

# Millennium Care Services Limited

## 54a

### Inspection report

54a Pontefract Road  
Featherstone  
Pontefract  
West Yorkshire  
WF7 5HG

Tel: 01977793572  
Website: [www.mcare.info](http://www.mcare.info)

Date of inspection visit:  
26 September 2019

Date of publication:  
11 November 2019

### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

54a provides accommodation and personal care for up to three people with a learning disability. People using the service are supported to live as independently as possible. The service was split between a self-contained flat for one person, and shared facilities including separate bedrooms for two others.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

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

The documentation in place to support people to make decisions when they lacked capacity to do so required improvement. This was because it was not always clear which specific decisions had been assessed or how best interest decisions had been made on their behalf. People were not always supported to have maximum choice and control of their lives and staff did not always support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice.

Risks were assessed and minimised wherever possible, and there were good systems in place to ensure lessons were learnt after any incidents. We made a recommendation about reviewing some information used in risk assessments because it was not always up to date.

People were protected from the risks of abuse, and there were good systems in place to ensure concerns were reported.

There were enough staff at all times, and we saw people were happy and relaxed in the presence of staff. Recruitment and training practices remained safe and effective. People got their medicines when they needed them.

When people needed to see other health professionals they were able to do so. There were very good plans in place to ensure people would get the support they wanted at the end of their lives.

The care provided was person-centred and free of discrimination, however we made a recommendation about improving some of the phrases used in care plans to ensure documents reflected this good practice. Information was available to people in adapted formats where this was useful to them.

People's needs and preferences were understood and acted on, and we saw people could make and challenge decisions about their care. People shopped for and prepared their own meals, and were able to

access the community whenever they wished to.

There were systems in place to monitor the quality of care provided, however these had not identified issues with the documentation of people's capacity to make decisions. People were consulted about the running of the home and their feedback was welcomed.

The outcomes for people did not fully reflect the principles and values of Registering the Right Support for the following reasons; best interest decisions were referred to in care plans, however there was no evidence to show what process had been followed in making these.

The Secretary of State has asked the Care Quality Commission (CQC) to conduct a thematic review and to make recommendations about the use of restrictive interventions in settings that provide care for people with or who might have mental health problems, learning disabilities and/or autism. Thematic reviews look in-depth at specific issues concerning quality of care across the health and social care sectors. They expand our understanding of both good and poor practice and of the potential drivers of improvement.

As part of thematic review, we carried out a survey with the registered manager at this inspection. This considered whether the service used any restrictive intervention practices (restraint, seclusion and segregation) when supporting people.

The service used positive behaviour support principles to support people in the least restrictive way. No restrictive intervention practices were used.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was good (report published 24 March 2017). We did not identify any breaches of regulations. At this inspection we have identified one breach of regulations relating to people's capacity to make decisions, and the rating has deteriorated to requires improvement.

#### Why we inspected

This was a planned inspection based on the previous rating.

## 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?

Requires Improvement ●

The service was not always 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?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

# 54a

## 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.

#### Inspection team

Two inspectors carried out the inspection.

#### Service and service type

54a is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Notice of inspection

We gave the service 48 hours' 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.

#### What we did before the inspection

We reviewed information we had received about the service since the last 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 sought feedback from the local authority and professionals who work with the service. We used all of this information to plan our inspection.

#### During the inspection-

We spoke with all the people who used the service, two staff and the registered manager. We looked at two people's care plans and one person's medicine stocks and records of administration. We looked around the home, including people's private rooms with their consent. We looked at other records relating to the

running and management of the home.

After the inspection

We asked for some additional information to be sent to us to support our judgements. We received this in a timely way.

# 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. We found some issues with the consistency of some documentation relating to risk and medicines management. We did not identify any breaches of regulation. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; Preventing and controlling infection

- Risks associated with people's needs were assessed. There was clear guidance for staff to follow to show how they should act to support the person to minimise these risks as much as possible.
- Some information included in these assessments referred to historical incidents which had not re-occurred for a significant length of time. We discussed this with the registered manager and recommended they review documentation to ensure it remained relevant to current risks.
- There were regular checks in place to ensure the safety of the premises. These included gas certificates, electrical equipment checks and tests to ensure fire detection and protection systems were in working order. Regular fire drills were held to help staff and people understand how they would need to act if the alarm went off.
- People lived in a well- maintained home. People who lived at 54a helped keep their home clean.

