

Millennium Care Limited

# Millenium Care Limited - 1 Old Park

## 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 well-led?

**Good** ●

# Summary of findings

## Overall summary

### About the service

Millennium Care Limited – 1 Old Park is a residential care home providing accommodation and personal care for up to ten people with learning and physical disabilities. At the time of the inspection there were nine people living at the service.

### People's experience of using this service and what we found

People living in the home had lived there for several years and staff knew them and their needs well. People were supported to have maximum choice and control of their lives within the limitations posed by lockdown restrictions due to the COVID-19 pandemic. Staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the guidance CQC follows to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was able to demonstrate how they were meeting some of the underpinning principles of Right support, right care, right culture. People were supported to live stimulating lives within the confines of the national lockdown. People had been restricted from taking part in their usual leisure activities during the lockdown but had recently started going out again and told us they had been to a day service, for walks, shopping and out for coffee. Activities provision was individualised to some extent to people's likes, hobbies and interests and promoted choice, control and independence.

The registered manager had worked at the home for many years and was respected by staff who told us they felt well supported and could approach the registered manager for advice at any time.

Safe staff recruitment processes were in place but checks were not robustly completed to ensure staff were appropriately assessed as safe to work with vulnerable adults. In one case references did not match the information in the interview record and application form and in two others there was no evidence on file that the references were verified as being from employers.

We have made a recommendation that the provider follow safer recruitment practice.

Records showed a lack of full understanding of the Mental Capacity Act (MCA). Where a person was not able to consent to an important decision, for example to staff giving them prescribed medicines or having a COVID-19 vaccination, records did not show that a best interest decision process had been properly followed.

We have made a recommendation that the service seek further training on best practice in following the MCA.

Staff understood safeguarding and how to keep people safe from abuse and knew how to report any concerns. Staff received training and supervision to support them in their role.

People received their medicines safely and as prescribed. They were supported with maintaining a balanced diet which met their individual dietary needs.

Relatives' feedback about the registered manager and staff team was overall positive. The manager and quality assurance manager carried out regular audits of records, medicines management and health and safety of the premises.

#### Rating at last inspection and update

The last rating for this service was requires improvement (published 20 June 2019). The registered manager had made improvements in all areas since then and the rating has improved to good.

#### Why we inspected

At the last inspection there was a breach of regulation as there remained a lack of suitable handwashing facilities and failure to use personal protective equipment when serving food. Although we had carried out monitoring calls with the registered manager and received assurance that improvements had been made, we needed to inspect to ensure the risks had been addressed.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to coronavirus and other infection outbreaks effectively.

The overall rating for the service has improved to good.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Millennium Care Limited – 1 Old Park on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe. Details are in our safe findings below.

**Requires Improvement** 

### Is the service effective?

The service was effective. Details are in our effective findings below.

**Good** 

### Is the service well-led?

The service was well-led. Details are in our well-led findings below.

**Good** 

# Millenium Care Limited - 1 Old Park

## **Detailed findings**

## Background to this inspection

### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

### Inspection team

The inspection was carried out by one inspector and an expert by experience. An expert by experience is a person who has experience of using or caring for someone who uses this type of service. The Expert by Experience made telephone calls to relatives of people living in the home.

### Service and service type

Millennium Care Limited – 1 Old Park is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

### Notice of inspection

This inspection was announced. We gave one hour's notice of the inspection as we were mindful of the

impact and added pressures of COVID-19 pandemic on the service. This meant we took account of the exceptional circumstances and requirements arising as a result of the COVID-19 pandemic.

#### What we did before the inspection

Prior to the inspection, we reviewed the information that we held about the service and the provider, and notifications affecting the safety and well-being of people who used the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

Approximately a month before the inspection we contacted relatives of people living in the home to ask their feedback on the service. We spoke with a representative of seven of the nine people living in the home. This comprised five people's relatives and two people's social worker. We also spoke with three people living in the home by video call to ask their views on how things were at the service.

We used all this information to plan our inspection.

#### During the inspection

We spoke with four people using the service. We met four other people who were unable to speak with us and we observed interactions between those people and care staff and observed their appearance and apparent wellbeing. We spoke with the registered manager, quality assurance manager and a care worker.

