

## Millennium Care Services Limited

# Millennium Care

### 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

The inspection took place on 7 and 11 October 2016 and was announced. There were no breaches of legal requirements at the last inspection, which was in February 2014.

Millennium Care Services is a registered domiciliary care agency providing personal care and support to people in their own homes. The office base of the agency is in Featherstone, West Yorkshire. There were five people in receipt of personal care when we inspected.

There was a registered manager at the service. 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.

Staff were confident in how to ensure people were safeguarded against abuse and there were clear risk identification and management strategies in place.

Recruitment procedures were robust overall, with evidence of references and disclosure checks carried out prior to staff working with vulnerable people.

Staff understood the legislation around the Mental Capacity Act and how this impacts upon people's lives, and although records around the best interest decision making process and consent discussions were not fully available for us to inspect, the registered manager forwarded this information onto us following the inspection.

There were very detailed and relevant opportunities for staff training tailored to the needs of the people who used the service. Staff were supported well in all aspects of their work.

Staff in all roles were passionate and dedicated to their work and care provided was meaningful and person-centred. Care and support for staff was embedded, which meant staff were able to support people more effectively. Care was person-centred and there were detailed plans, assessments and reviews to ensure people's needs were met.

People and relatives spoke highly of the service and the positive impact it had on their lives.

Complaints information was clear and accessible and feedback was encouraged and shared with staff.

Leadership and management of the service was enabling; staff were highly valued and empowered to do their work. Quality assurance systems were in place to ensure the service delivery was maintained. Staff understood the core values of the organisation and promoted these in their approach to their work.

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

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

People were safeguarded against possible abuse and staff understood the procedures to follow to share concerns.

There was clear identification of risks to individuals and risk assessments enabled staff to know how to provide safe care and support, including support with medicines.

Staffing levels were appropriately maintained in order to meet people's individual needs.

### Is the service effective?

Good ●

The service was effective.

Staff were equipped through opportunities for training, to support the people who used the service.

Staff received effective regular support through supervision with their line manager.

Consent was sought for people's care, and the provider was actively seeking ways to demonstrate how this was considered.

### Is the service caring?

Good ●

The service was caring.

Staff were passionate about delivering a quality service to people.

Staff had close regard for people's diverse needs and were respectful of people's rights.

The organisation demonstrated caring values towards the staff, which enabled them to fully support people who used the service.

### Is the service responsive?

Good ●

The service was responsive.

Care was person-centred, empowering and individually tailored to meet people's needs.

Assessment, planning and review of people's needs was a continuous process.

People and their relatives knew how to complain if they were unhappy with the service.

**Is the service well-led?**

**Good** ●

The service was well led.

The registered manager embraced the work of the team and was proud of the achievements of every member of staff.

Staff understood their responsibilities and the vision and values of the organisation.

Robust systems were in place to assess and monitor the quality of the service.

# Millennium Care

## **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 7 and 11 October and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service; we needed to be sure that someone would be in the office.

There was one adult social care inspector. We reviewed information before the inspection from notifications and the 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 consulted other relevant organisations, such as the local authority and Healthwatch. We spoke face to face with one person using the service and by telephone with three relatives of people using the service. We spoke face to face with three people who received support other than the regulated activity of personal care from the service, and two relatives of people receiving other support from the service.

We looked at care records for all five people who received personal care and reviewed documentation to show how the service was run, including seven staff files. We spoke with the registered manager and three staff.

# Is the service safe?

## Our findings

People and their relatives told us the service provided was safe. The person we spoke with who was supported with personal care said they felt safe and if they did not, they would tell the staff. One relative told us: "My [family member] feels safe, staff support them in and out of their wheelchair and they seem very competent". Another relative said: "Well I trust them, I wouldn't if I thought there were concerns about safety".

Staff we spoke with had a clear understanding of the signs that would alert them to possible abuse. They told us they knew the procedure to follow to report any concerns and would be confident to use the whistleblowing procedures to expose any poor practice and protect people. Staff told us they would be supported well by the organisation should such a situation arise.

We saw care and support plans for each person gave information about risks to the individual and how staff should manage these. For example, one person had a detailed moving and handling plan and bathing plan which listed every aspect of the person's abilities and the level of support required by staff to ensure the person's safety. The registered manager showed us a file of 'grab sheets' which was a one page document with people's key information and photograph, should this need to be quickly accessible. The service worked closely with West Yorkshire Police 'Herbert Protocol' safeguarding initiative in relation to missing persons.