Systems and processes to safeguard people from the risk of abuse

- People who used the service were provided with information in accessible formats to help them understand how they could share concerns about their care or events in their daily lives. This included making clear that they had the right to discuss this with statutory bodies such as the CQC.
- Staff were trained in safeguarding processes and there was a whistleblowing policy in place which outlined action they could take in order to raise any concerns about the service to other organisations

Staffing and recruitment

- Staff continued to be recruited safely, with checks on their experience and suitability to work with vulnerable people carried out before they started work in the service.
- There were sufficient staff on duty at all times to provide the support and guidance people may need. Outside office hours staff had access to an on-call duty manager. Arrangements were in place to enable them to call in additional staff if they were needed at short notice.

Using medicines safely

- People's medicines were stored securely in their rooms, and staff provided support to ensure these were taken at the right times. Staff competency in administering medicines was checked regularly.
- Clear records were kept when medicines were taken, and stocks were audited regularly to ensure any errors were identified at the earliest possible time. For example, medicines administration records showed a running total of any boxed medicines, meaning any missing tablets would be identified immediately.

- Where people had medicines to be taken when needed, for example paracetamol for headaches or other pain, these were available to them. Good documentation was in place to show how and when these medicines should be given, and what the beneficial effects of that medicine should be.

#### Learning lessons when things go wrong

- There was a good approach to learning lessons. The registered manager told us the provider ensured any lessons learnt at one service were shared others to help prevent the same things happening elsewhere.
- The registered manager responded to observations made on the inspection and talked to us about changes they could make.



# 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 now deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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.

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.

- We looked at two people's mental capacity care plans. Both contained a statement, 'The Mental Capacity Act 2005 code of practice acknowledges that individuals such as [name of person] will always lack the capacity to make some types of decisions. This is due to [their] learning disability and the recognition that capacity for these decisions will not be gained through education.'
- The processes for assessing people's capacity to make specific decisions were not always clear about which decision was being assessed, the processes being followed or how the decision had been made in their best interests when they lacked capacity to do so for themselves.
- One care plan contained the statement, "[Name of person] has been assessed to lack the mental capacity to keep [themselves] and others safe relating to mobile devices." However, there was no supporting documentation to show how that assessment had been carried out, and the registered manager was unable to provide any when we asked if it was stored elsewhere.
- Another care plan had information about staff making a best interest decision for the person about the time they got out of bed, with some suggested times by which they would be up at the weekend. The person had capacity to make decisions, however, their participation in this decision was not recorded.
- There was an inconsistent approach to ensuring people with capacity had given and recorded their consent, for example by signing care plans. Spaces to capture this information were often left blank.

- One person's care plan stated staff accompanied them to all health appointments, although the person had full capacity. The registered manager told us staff attended the appointments as they needed to be sure they had a full understanding of the person's healthcare, and were concerned the person may not tell them what had been discussed.

The above evidence indicated the provider was in breach of regulation 11 (need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Where DoLS were required to help keep people safe, these were applied for and acted on in appropriate ways. For example, there were enough staff to enable people with an authorised DoLS to go out into the community whenever they wished.

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

- People had hospital passports in place to help them describe their needs and preferences for care to other health professionals.
- People had lived at 54a for some time and had not recently moved between services. One person said they were receiving the support they needed to make a decision about whether to continue living at the service if the provider changed its registration to a supported living service. They told us they had been consulted and had been given time to consider their options. However, this was not fully reflected in their care records.

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

- Care plans contained information about people's likes and dislikes, important relationships and how to support the person to communicate when this may be difficult for them. Information was not always complete, however. We discussed this with the registered manager and they agreed that some changes would be beneficial.
- People's health and well-being needs were documented in their care plans.

Staff support: induction, training, skills and experience

- People said staff had the skills and experience to provide them with the support they needed.
- New staff completed a comprehensive induction which was flexible to take into account their previous experience. Staff with no previous experience in care undertook the Care Certificate, which is a nationally recognised set of standards.
- Staff continued to receive the support, training and refresher training they needed to remain effective in their roles.

