

# Millennium Care Services Limited

## Sunnydale

### 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?	Outstanding ☆
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

Sunnydale is a nine-bedroom house that supports adults aged 18-65 with a learning disability. All rooms are single occupancy and they are situated on the ground and first floor. The service has a main dining room, an activity room and lounges. One lounge area also has a pool table for people to use. There are small grounds which are suitable for leisure activities. The home is situated on a main road in Featherstone and is close to the local shops and supermarkets. The house was full at the time of inspection.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

The home has 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.

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.

People received care which was extremely person centred and responsive to their needs. They were supported and fully engaged in activities that were meaningful to them.

People's needs had been identified, and from talking to people who used the service, we found people's needs were met by staff who knew them well. Care records we saw were very detailed and clearly explained people's needs.

Staff continuously looked for ways to improve care, so people had positive experiences and led fulfilling and meaningful lives. They liaised with professionals to make sure that people's health care needs were met.

Social interaction and community acceptance was important and opportunities to access and integrate into the local community was a priority.

There was a robust recruitment system and all staff had completed an induction and training as required by the registered provider. Staff had received formal supervision and had an up to date annual appraisal of their work performance.

There were systems in place for monitoring quality, which were effective. Where improvements were needed, these were addressed and followed up to ensure continuous improvement.

People told us they felt safe and they had access to procedures which enabled them to raise any concerns or complaints. Medication procedures were safe and staff had received appropriate training in this area.

Staff and people who used the service who we spoke with told us the registered manager was approachable, there was an open-door policy and the service was well led.

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?

Outstanding ☆

The service remains outstanding in this section

### Is the service well-led?

Good ●

The service remains good

# Sunnydale

## **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 was a comprehensive inspection and took place on 16 January 2019 and was announced. The provider was given 48 hours' notice because we needed to be sure that someone would be in. The inspection team was made up of an adult social care inspector.

Before the inspection visit we gathered information from a number of sources. We looked at the information received about the service from notifications sent to the Care Quality Commission by the registered manager. We looked at previous inspection records and intelligence we had received about the service and notifications.

The provider had completed a provider information return (PIR). The 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

As part of this inspection we spent some time with people who used the service talking with them and observing support in the communal areas, this helped us understand the experience of people who used the service. We looked at some other areas of the home including some people's bedrooms with their permission. We looked at documents and records that related to people's care, including two people's support plans. We spoke with seven people who used the service and three visiting professionals who gave their views of the service

During our inspection we spoke with five staff, the registered manager and the acting manager (who has applied to CQC to become the registered manager). We looked at records relating to staff, medicines management and the management of the service.

After the inspection we contacted two other health professionals and spoke with four relatives. They told us

the service was very well run and people were well supported to live their lives as they wished.

# Is the service safe?

## Our findings

At the last inspection this was rated good. At this inspection this section remains good.

People who used the service told us they felt very safe. One person said, "Staff help me to be independent, I go out on my own but staff know where I am going so they know when I will be back." Another person said, "I like to go out, I have been shopping today and staff support me to do this. I always feel safe when staff are with me."

Relatives and health professionals praised the way staff enabled people to live their life as they wished, and were mindful of the risks involved when supporting people in the service and out in the community. For example, one person attended a multi-disciplinary meeting (MDT) to talk about plans to move onto a more independent setting. Risks and the support needed was discussed and a way forward was agreed. One relative we spoke with said, "I believe the service is very good at keeping people safe while balancing their rights to be as independent as possible." Another relative said, "I see my [family member] regularly and would know if they were worried about something which means they are safe and well looked after."

People's ability to evacuate the building in the event of a fire had been considered and people had an individual personal evacuation plan (PEEPS). We saw people lived in a homely, clean environment that was well maintained. We checked records which showed servicing of fixtures and fittings, such as the electrical and gas systems were kept up to date.

Interactions we observed between staff and people were inclusive. We saw staff used appropriate methods to ensure people were safe when they were supporting them. For example, making sure people told staff where they were going when they went out and what time they were returning.

The provider had safeguarding policies and procedures in place to guide practice. Safeguarding procedures were designed to protect people from abuse and the risk of abuse. Staff we spoke with were very knowledgeable on procedures to follow. All staff did not hesitate in their answer when asked how they would respond to suspected abuse; they all said they would report immediately to the manager or the local authority if required. Staff received training in this subject.

