talk to me about what I want to do."

We looked at care records belonging to people and found they reflected the support people required and the support staff were offering. Care records contained an assessment tool which was used to gain an initial assessment of the person's needs. From this the staff could decide if they could meet the person's needs and if the service was the most appropriate place for the person to live.

Support plans had been devised to guide staff in how best to support the person. These were detailed and contained relevant information to meet the person's needs appropriately. We saw support plans in place for things such as, personal hygiene, finance and budgeting, activities, and oral hygiene. The plan included the intended outcome and the assessed need. For example, one support plan in place for maintaining personal hygiene stated that the outcome was for the person to understand the importance of personal hygiene and work towards maintaining these skills independently. The staff were guided to prompt the person on a daily basis and to provide assistance as and when required.

Care records also contained a one page profile which gave information about how the person liked to be supported, what was important to them and what people admired about them. This gave a brief account of important things which mattered to the person. Staff were able to read this quickly and begin to understand what the person's preferences were.

People were supported to take part in community activities of their own choice. Some activities included arts and crafts, bowling, cinema, visiting family and friends, shopping, visiting the local resource centre and eating meals out. Support plans included an activity planner which detailed the activities people wanted to take part in. People we spoke with told us they enjoyed their social life both in and out of the service.

The service had a complaints procedure in place which detailed how people could raise a concern and how this would be addressed. This was also available in an easy to read format. We spoke with people who used the service and they told us they would talk with staff if they had a worry. They were confident that the staff would resolve their concern.

We spoke with the registered manager who informed us that they had not received any complaints within the last year. However, the service had a log in place to capture any complaints should they receive any. We spoke with the registered manager about how they capture low level concerns. The registered manager told us this was something they would be looking at developing.

## Is the service well-led?

### Our findings

We spoke with people who used the service and they told us they knew the registered manager. They said, "We can talk to [manager's name] and he listens." Staff we spoke with felt the registered manager was a good leader and supported them well. One support worker said, "[manager's name] is very supportive. One of the best managers we have had." Another support worker said, "They [the manager] is very supportive."

The registered manager was supported by a senior support worker and a team of support workers. We found that staff knew their roles and responsibilities well and knew when to pass something on to their manager's. Staff told us they worked well as a team and shared knowledge and experience when needed.

We saw audits were in place to ensure the quality of service provision was being maintained. We saw audits for areas such as finance, medication, health and safety, fire safety and infection control. We also saw a general audit took place which included safety of premises, staffing, support plans and infection control. Recommendations were highlighted for the registered manager's attention and were checked on the following visit to ensure they had been actioned appropriately. For example, the finance audit identified lack of some receipts and following this a better procedure had been put in place for checking them. The medication audit ensure that the medicines within the home were managed effectively.

We saw that meetings took place with people living at the service. These gave a forum where topics such as holidays, trips and décor was discussed. This showed people had a voice and their opinions were sought and acted upon. Staff meetings were also held to give advice and direction to staff but also to obtain their views and ideas about the service.

We saw that surveys were sent out to people living at the service, their relatives and visitors to the home on a frequent basis. However, the results collated were an overview of all the services in the area which were run by the company. This did not give information which was service specific. The registered manager told us that the company had identified this and were currently working on resolving this issue.

We looked at policies and procedures as part of our inspection and found that they did not always reflect current best practice. For example, they all referred to the Care Quality Commission outcomes and not the current regulations. The register manager told us that the senior management team had begun work in this area. During the inspection we spoke with the clinical and quality manager who was able to evidence that this work had commenced.