

Millrose Care Limited

# Millrose Care Limited

## Inspection report

127 Clovelly Road  
Bideford  
Devon  
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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

### About the service

Millrose Care is a domiciliary care agency providing personal care in people's own homes in the community.

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. At the time of inspection, approximately 30 were receiving care from the service and, except for three people, all received personal care.

The service provides care and support to people living in the surrounding areas of Bideford.

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

People and their relatives were very happy and complimentary of the service provided by Millrose Care. They received safe and effective care to support their individual needs.

People were protected and cared for by staff who had been safely recruited, well trained and skilled. They were aware of how to recognise and report any concerns they had.

Staff were kind, caring and compassionate to people and their relatives. They ensured people were treated with privacy and dignity and encouraged them to remain as independent as possible.

People and care staff had built up trusting and positive relationships together. Staff cared for families and pets as well as the people they supported. They made small caring gestures to people which meant a lot to their wellbeing.

There was good communication and people and relatives felt listened to. All felt if they had concerns, the registered manager would resolve them.

People's needs were assessed, and care plans were clear and detailed. They included all areas of the care and support needed based on people's individual choices and preferences. Risks to people's health and wellbeing were continually identified and reviewed.

People received their medicines safely and were encouraged to eat and drink.

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. Staff sought people's consent before supporting them and people's support given in line with law and guidance.

People knew how to raise a concern and felt listened to. They were confident any concerns would be

resolved.

People, relatives and staff were complimentary about how the service was led by the registered manager. Staff shared in their vision for the service and were motivated and enjoyed their jobs.

Systems were in place to monitor the quality and effectiveness of the service.

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 14 September 2017).

Why we inspected

This was a planned inspection based on the previous rating.

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.

# Millrose Care Limited

## 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

The inspection was completed by one inspector.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses, flats and specialist housing.

The service had a manager registered with the Care Quality Commission. The registered manager was also the registered provider of the service. This means that they 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 the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the registered manager would be in the office to support the inspection.

Inspection activity started on 25 February and ended on 3 March 2020. We visited the office location on 26 February 2020.

#### What we did before inspection

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

#### During the inspection

At the office visit, we reviewed a range of records. We spoke with the registered manager, the co-ordinator, a senior care worker and four care workers. We looked at two 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.

We visited and spoke with four people in their own homes, along with three relatives or friends, to gain their experiences of the service.

#### After the inspection

We continued to seek further evidence from the providers to validate evidence found.

We spoke by telephone with a further five people and three 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 felt safe and were protected from avoidable harm by the staff who supported them. They knew the staff who would be visiting them and felt comfortable with them. A relative said, "(Family member) is very safe."
- People were supplied with a staff rota which included photographs of the staff members who would be visiting them. This helped them to recognise the care workers. A relative said, "The rota is really useful because my (relative) cannot remember names and forgets who's coming but they can relate to the staff pictures." Another relative said, "(Family member) has 'rogue's gallery' each week and visits are made in line with this."
- Staff never visited without meeting the person first and knowing what their care and support needs were. A relative said, "They don't send new staff until they've done a first visit."
- Staff were aware of their safeguarding responsibilities and how to protect the people they supported. They had received training and knew the actions they needed to take if they had any concerns.
- There had been no safeguarding issues or concerns since the last inspection.

Assessing risk, safety monitoring and management

- Assessments were carried out to consider and mitigate any risks identified to people and staff.
- Care records showed people had their individual risks identified, such as those relating to mobility, moving and handling, nutrition, skin damage and falls.
- Environmental risks were also identified if necessary, such as loose carpets and sharp objects. One person's care record included a risk assessment relating to their two cats and action staff needed to take to prevent any harm.
- People felt safe with the staff who supported them. One person said, "Do I feel safe? Sure I do!" and a relative said, "They are as safe as can be."

Staffing and recruitment

- People were protected because the service ensured a robust recruitment procedure was in place and followed.
- Staff had all the necessary pre-employment checks carried out prior to them starting work at the service. This meant they were suitable to work with people who may be vulnerable.
- The service had recently been experiencing short staffing due to a variety of reasons. The staff team told us how they had "pulled together" to cover the care calls and worked over their contracted hours to provide care. Staff said this was now getting better and the need to work excessive hours reduced. One care worker said, "It has been really busy as we have been short staffed, but we are a good staff team and worked

together." Another care worker said, "It has been busy with extra work but everyone "mucked in together."

- During the time of the reduced staffing numbers, people told us there was no missed or late care calls. Comments included, "I don't feel rushed, have plenty of time", "...on time for visits" and "...always on time and no missed visits."
- The registered manager had worked alongside the staff team covering care calls when necessary. They had refused to take on any more care packages until they were fully staffed in order to prevent any disruption to the service.
- The service had an on-call system and the registered manager was available outside of office hours. They were available at any time of the day or night.