Accidents and incidents were recorded in detail and the registered manager maintained a clear oversight of these. They told us how they looked to see if there were any common themes occurring when reviewing the information on a regular basis. We observed people and staff who visited the office had open discussions about safety and ways to stay safe, such as by testing fire alarms and fire doors and this was done collaboratively with people's involvement.

We looked at seven staff files and saw evidence of references and disclosure and barring service (DBS) checks before staff were employed. The DBS checks a list of people who are barred from working with vulnerable adults and children. These checks assist providers to make safer recruitment decisions. Interview notes were detailed and application forms enabled gaps in employment or suitability information to be explained. We saw one person's file contained only very brief detail in relation to information on their DBS check. We spoke with the registered manager and the member of staff who had conducted the interview and they recalled a more detailed conversation with the applicant, in which they had been assured about their suitability; however they acknowledged this should have been recorded in more detail on the staff member's file to evidence robustness of checks. Staff we spoke with said their suitability for their role had been thoroughly vetted before they could even commence training or have any contact with vulnerable people.

The registered manager told us people who used the service were involved in the interview and selection process for new staff and we saw evidence of this in the staff files. We saw laminated easy read interview questions, based upon scenarios, which had been used when people gave second interviews for prospective

staff. The registered manager told us people's views were taken extremely seriously in the selection of staff to work with them.

Staffing levels were appropriate and staff we spoke with said they thought there were enough of them to support people's individual needs. We spoke with one of the care coordinators who told us staff skills, abilities and availability were matched to people's individual needs. Staff circumstances and the need for suitable rest days in between shifts was considered so that staff provided safe and effective care. We saw the staff rota was mapped on the computer with paper printouts as a back up of the information needed in order to support people. The care coordinator told us they aimed to provide consistency of staff for people for the continuity of care and we found staff turnover was low. The service was introducing a care planner rota system which was intended to track where staff were and support safe working practices for staff. Staff were offered incentives to work unsociable shifts, such as over the Christmas period to ensure they retained their motivation and provided consistency of staff to meet people's needs.

We looked at the policy for the safe handling of medicines and this referred to nationally recognised good practice guidelines. We saw care and support plans gave detailed information about medication, including emergency rescue medication, with clear steps for staff to follow to ensure the person was supported appropriately. Details included assessment, protocols and care plans, medication administration records (MARs) and details of returns. MARs were colour coded for each week and there was guidance on the use of 'as required' medicines (PRN). For each medicine listed there was evidence of this having been discussed and agreed with the person along with a care support plan including risk management, side effects and patient information leaflets.

Staff we spoke with said they were confident in their ability to support people with medicines and they had sufficient training to help them with this. The registered manager told us, and records confirmed, staff had their competency checked when supporting people with medicines to verify safe procedures were followed.

## Is the service effective?

### Our findings

People and relatives told us staff knew how to do their jobs well. One relative said: "I can't speak highly enough about their skills. You feel like you're dealing with very capable people [staff] and they are so professional". Another relative said: "They are brilliant at what they do". Another relative said: "Communication is good; the staff continually tell me what's happening and that's important".

We saw evidence of in house induction and skills for care training which gave staff informative preparation for their role. Skills for care training provides a benchmark for induction of new staff. It assesses the fundamental skills, knowledge and behaviours that are required by people to provide safe, effective, compassionate care. Records demonstrated the provider ensured all staff were inducted, trained and provided with on-going support. Policies and procedures showed links to the care certificate standards and highlighted relevant training associated with each policy area.

The registered manager told us training was done in meaningful ways and face to face wherever possible to maximise staff's opportunities to learn. Staff we spoke with said they particularly enjoyed the training and the interactive delivery gave them valuable skills relevant to their work supporting people. We saw from the training schedule the company had mandatory and optional training for staff to attend. Where training was deemed to be mandatory in areas, such as safeguarding, first aid and medication, refresher training was also planned to ensure staff skills were up to date. Staff training included a course called 'when is it right to control' and covered human rights, the Mental Health Act 1983 and the deprivation of liberty safeguards. Staff also received training in positive behaviour management, based upon therapeutic interventions.

Staff we spoke with told us they felt very valued and highly motivated in their work. They said supervision was ongoing, regular and supportive. The registered manager told us supervision for staff was tiered so that each member of staff received supervision from their line manager and we saw evidence of regular and through supervision discussions in the staff files we reviewed.

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. We spoke with the registered manager about how people were supported to make decisions and how consent was obtained. They had a clear understanding of the requirements of the legislation and told us everyone was assumed to have capacity to make decisions for themselves and staff supported people's rights to do so.