During our inspection we saw there were staff in sufficient numbers to keep people safe and the use of staff was effective. Staffing was determined by people's needs and some people had some hours each week where they received one to one support to meet their personal care needs or accessing the community. We saw when people had one to one support adequate staffing was provided to facilitate this. Staff we spoke with confirmed that there was always enough staff on duty.

People's health was monitored and reviewed as required. People identified as being at risk when going out in the community had up to date risk assessments. We saw that some people were supported by staff when they went out during our inspection. We also saw people access the community on their own.

We looked at the systems in place for managing medicines in the home. This included the storage, handling and stock of medicines and medication administration records (MARs) for three people. We found the systems were robust and effective. Protocols were in place for the use of 'as and when required medication' (referred to as PRN) and we saw records to support the protocols we in place and accurate. Staff responsible for administering medication had received appropriate training and had their competencies reviewed.

People were involved to recruit the staff that would be supporting them. The recruitment process focused on personal qualities, such as, empathy, and awareness of dignity and respect. Employment records confirmed that checks were made on new staff before they could work in the service. These checks included if prospective staff members were of good character and suitable to work with the vulnerable adults who used the service.

We found all new staff were subject to a probationary period and during this period had received regular supervision. Staff we spoke with confirmed the recruitment and probationary arrangements were followed

People who used the service were placed from different local authorities so we spoke with three commissioners. All three officers told us they had positive experiences and no concerns regarding the service.



## Is the service effective?

### Our findings

At the last inspection this was rated good. At this inspection this section remains good.

People we spoke with told us staff respected their choices and decisions. One person told us, "Staff always knock on my door, they do not enter unless I say. I have my own key and I keep my room locked." Relatives we spoke with told us that staff were always respectful and always acted in their family member's best interest.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are 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 were being met. We found that staff had a good understanding of MCA and DoLS and had made appropriate referrals to the Local Authority. People's capacity to make day to day to day decisions had been assessed and documented which ensured they received appropriate support. Staff demonstrated an awareness of these assessments and confirmed they had received training in MCA and DoLS.

People told us they were given the choice about when and where they wanted to eat. They told us they had been involved with developing their own personal menu and was involved in choosing what they wanted to eat, which included shopping with staff for food. People told us that take-away and meals out were a regular feature in the social calendar. We saw care and support plans included advice on healthy eating and some people had chosen to lose weight. During lunch we heard staff giving encouragement and advice to people about their diet.

Records we saw showed staff were up to date with the mandatory training required by the provider. Staff we spoke with told us the training was very good. Staff also told us they did additional training to further understand how to meet the needs of people they supported. This included vocational training leading to awards in care. All staff we spoke with told us about the training which helped them manage behaviours that may challenge others. Although most said they had never had to use their skills in this area they said it was a valuable course. We saw records that staff had received regular supervision and all staff told us they felt supported by the management team.

Newly recruited staff were given an induction which included specialist training in how to work with people with a learning disability. This also included shadowing experienced staff. This helped new staff to

understand how the service works and helped them to gain information about people and their care needs prior to working unsupervised. Staff were supported to complete the 'Care Certificate' which is a recognised qualification and induction process into care. One staff member told us "All the training is good and we get a lot of it. [Staff member] was my mentor and they really helped me to settle in to the role."

We saw from looking at people's care records that there was evidence that all the people who lived at the home had regular visits from or to health professionals, to ensure that their on-going health and well-being were monitored, via an annual health check which was offered, and in response to concerns which arose when people were unwell in any way. Records showed that staff were proactive in their approach and made referrals to health professionals in a timely manner.

## Is the service caring?

### Our findings

At the last inspection this was rated good. At this inspection this section remains good.

People were cared for by staff that knew people's individual preferences very well. People were encouraged to be as independent as possible and empowered to take responsibility for their own lives and make their own decisions. People were encouraged to help with tasks around the home. For example, preparing and cooking meals, clearing the tables and loading the dish washer. Some people could do their own meals with a little prompting from staff. One person was very excited that the service had purchased a new vacuum cleaner and staff was keen to try it out after lunch.

One person we spoke with showed us some pictures of a family wedding they had attended. They smiled as staff described how handsome they looked in their suit. Another person told us about holidays to Blackpool and the Grand hotel in Scarborough. They explained to us they really enjoyed it. They told us they were planning to go again this year and staff were helping them organise it. Staff we spoke with also told us they were looking at organising holidays for all people they supported who wanted to go away this year.