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

- People were involved with planning and shopping for their own meals, and they produced a weekly menu to help with this.
- When people did not want to follow the menu, or wished to share a meal together, they said they were able to do so.

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

- People who lived at 54a did not need adaptation to the premises to enable them to live with as much independence as possible. The house had a discreet presence in a residential area.

# 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

- People told us they were happy at 54a, and that they got on with all the staff. Based on our observations and conversations with people we concluded discrimination was not a feature of this service.
- Through our conversations with people and observations made during the inspection we concluded the service was adhering to the principles in the Equality Act 2010.

Supporting people to express their views and be involved in making decisions about their care

- People told us they were consulted about the content of their care plans and staff involved them when these were reviewed.
- One person spoke with the registered manager about an aspect of their care plan whilst we were speaking with them. We saw the exchange was positive and focused on the person's needs.

Respecting and promoting people's privacy, dignity and independence

- People were able to plan their own days. For example, on the day of our inspection one person was out at work and another told us they were going out to meet a family member.
- There was no external signage to identify 54a as a care home. This reflected the needs and abilities of people using the service to live as independent a life as possible within the community.
- People were encouraged to personalise their own rooms as much as they wished.

# 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

- Care plans were written with people, and reflected their needs and wishes. There was some historic information included which may not still have been of relevance to the person's current needs. We discussed the benefits of reviewing the contents with the registered manager. They agreed to look at this after our inspection.

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.

- Information was made available to people in formats appropriate to their needs. For example, complex information such as reporting concerns, complaints and abuse was provided in formats which helped people access and use the information independently. Care plans also contained easy to read information which would help people review and challenge the content when necessary.

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 told us they were able to plan their lives as they wished. People were able to access the community and activities such as visiting family and friends, going out for meals or to the cinema. On the day of our inspection one person went to work at a local charity shop and another went out independently to meet up with a family member.
- Family members were able to visit people at their home, and people told us they were able to have privacy for these visits if they wished. People were able to have overnight visits with family when they wanted to.

Improving care quality in response to complaints or concerns

- Since our last inspection the service had not received any complaints. Information about how to raise complaints and concerns was displayed on a noticeboard in the home in an accessible format.
- People told us they felt able to discuss any concerns with the staff, and had not needed to use a formal complaints system to get the answers they wanted.

End of life care and support

- There were very detailed, very personalised plans in place to ensure people's wishes for their care at the

end of their lives could be understood and met. These included things the person would like to do or have with them if they knew they were terminally ill.

# 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 now deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Continuous learning and improving care; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- There were systems in place to audit and monitor the quality of care in the home. Senior staff, the registered manager and the provider contributed to these and we found they were broadly effective in identifying any actions needed and ensuring these were addressed in a timely way. However, the weaknesses in documentation relating to assessment of people's mental capacity and best interests decisions had not been identified or addressed by these processes.
- Some language in care documentation did not reflect the person-centred culture in the home. For example, when referring to overnight stays with families and in recording the support people received with behaviours that may challenge them or others. We discussed this with the registered manager and they told us they would take action to review this.
- People told us they were happy with the quality of life at 54a, and our observations confirmed people were relaxed around all staff and happy to raise issues with them.
- We saw people experienced good outcomes, for example receiving support to make changes to their lifestyle when they wished to.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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 was knowledgeable about their regulatory responsibilities. They had a strong commitment to ensuring people lived in a quality service which met their needs well.
- People could attend meetings to discuss and influence the development of the service, and this feedback was acted on.
- The provider ensured notifications of certain incidents were sent to the CQC and local authority as required and without delay.
- The registered manager was able to tell us in detail how they acted in the spirit of the duty of candour. This included writing to people who used the service when they felt the provider had identified any actions which they had failed to take. This meant there was an open culture in the home.

Working in partnership with others

- There were good links with the local community to enable people to maintain and develop their interests.

- Health and social care professionals were involved in people's care as appropriate.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 11 HSCA RA Regulations 2014 Need for consent</p> <p>How the regulation was not being met.</p> <p>Assessments of people's capacity to make decisions did not make clear which specific decision was being assessed. Best interests decisions were referred to in care plans, however there was no supporting documentation to show how these decisions had been made.</p>