We looked at four people's care and five people's medicines administration records. We also looked at the recruitment and training records of five staff. Other documents that we looked at relating to people's care included risk assessments, infection control and quality audits, financial records and policies and procedures.

We inspected the building for safety and hygiene issues.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We spoke with a further three care workers and a social worker on the phone.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as requires improvement. At this inspection this key question remains requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Staffing and recruitment

- The provider had policies and procedures to ensure the safe recruitment of staff. Staff recruitment files contained evidence of a criminal records check, proof of identity, employment history and written references confirming conduct in previous employment.
- However, whilst policies and procedures supported safe staff recruitment, there were areas where these were not followed robustly. One person's references did not match the information regarding their employment history on their application form and interview record. Four employer references were from personal email addresses rather than company addresses. The provider had recorded that the references were verified but there was no evidence on the file to show how the references were verified such as a company stamp or email from the company address. This meant there was a risk that that unsuitable staff may be employed.

We recommend the provider reviews the operation of their recruitment procedures to ensure they are robustly applied.

- There were enough staff to supervise people and provide the care and support they needed. Rotas also confirmed staffing levels were enough to meet people's needs.
- There was a stable staff team, some of whom had worked at the home for years so people knew them well. People told us they liked staff.

### Preventing and controlling infection

- At our last inspection the provider had failed to reduce the risk of infection in the home due to a lack of suitable handwashing facilities and failure to use personal protective equipment when serving food. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
- At this inspection we found enough improvement had been made and the provider was no longer in breach of Regulation 12.
- The home was clean and we did not identify any hygiene concerns around the home.
- At the previous two inspections there had been no soap provided in toilets and bathrooms but the registered manager had since purchased permanent hand wash holders. They said that staff supported people to wash their hands after using the toilet as most people needed that support.
- We saw that people had soap, toothbrush and toothpaste in their own rooms with one exception where it was not appropriate for the person to have soap in their room. The registered manager told us staff

supported this person with handwashing but could not leave the soap in their room for safety reasons.

- We saw that food preparation areas were clean to a high standard and suitable food hygiene procedures had been followed by staff wearing the appropriate personal protective equipment (PPE).
- Staff had completed training in infection control.
- We observed staff wearing personal protective equipment (PPE) but some staff were not wearing aprons and gloves despite the registered manager advising this was the expectation. The most recent infection prevention and control audit did not include a check of whether staff on duty were wearing PPE correctly. The registered manager said they would immediately address this.
- PPE was required to be worn by all visitors to the home.
- Staff were tested for COVID-19 three times a week and all staff and people living in the home had been vaccinated to reduce the risk of COVID-19 being transmitted.
- Relatives gave positive feedback about the cleanliness in the home. One told us; "It is very clean, especially the kitchen" and another said, "It is spotless."

#### Assessing risk, safety monitoring and management

- People's risks were assessed to keep people safe and free from avoidable harm.
- Risk assessments documented people's individual risks and the way in which staff should mitigate the risks. These included risks such as choking, mobility, road safety, medical conditions and allergies.
- Some environmental risks identified at the previous inspection such as faulty fire doors and unprotected radiators in two bedrooms had been addressed before the inspection. We did not observe any risks in the property during this inspection.
- There were regular health and safety audits carried out in the property to highlight any maintenance or safety concerns.
- The rota was changed during the national lockdown to address risks related to COVID-19 to ensure minimal changes of staff and staff said they felt well supported by the provider. This support included being able to stay in the provider's accommodation during the pandemic and being given lifts to and from work to reduce the use of public transport.
- The service had an outbreak of COVID-19 in 2020. The registered manager ensured all action was taken to minimise the risk of another outbreak. People using the service and staff had COVID-19 risk assessments in place.

#### Systems and processes to safeguard people from the risk of abuse

- Systems and processes were in place to protect and safeguard people from the risk of possible abuse.
- Relatives told us they thought staff were caring and felt people were safe in their care. Comments included; "The staff are totally caring" and "Staff are brilliant" and one said staff were like the person's family.
- Staff had training about safeguarding people from abuse and whistleblowing. They were able to tell us they knew who to report concerns to both within and outside the organisation.
- The registered manager showed a good understanding of safeguarding and the actions to take to report any concerns.