During our visit we spent time in communal areas talking to people who used the service and staff. We saw positive interactions between people and staff. From conversations we heard between staff and people who used the service it was clear staff understood people's needs, how to approach people and when people wanted to be on their own. People we spoke with praised the support staff and said that the staff were good and extremely supportive. We also saw the staff and people they supported talking, laughing and joking together. People were supported to access the community, leisure activities and work experience. One person told us how they liked to work outside and was very proud that they had all the clothing and footwear to keep them warm while working outside. Another person said they enjoyed glass collecting at a local pub.

We saw that staff respected people's dignity and privacy and treated people with respect and patience. For example, one person told us that staff always knocked and waited for a response before entering their bedroom. We found that staff spoke to people with understanding, warmth and respect, and considered people's rights and wishes. A relative told us, "The staff are excellent here. I can't find fault with them, they are wonderful and caring." Another relative said, "It's clear when I visit my [family member] that staff know them very well. They speak to them as an individual rather than as a person with a disability."

We looked at people's care plans and found information that told staff their likes, dislikes, choices and preferences. People we spoke with who wanted to be involved in their care plans told us they were aware of what staff wrote in the plans and they attended reviews. During the review staff discussed what the person liked, disliked, what they wanted to achieve and how they were feeling. Following the reviews any action or changes were addressed to ensure people's choices and decisions were achieved.

Resident meetings were held and people were involved in these meetings. These were used to help people identify things they were interested in and to look at areas in which people could further develop their skills

and independence. When people had made suggestions the registered manager quickly carried out their wishes. For example, in one meeting suggestions were made to obtaining an allotment so they could grow their own vegetables. The registered manager told us this had been obtained and people were looking forward to the spring when they could commence work on the allotment.

Staff had a common aim and purpose to achieve positive outcomes for people. They provided consistency which had a positive impact on people's wellbeing. For example, we saw staff showing empathy and compassion towards people when spoke with them and when they were supported with personal care.

We spoke with health care professionals who told us the staff were very good, understood people's needs, were open to any suggestions and followed advice given.

Some people could communicate in their own way and it was clear that the knowledge of the person was key to understanding what they were trying to communicate. Staff were very good at supporting conversations with people and we saw they were patient and took time to let the person respond. We observed, people were happy, comfortable and relaxed. We saw staff and people sharing jokes and laughing together.

People's diversity was respected and everyone's bedrooms were personalised to reflect their own interests and had belongings and items that interested them.

## Is the service responsive?

### Our findings

At the last inspection this was rated outstanding. At this inspection this section remains outstanding.

Social interaction and community acceptance was important and opportunities to access and integrate into the local community was a priority. People received care which was extremely person centred and responsive to their needs. They were supported and fully engaged in activities that were meaningful to them. One person told us how they were well known in the local area, shop owners always acknowledged them and invited them in to have a chat. The person smiled when talking about this. The staff member supporting the person went on to tell us how they had acquired a job glass collecting in the local public house. The staff member told us how important the community links were to the person giving them a sense of worth which improved their outlook on life.

We reviewed the care records of two people who used the service. We found that in all cases the records were very detailed and exceptionally person centred, as they referenced things which made each person an individual, including their wishes, beliefs, likes, dislikes and preferences. Millennium Care services have developed a tool which is called the Millennium outcome assessment tool (MOAT). This allows the assessor to record in detail each person's history relating to subjects including their condition, family life and relationships, previous care provision, behaviours and risks.

People's plans covered areas such as their communication, health care, personal care, activities and likes and dislikes. Records confirmed that where possible, people and their relatives were involved in the formation of these plans and any reviews. Relative we spoke with confirmed they were invited to attend reviews. One relative said, "I want to remain involved, my [family member] visits and stays sometimes overnight. The home encourages this."

Everyone had a detailed health action plan and staff liaised with professionals to make sure that people's health care needs were met. Professionals told us the service was focused on providing person-centred care. If the staff need any advice on people's mental health they would not hesitate to get in touch with us. One visiting professional said, "The service is very person centred and they treat people as individuals, it's nice and friendly. If ever there is a vacancy I would place a person here without any doubts that they would develop as an individual."

We were shown a file (Sunnydale a glimpse of brilliance) this contained pictures of activities such as, fishing trips, visits to a farm to help feed and pet animals. One person had a keen interest in art and staff had supported them to develop their skills by painting on canvas. Another person was a keen football fan and staff would test them on their knowledge of football grounds throughout the men's football league. The person achieved 100% in the activity.

