

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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and 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 supporting people with a learning disability and autistic people and providers must have regard to it.

About the service

Millennium care provides care and support to people living in their own flats and homes within a supported living setting so they can live as independently as possible. The service provides support to people with a learning disability and autistic people who may have mental health needs. At the time of our inspection, there were thirty-eight people using the service.

Not everyone who uses this type of service would receive personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

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

Right Support

- People were respected and valued as individuals.
- Care was planned and delivered following an equality, diversity and human rights approach which encouraged people to achieve their desired outcome.
- People were directly involved in planning and reviewing their care.
- People were supported to engage in activities and to socialise.
- Staff understood equality and diversity and promoted these.
- People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Right Care

- People were positive about the care and support received.
- People's communication needs were assessed and met. Staff knew people well and how to communicate with them.
- Risks to people's care were assessed and actions put in place to manage them.
- The management team were aware of their safeguarding responsibilities; appropriate referrals had been made when required.
- Medicines were administered safely. Staff understood the organisation's medicines policy and followed it to ensure people received their medicines safely. Incidents and accidents were managed in a way that

ensured lessons were learnt to prevent reoccurrence.

Right culture

- People were treated with dignity and respect.
- People were given choice about their care and support.
- People were confident to raise any concerns with staff.
- The staff were kind and caring to people and relatives.
- Staff were offered relevant training and ongoing support that was flexible and tailored to staff's needs and people's changing circumstances and interests.
- The management team were knowledgeable and passionate about delivering quality care centred around people's needs and preferences.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published on 4 July 2019).

Why we inspected

We undertook this inspection to assess that the service is applying the principles of Right support right care right culture.

Follow up

We will continue to monitor information we receive about the service until we 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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Millennium Care

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 Health and Social Care Act 2008.

Inspection team

Two inspectors and an Expert by Experience carried out the inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

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

We gave a short period notice of the inspection. This was because the service is small and people are often out and we wanted to be sure there would be people at home to speak with us

Inspection activity started on 14 June 2022 and ended on 04 July 2022. We visited the office location on 14 June and visited people's homes on 14 and 16 June 2022.

What we did before inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We reviewed information we held about the service including information about important events which the service is required to tell us about by law. We requested feedback from other stakeholders. These included the local authority safeguarding team, commissioning team, and Healthwatch Wakefield. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and

social care services in England. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with three people who used the service and two relatives about their experience of the care provided. People who used the service used different ways of communication such as verbal communication, pictures, symbols and their body language.

We spoke with thirteen members of staff including the registered manager and the nominated individuals. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included four people's care records and three people's medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We continued to gather feedback from relatives.

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 good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were safeguarded against the risk of abuse. People told us they felt safe with the care and support they received.
- There were safeguarding policies and procedures in place. The registered manager and wider management team knew about their responsibilities in this area.
- Safeguarding incidents had been reported when required. Analysis of incidents was taking place and learning from them implemented, when required.
- Staff we spoke with were knowledgeable about signs of abuse and neglect and knew what action to take if they came across any safeguarding concerns.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks to people's care were assessed and actions put in place to manage them. Some people required support with their mental health; care plans were very detailed about how people would present when they were unwell and what specific support staff should provide them to prevent or manage any deteriorating in mental health.
- Positive risk taking was encouraged and supported by the service. For example, risks around people's relationships and use of social media were assessed and measures put in place to support people to make safe choices.
- Incidents were analysed, and actions taken, when required. Some people using the service required, at times, to be kept safe through the use of physical interventions; their care plans were detailed and it was clear that this approach was only used as a last resort and was part of the provider's wider trauma informed support. The use of physical interventions were closely monitored by the provider and there was a clear focus on reflecting on why these had been used and in reducing these.
- The provider worked closely with the landlord or supported people to do so, when repairs, maintenance or improvement work was required.

Using medicines safely

- People received their medicines safely.
- There was a medicines management policy and procedure in place and staff had been trained and their competency assessed in the safe administration of medicines.
- People's care plan detailed the support they required in this area, including relevant protocols for 'as and when' required medicines.
- The management team explained us the work they were doing with staff when medication errors had been identified to promote shared learning and prevent reoccurrence. These errors did not have a

detrimental impact on people.

Staffing and recruitment

- People had varied levels of support needs and we found people's assessed needs were met by the adequate staffing levels. There were enough staff available at the service throughout the day and night to support people.
- We spoke with staff who had been working at the service for several years; this ensured people were supported by staff who they had established a good relationship of trust and who knew them well. For example, one staff member had been supporting a person in a different service and continued to support this person in their new home, when they moved.
- The registered manager explained to us their recruitment was values based, to ensure all members of the team respected people and understood that their place of work was people's homes.

Preventing and controlling infection

- Infection and prevention measures were in place to ensure people, staff and visitors were safe.
- Checks were carried out on staff's practice and knowledge in this area.

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 good. At this inspection this key question has remained the same. 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 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 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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- People told us staff asked their consent before supporting with care tasks.
- Some people could not give informed consent for some areas of their care. Relevant mental capacity assessments and best interest decision records had been completed and relevant people involved.
- Some people who used the service had restrictions in place as part of their care; this had been identified and the provider was working with the relevant local authorities for the appropriate Court of Protection orders to be put in place.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law;
Supporting people to live healthier lives, access healthcare services and support

- People's needs were holistically assessed. Care plans had detailed information about people's likes and dislikes, and their health and care needs.
- We saw care and support was delivered in a non-discriminatory way and respected people's individual diverse needs. People's needs in relation to their protected characteristics under the Equalities Act 2010 were considered in the planning of their care. For example, people's mental health, communication needs and preferences were recorded in their care plan; having this information available ensured staff were able to provide consistent support and communicate with people.
- People were supported to live healthier lives through regular access to health care professionals. People received support to maintain their physical and mental wellbeing. Staff referred people to healthcare professionals when necessary and followed their guidance.