Staff we spoke with had undergone mental capacity act training and were aware of the need to protect people's rights. They told us they supported people to make decisions where they were able to or sought advice and guidance when people lacked the mental capacity to make an informed decision. We saw people's records contained consent forms; people were asked to consent to have photographs taken and to receive support with medicines. We saw on some people's care plans there was a mental capacity



assessment done for specific decisions, such as being supported with medicines. However, the assessment of mental capacity and the recording of best interest decisions was not always clear for some people. For example, we saw one person's next of kin had signed consent for one aspect of the person's care, but it was not clear whether the person had been consulted or their capacity assessed as to whether they could make the decision themselves. We saw from the person's information in their file they had complex needs and the registered manager stated the person's mental capacity had been assessed and discussed, although acknowledged this could be documented more clearly in the office. Similarly with a person under 18, it was not clearly documented how consent to their care and support had been discussed and obtained. The registered manager had already begun to address how this could be documented and evidenced more clearly, before the inspection visit was complete. Shortly after the inspection the registered manager located the necessary documentation to evidence how mental capacity was considered and appropriate consent was sought and they provided us with this information.

One person's relative told us staff always obtained consent from their family member and supported them to make decisions. They said: "Staff let [my family member] make decisions I wouldn't, but they know [my family member] well and understand their capabilities, encourage their independence".

## Is the service caring?

### Our findings

People and relatives said and showed they thought the service was caring. For example, one person's facial expressions and body language when working with their support staff were positive and trusting; they sat close together and there was plenty of face to face smiley communication and open gestures. One relative told us: "The staff are absolutely wonderful; they're all just so lovely". Another relative told us: "They care, really care and understand. I can tell the staff think [my family member] is lovely, the way they are with them".

The provider promoted people's rights in respect of the seven protected characteristics of the Equality Act 2010; age, disability, gender, marital status, race, religion and sexual orientation. Care records were detailed with every aspect of people's requirements for their care and support. These included information about their personal preferences, abilities, religion, culture, gender and sexuality so that staff could support their diverse needs. We saw no evidence to suggest that people who used the service were discriminated against and no one told us anything to contradict this.

Staff we spoke with knew the core values of the organisation and emphasised the 'with, not for' approach to enabling people and working collaboratively to support them in their care. We observed staff interacted with people in a positive enabling way with respect for their individual needs.

The organisation placed much emphasis on staff well being, which in turn promoted high quality care. There was clearly a very tangible atmosphere of shared purpose with staff valuing one another, demonstrated in their smiley, friendly, warm and supportive exchanges with one another in the office base. The registered manager told us they had secured a free flu jab for staff who wanted this as part of supporting staff's well-being. The service had been awarded the silver status for Investors in People, in which staff are empowered and supported in what they do.

People who were in receipt of personal care all had relatives they lived with to help them with their care and support. The service made it clear to people they could have access to advocates if they wished to. An advocate is someone who represents and acts as the voice for a person, while supporting them to make informed decisions. The office staff and carers understood the role of an advocate and quite often acted on behalf of a person if they wished. More formally, referrals could be made to a local independent advocacy service as necessary.

Staff demonstrated a very caring approach to their work. For example, we overheard one member of staff who called into the office having a discussion with the team leader about changes in a person's behaviour and what might be the reasons behind this. This was explored sensitively in discussion and it was clear the staff member and the team leader understood the person well and were considering individual approaches to their situation.

When we spoke with staff it was clear they placed people at the centre of their work and their primary purpose was to meet people's individual needs. Staff were enthusiastic and focussed upon their support for

people that used the service.

## Is the service responsive?

### Our findings

People and relatives told us care was very responsive to people's needs. One relative said: "All I can say is, in a nutshell, I can't praise Millennium enough. They concentrate on what [my family member] can do, not what they can't do and that is their motto. When you tell a person that, they believe it and then they can". The person who was supported with personal care told us the carers were reliable and on time to support them. Two relatives, whose family members were supported by the service, although not receiving personal care, gave praise for the way in which individual needs were met. One relative said: "The staff have responded to [my family member's personal situation in a sensitive way". Another relative said: "Millennium Care Services has been the making of my [family member]".

We looked at the care and support files for all five people who received support with personal care. We saw detailed assessments using the Millennium Outcomes Assessment Tool (MOAT) and a description of the person's needs against each of the identified domains of care. For personal care there was a description of how to support each person in line with their preferences and abilities. There was evidence of people's involvement and regular reviews of care and support. Review meetings were inclusive of other professionals involved in people's care as well as with the people themselves. Staff came into the office at regular intervals to read information in people's care records. One member of staff we spoke with said they wanted to find out as much as they could about a person they were going to support and we saw they took time to read the care record in the office prior to supporting them.