#### Using medicines safely

- There were effective systems in place to ensure people received their medicines safely and as prescribed.
- Care staff received medicine administration training and were assessed to check their competence at administering medicines to ensure staff were appropriately skilled.
- Medicines were stored securely. Medicines administration records were complete and no gaps in recording were identified.



- At the last inspection covert medicines were not managed safely as the appropriate protocols were not in place. The registered manager advised us that they had requested liquid medicines for people who were not able/willing to swallow tablets and these were now in use with no reported concerns.
- There were regular medicines audits to ensure people received their medicines correctly.
- People who were prescribed emergency rescue medicines for epilepsy had medicines prescribed that were required to be administered rectally. The registered manager said they were aware of alternative rescue medicines but that these were not prescribed as staff had not been trained in using the alternative medicine and rescue medicines were rarely required. The registered manager said they would request this training for staff so they could use the alternative less intrusive medicine if prescribed.
- There were personalised protocols for supporting people with their medicines. Records included what the medicine was for, the person's allergies, possible side effects and how the person liked to take their medicines, for example from a spoon or in their hand and which drink they liked with their tablets. This was good practice and ensured people had their medicines in a way that suited their needs and wishes.
- Where people took medicines as and when needed such as laxatives and painkillers, there were clear written protocols and staff recorded the reason for giving the medicine.

#### Learning lessons when things go wrong

- Accidents and incidents were recorded and the registered manager reviewed all incidents to see if there was any learning needed. They also acted on feedback from inspections and made continuous improvements.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance

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. In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

- The service applied for DoLS and these had been documented within the person's care records. The registered manager kept track of when the authorisations would expire and ensured they were applied for in good time.
- The staff team had completed training in the MCA. However, there was some incorrect practice on how to document decisions made where a person did not have mental capacity to consent. An example of this was where the service had asked another person to sign that they had given permission or consent for staff to administer their prescribed medicines. We explained to the registered manager that other people can only sign consent on another adult's behalf if they have legal authority to do so, and if not a best interest decision should be documented which includes the views of the next of kin and/or other representative. This had not had negative impact on any person as a best interest process had been followed but was not recorded correctly.

We recommend the service seek further training in best practice in the MCA.

- We observed care staff asking for people's consent when supporting them.
- One person had signed their own consent forms and this person told us they could make their own choices and decisions.
- Staff had a good understanding of the importance of seeking people's consent in daily activities such as

asking whether they wanted to go out, have a shower etc.

Staff support: induction, training, skills and experience

- Staff had completed appropriate training for their roles and required training was up to date. This had been mainly online training during the national lockdown. Staff told us they found the training very helpful and said the registered manager discussed their learning with them to ensure they understood it fully.
- Staff had recent training in infection control and COVID-19 to refresh their knowledge.
- Staff told us and records confirmed that they had regular supervision sessions where they could discuss their work and annual appraisals.
- Staff told us they worked well as a team and felt well supported by the registered manager. One member of staff said that they often approached the registered manager to ask for advice and that they always received good support.
- Staff told they were happy working at the home and one said this helped to create a family atmosphere in the home which benefitted people living there.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed on a regular basis. The registered manager had improved and updated all care plans since the last inspection. Errors that were present at the last inspection had been corrected. Staff read and understood the care plans and had a good knowledge of people's needs and preferences.
- Care plans were reviewed and updated regularly to reflect current needs.
- One person's needs had changed since the last inspection and staff had adapted the way they worked with the person and requested specialist advice so that they could continue to meet the person's changing needs.
- Relatives and professionals told us they were satisfied that people had the right care and support though two said they would like to see people going out more. The registered manager said they were planning to ensure people could go out every day and resume normal activities once the national lockdown ended.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to eat and drink well to maintain a healthy diet which met their individual needs.
- Staff supported people to bake every week and one person told us they had learned a lot of skills through baking cakes and could remember the recipes. People clearly enjoyed being able to prepare food for themselves.
- Where people required support to eat their meals, staff helped them in a respectful manner.
- Some people had specific dietary needs and requirements which were recorded in the person's care plan. Care staff were aware of people's dietary needs and requirements.
- The registered manager had introduced daily records of food eaten by each person following a recommendation at the last inspection which helped them to monitor people's diet and we were able to check that individual dietary requirements had been met. Staff were aware of people's religious and medical dietary restrictions and records showed these were followed.
- One person had a food allergy and we saw there was a good stock of foods for that person which were stored separately to reduce risk of contamination from foods they were allergic to.
- The service followed guidelines from a speech and language therapist where people had difficulties with swallowing to ensure they could eat safely.
- The mealtime experience was planned well to ensure people were able to enjoy their meal and receive the right support.
- Staff took turns to cook and one staff was a trained chef. The meal on the day of the inspection looked appetising. Two people told us they liked the food.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were supported to maintain and live healthy lives. Staff supported people to attend medical appointments.
- Hospital appointments and referrals to specialist services were recorded clearly.
- People received effective support in maintaining their oral hygiene. Toothbrushes were stored in sealed containers and staff helped people to brush their teeth.
- Relatives told us the registered manager kept them informed of health concerns and medical appointments.
- The service worked with healthcare professionals including GP, pharmacist, speech and language therapists, occupational and physiotherapist and followed their advice to ensure people's health and care needs were met.
- An occupational therapist advised on moving and handling equipment and staff ensured this equipment was cleaned after use.