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

- People's dietary needs and preferences were understood and met by staff. Staff supported people to plan, shop and prepare their meals according with their preferences and health needs.
- People told us they enjoyed their meals and they could choose what to eat and when.

Staff support: induction, training, skills and experience

- Staff were offered relevant training to meet the needs of people using the service. This included structured training but also training tailored to the particular needs or interests of people and staff. For example, the service regularly developed 'huddle sheets' on various themes impacting on people or where it has been identified a need for staff's development; themes included communication, financial abuse, privacy and dignity.. The 'huddle sheets' included a brief explanation of the topic, questions, scenarios and additional resources.
- The management team offered ongoing support to staff through regular supervision meetings and team meetings.
- Staff told us they felt well supported and explained us the opportunities for development available at the service.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Care was planned and delivered following an equality, diversity and human rights approach which encouraged people to achieve their desired outcomes.
- Staff understood and met people's individual needs in relation to their cultural, relationships and their sexual orientation, these were recorded in people's care plans. The management team told us sexual health training had been put in place for people, relatives and staff to ensure this area of people's needs was well understood and respected.
- The registered manager told us how they had worked with a local dentist to promote an autism friendly service, that was adapted to meet people's needs.
- People told us they liked to work with the staff who supported them and had developed good relationships with them. In our observations, we saw staff were caring and kind. One person told us, "I get good support [from staff]. They are helping me."
- Staff had received training equality and diversity related topics.
- Staff knew people well and understood how people liked to receive their care, meeting their needs and preferences.

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- People were supported to express their views and be involved in decisions in their care. We saw many examples of how people had been supported by staff to develop skills that were important to them and improved their independence. We also saw examples of how people had been supported to explore their own interests and talents and make a positive contribution to the community they were in. The provider was supporting people to develop a service user led group who gathered feedback from other people about what was working well at the service and what could be improved; the registered manager told us this group was currently supported by staff but the goal was to be exclusively managed by people.
- People and relatives told us they felt involved in planning and reviewing care.
- The registered manager gave us examples of advocates being involved in decisions about the care. Advocates represent the interests of people who may find it difficult to be heard or speak out for themselves.
- Staff understood how to promote people's privacy and dignity.
- People's records were kept secure and staff's conversations in communal areas were appropriate and people's private matters were discussed with respect for their privacy.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received care that was personalised and responded to their individual needs and choices.
- People's care plans were detailed and identified their needs and preferences. Staff knew people well, their routines and areas where people required additional support. For example, a staff member explained to us how they supported people to be involved in preparing their meals and do housework by following an approach that was not perceived as placing a demand on the person because this facilitated their engagement with the tasks.
- People were involved in the planning of their care. One person told us, "My support is fine" and they did not want to change anything, although they knew they could if they wanted to.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were assessed, and plans put in place to support people with this area of their care.
- Staff told us how they adapted their approach to people's individual communication system.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were involved in activities that were meaningful to them and had opportunities to develop new skills. One person said, "I like going on holiday, I like buying things off internet, I like doing my own things."
- People were supported to maintain relationships and if any risks were identified, these were assessed and support put in place, to promote people's independence and choice.

Improving care quality in response to complaints or concerns

- People and relatives told us if they had any concerns, they would not hesitate to discuss them with care staff or management and were confident their concerns would be acted on. One relative commented on previous occasions when they raised concerns to staff, "Sometimes we have to agree to disagree, I can see their [staff] point of view and they see mine. We don't always reach the same conclusion, but we all want the same."

- The provider had policies and procedures in place to manage complaints, concerns and compliments.

End of life care and support

- At the time of inspection, the provider was not caring for people who required end of life care.
- People who used the service had been supported to develop end of life care plans that were accessible and easy read. These included details such as, who people would like to have with them if they were unwell or what songs or music to be played at the funeral to 'celebrate' people's lives.

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 as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People received care which was personalised to their individual needs and focused on their outcomes. Staff were matched to people in line with their preferred wishes and choices to provide consistent support.
- People told us the support they received had a good impact on their lives. One person said, "I like it here." Staff gave us examples of how they supported people who had complex needs in a way that promoted their independence and confidence.
- The management team were knowledgeable and passionate about delivering quality care centred around people's needs and preferences.

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; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The service proactively involved people and sought their views. The provider had developed an 'inclusion group' made up of people who used the service who sought the views of other people about how the service was being delivered, this information was then used by the management team to influence and change how the service as run. The 'inclusion group' plans included when to develop fundraising activities and workshops to improve people and staff's skills in certain areas. Relatives were asked for their views through the completion of an annual survey.
- The registered manager understood their responsibilities under the duty of candour and were open about any lessons that needed to be learnt as a result of incidents.
- Staff told us the management were supportive and any issues raised would be acted on timely and appropriately.

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

- The registered manager and staff members were committed to providing high quality care which reflected people's preferences.
- The provider had effective quality assurance systems in place. The management of the service conducted regular audits, for example, on people's medication, care records and observing staff's practice. This ensured that there was good oversight of the service.
- The registered manager told us about their continued plans to improve the service and showed us the improvement plan they had developed. For example, plans were being made to ensure medication records

were recorded electronically which would ensure these were easily accessible to staff responsible for auditing them.

- There were systems in place to ensure effective communication with people, relatives and staff.

Working in partnership with others

- Records showed us that health and social care professionals were regularly involved with people's care planning.