Support staff had organised a trip to York in November so that some of the people could show their respect during remembrance week. People laid poppies and staff gave them time to show their own respect to people who had lost their lives during world wars.

Some people had one to one hours allocated to provide adequate support to meet their needs and maintain their safety. This was not at set times each week but when people requested the support, it was provided and was flexible to meet people individual needs. We saw evidence that the staffing was provided to facilitate this. A relative we spoke with said, "It's my [family members] birthday this weekend and we have arranged to take them to their favourite restaurant and their support worker is coming too. This is the sort of thing the home organisers, they are excellent."

The registered manager told us that one person liked to go to the local church. They had developed strong links with the vicar who also visited people in the service. The links have developed over time and the vicar and his wife took the person for a day trip to Whitby which was one of their favourite places to visit.

People were encouraged to develop friendships outside of the service. People could attend ARC activity resource centre which had regular events such as disco's. people told us they had enjoyed the Christmas ball where they all dressed for the occasion. People also accessed wider activities such as 'Under the stars' (late night disco) which takes place in Sheffield. This also gives people opportunities to meet people from other similar services.

We saw that there was a complaints and concerns file in the service. This had a copy of the policy and procedures which were in place and included an easy read version which was accessible to the people who used the service. People told us they would talk to staff if they had a complaint, and that they thought it would be dealt with. There were no complaints or concerns in the folder. One relative we spoke with said, "I think the service is excellent. There have been problems in the past but the registered manager and support staff address the issues straight away. I can't fault them at all." Another relative said, "We have a great relationship with all of the staff. They are dedicated and professional in everything they do to support my [family member]."

We observed staff gave time for people to make decisions and respond to questions. The registered manager told us meetings were held that gave people the opportunity to contribute to the running of the service. We saw minutes of these meetings and they showed involvement of people who used the service. People we spoke with said staff talked to them and they could tell staff if something was wrong and it would be resolved.

The feedback we received from health care professionals who visited the service was extremely positive they felt home provided a good standard of care and support, and were responsive to people's needs.

## Is the service well-led?

### Our findings

At the last inspection this was rated good. At this inspection this section remains good.

Professionals, relatives and people who used the service spoke highly of the service and told us it was well-led. One person said, "The [registered manager] is really good. They really get to know everyone and they know what's going on." A staff member said, "They are part of the team and we can depend on them for advice and support where needed." A relative said, "The two managers came out to meet us and discussed our [family members] care. I was really impressed."

The staff members we spoke with said communication with the registered manager was very good and they felt supported to carry out their roles in caring for people. They said they felt confident to raise any concerns or discuss people's care at any time. They said they worked well as a team and knew their roles and responsibilities very well. One member of staff said, "It is a lovely home to work in." Another staff member said, "We work well as a team, if anything needs improving or we have any ideas we tell the manager and we sort it as a team, we are always looking for ways to improve the service."

Staff had told us they received regular supervision and support. They also told us they had an annual appraisal of their work which ensured they could express any views about the service in a private and formal manner. One staff member told us, "The registered manager has an open-door policy and is always available to talk to if required."

Staff were very clear about their own roles and responsibilities and those of their colleagues and within the wider organisation. Typical comments from staff described the management team as, "Extremely approachable, flexible and open to suggestions." Staff told us they felt encouraged to be creative and focus on solutions. Staff at all levels were encouraged to attend 'Employment forum meetings'. These were held to encourage staff from all the organisations care services to network with others, share ideas and looked at best practice.

There were effective systems in place to monitor and improve the quality of the service provided. We saw copies of reports produced by the registered manager. The reports included any actions required and these were checked each month to determine progress.

The acting manager told us they completed daily, weekly and monthly audits which included environment, infection control, fire safety medication and care plans.

The registered manager also carried out monthly audits; we saw the last audit undertaken for the period October to December 2018. We saw that actions had been produced because of these audits; it was clear who was responsible to ensure the actions were completed. The registered manager told us these actions were then checked at each visit to determine progress and completion. This helped to ensure actions were addressed.

There were regular staff meetings arranged, to ensure good communication of any changes or new systems. We saw the minutes of the last meeting dated 15 November 2018. These ensured staff had opportunity to raise any issues or concerns or just to be able to communicate any changes.

We found that recorded accidents and incidents were monitored by the registered manager to ensure any triggers or trends were identified. We saw the records of this, which showed these were looked at to identify if any systems could be put in place to eliminate the risk. Where risks had been identified procedures had been put in place to ensure the person's safety.