Adapting service, design, decoration to meet people's needs

- People's bedrooms were personalised with family photographs, art and personal items. All radiators were covered to ensure people could not accidentally scald themselves on a hot surface. Rooms were warm and clean and those who were able to tell us their views said they liked their room.
- One person liked to spend a lot of time in their room and another liked to lock their room when they were not in it. Staff supported their preferences.
- The home was not fully accessible but people who were unable to use stairs had ground floor rooms.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated requires improvement. At this inspection this key question has improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The provider had not identified their own omissions in staff recruitment practice but agreed to make the necessary improvements.
- There were systems in place to monitor and oversee the quality of the service.
- A new quality assurance manager had been employed who supported the manager by taking responsibility for specific areas of the service such as medicines management.
- The registered manager and quality assurance manager carried out audits which included medicines administration, health and safety and infection control. Where audits identified any action needed such as a repair this was recorded and followed up. Audits had increased in frequency since the last inspection so the registered manager could identify any areas for improvement quickly.
- Relatives and some staff told us they had seen improvements in the quality of service.
- The registered manager reviewed care plans regularly.
- The registered manager was experienced and understood regulatory requirements.
- Staff gave positive feedback about the registered manager and described him as; "very good," "a reasonable person", "nice" and said they were able to discuss any concerns and ask for advice any time.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager had made a lot of improvements in the home in the past two years and people and their relatives gave positive feedback.
- Care plans were more person centred and despite the restrictions caused by the national lockdown people there was a positive atmosphere in the home. People who could talk to us said they were happy. They told us they are doing some activities they enjoyed and were supported to maintain regular contact with family and friends.
- People told us they enjoyed baking, going out for walks, to parks, shopping and for takeaway coffee. Two people were attending a dayservice in a safe way. Staff took people out individually or in small groups for a drive or walk. People had plans to resume their usual leisure activities when lockdown ended. In the meantime, they were doing more activities at home.
- Staff had a good understanding of what people liked to do and how they liked to spend their time. They told us they enjoyed growing vegetables with people and enjoying time in the garden.
- The provider followed the underpinning principles of Right Care, Right Support, Right Culture. People's

individual activities promoted choice, control and independence.

- Staff supported people to make telephone or video calls to their relatives. One person phoned their mother every day. This was important to them.
- One relative told us, "The staff are the best thing, they are brilliant." Another said, "The staff are totally caring, it is her daily." There was a concern about one person's care which we discussed with the registered manager. Staff, relatives and the registered manager all mentioned the family atmosphere. People told us they liked the staff and two people told us their favourite staff.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood their legal responsibilities in relation to being open and honest with people when something went wrong.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Relatives told us that the registered manager communicated with them on a weekly basis to inform them of how their relative was during the lockdown period when they were unable to visit the home. One relative said, "We have a text every Friday and sometimes a photo."
- Staff told us they were involved in the running of the home and contributed their ideas to staff meetings. They said they worked well together as a team and a few staff described the team as being like a family. Staff without prior experience said they learned from the registered manager and more experienced staff. Staff said they were happy in their roles. They benefited from their training, supervision and day to day contact with the registered manager. They said they felt well supported during the national lockdown.
- The service worked in partnership with healthcare professionals and social workers from the local authorities. They also involved families in decision making.