Relatives we spoke with said their family members had care documentation kept in their home and the staff updated this at every visit. One relative said: "They always tell me what they are writing down so I know what's what". Another relative said they knew the care documentation was regularly updated by staff.

We saw the file of compliments, concerns and complaints. The registered manager told us there had been no complaints about the service but these would be taken seriously and acted upon in line with the organisation's policy and procedure. We saw this policy and procedure contained easy read and advocacy information for people to understand how to make their views known or have support with this. We were shown a 'glimpse of brilliance' file in which there was positive feedback and examples shown when staff had received compliments. For example, copies of text message communication on a work mobile in which a member of staff had sent information to a family about which staff members would be coming to support. The reply they received was 'You're worth your weight in gold'.

## Is the service well-led?

### Our findings

People and relatives thought the service was well run. One person, who did not receive personal care but who was supported by the service said: "It's good here, I like it, I've been with Millennium for years". One relative told us: "The staff come into my house, a service like that can feel like an intrusion in your life, but not with Millennium, they are so good at respecting privacy, which shows how well it's run". Relatives told us they could not think of any way the service could improve. One relative joked and said: "Well if they did my ironing as well, that would be great" but added in seriousness there was no room for any improvement on what was offered already.

The core values of the organisation were: with, not for; inclusive; developing potential; responsive and making a difference. Staff we spoke with understood these and could recall where they were stated and displayed. We saw they were printed on documentation and communication to staff, displayed on the walls and incorporated into art work, such as a group tapestry done by people who used the service. The organisation had also achieved the silver award for Investors in People, an internationally recognised management accreditation.

The registered manager was present during the inspection and was very proud of the people who used the service and the team who supported them. The registered manager assisted the inspection by liaising with office staff, carers and people who used the service on our behalf. The registered manager was open and transparent during the inspection and provided all of the information required for the inspection. The registered manager was very knowledgeable about the service and there was a culture of fairness and openness within the team. The registered manager had strong recognition for the work of the team, they led by example and staff had a clear understanding what was expected of them.

We saw policies and procedures were in place and regularly reviewed in order to ensure all staff were supported to meet the required standards of care and service delivery. The registered manager ensured the service was delivered safely, efficiently and professionally by supporting staff through supervision sessions and empowering the team. All staff had a clear understanding of their responsibilities and what they were accountable for and they had a strong sense of pride in their work with people.

Documentation that supported the service delivery was very well organised, detailed and informative although made reference to the previous CQC guidance about compliance and the associated 'outcomes' for people using the service, which had been replaced in April 2015 by the fundamental standards of care. We saw the provider was clearly aware of the changes to the Health and Social Care Act and the new regulations, as this was referred to in other documentation used by the service. For example, the registered manager showed us how training information was related to the five domains of care: safe, effective, caring responsive and well led. We also were told how the staff also apply 'the mum's test' to benchmark whether the service would be of a suitable standard. However, policies and procedures and audits were aligned to the outcomes. The registered manager downloaded up to date information from the CQC website during the inspection and said they would address this as a priority. Following the inspection we raised this with the local authority commissioning team to ensure the provider was included in any information sharing

updates.

We saw results of quality assurance research carried out to obtain the views of people, their family and friends, staff and other professionals. High scores were obtained for staff care and personalised care, positive culture and atmosphere and safe care for people. 95% of staff felt leadership was positive. The results were announced for people and families in the company newsletter.

The service was committed to establishing strong community links. The registered manager told us how they had visits from the fire and the police service and we saw evidence of fundraising for charities. On one of the days of the inspection we saw people from all the Millennium Care Services had come together in 'The Great Millennium Bake Off' which raised funds for a cancer care charity.

Regular staff meetings were minutes and included discussion about 'what's going well' as well as highlighting work to be done. Monthly management meetings as well as a range of team meetings enabled staff to focus on the vision of fulfilling people's lives. We saw quarterly reports sent to local authority commissioners to demonstrate what the service had achieved.

Audits were regular and enabled the registered manager to maintain an overview of the quality of service delivery. Audits within each supported living house covered areas such as infection control, safeguarding, medicines and finances. The registered manager told us senior staff from each house were involved in auditing the quality in other houses to ensure 'fresh eyes' picked up on issues and consistency of quality was achieved across the organisation.