#### Using medicines safely

- Staff ensured people received their medicines in a safe way. All staff had received training, checks and support to ensure they were competent to give people their individual medicines.
- Medicine records were checked to ensure people received their medicines on time and staff had completed the necessary medication administration records (MAR).
- People told us staff assisted them to take their medicines at the time required.

#### Preventing and controlling infection

- People were protected by staff who had received training in infection control.
- Staff confirmed there were plentiful supplies of personal protective equipment (PPE) for them to use. These were held in stock at the office for staff to pick up.

#### Learning lessons when things go wrong

- Where incidents had occurred, action was taken to prevent a reoccurrence.
- There had been no significant incidents since the last inspection.



# 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.

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

- People's needs, choices and preferences were discussed prior to the service commencing. This meant the service was able to make an assessment to ensure they could meet people's needs fully.
- Where people's needs were assessed as being different to those first identified, the registered manager contacted the referring authority to discuss their concerns.
- The assessment was carried out by a senior member of staff who visited the person in their current care setting, hospital or home. This looked at all aspects of the care and support required. This information was used to develop a care plan for staff to follow.

Staff support: induction, training, skills and experience

- People were supported by a team of skilled staff who delivered a package of care to them in their own homes.
- Staff were up to date with the training required. Two care workers said, "We are well trained" and "We receive lots of training." Two staff members had recently undertaken the 'Train the Trainer' course in safe moving and handling. This meant they could train staff internally and act as a support and guide for staff with moving and handling concerns. A relative said, "The staff are very well trained and good at their jobs ... they have a job to do and they do it."
- Any staff new to care undertook the Care Certificate (recognised as best practice induction training) with an outside trainer. This ensured they were fully trained for their roles.
- Staff received regular supervision and appraisals and felt this was useful to discuss their performance and training needs. Staff had their hands-on care and competency checks carried out to ensure they were working in a consistent and effective way.
- Staff team meetings had not been held regularly recently. Staff said they felt these were useful and would like them to take place more frequently to discuss any issues. This was fed back to the registered manager who was in the process of planning these. However, staff received any changes or updates from the registered manager via email or a private social media group. This ensured staff were up to date with any changes in people's care and support needs.

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

- People were supported to eat and drink if this was part of their care package.
- Staff gave people a choice of the meals they would like. We saw how two people were supported by a care worker to choose their preferred food for lunch and the discussions they had about this.
- Before staff left people's homes, they ensured they had drinks and snacks within easy reach until the next care visit.

- Staff recorded on daily records the meals, snacks and drinks they had prepared and if they had been consumed.

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

- The registered manager had many years of nursing experience in providing health care. This meant they had a good knowledge of health-related illnesses, conditions and knew when to refer people to specialist professionals. A care worker said, "Because (Registered manager) has been a nurse, they know so much and always has an answer."
- The service worked closely with the community nursing teams and GPs to ensure they were delivering care and support in line with people's specific needs.

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.

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. At the time of inspection one person was subject to a Court of Protection order.

- Staff understood the principles of the MCA and had received training on this.
- Staff worked in the least restrictive way and always ensured consent was gained prior to any care of support being given.
- People's Power of Attorney were recorded in care records and staff were aware of these.

# 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 outstanding. At this inspection this key question is now good. 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 and relatives received individualised care from a service which was small and focussed on providing quality care. They were very complimentary of the registered manager and staff. They overwhelmingly described them as "kind and caring". Comments included, "Staff are nice, caring", "Staff are very pleasant, they do whatever you ask them to do; very, very good service" and "Very good, nice people – do as much as they can."
- Staff respected and promoted people's equality and diversity by treating people as individuals and enabling people to express their individuality and cultural identity. For example, people were supported to choose their own clothes and wear their hair how they preferred. We saw how one staff member ensured the person they were looking after had their lipstick on before leaving their bedroom. The care worker said, "It's very important to them to have their make up on, their hair nice and a spray of perfume on."
- The registered manager and staff cared and supported both people and their families. They were empathetic and compassionate. A relative said, "Without (registered manager), I do not know what I would have done ... we had many long chats, they listened to me and we talked things through when I didn't know what to do ... I would not have been able to cope without them." Another relative said, "The service is managed by someone who understands emotional and psychological needs ... can't fault them."
- By having a regular team of staff, people had gained confidence and built up trusting and positive relationships. One person referred to them as the "ladies in pink" and spoke how staff "kept everything in order" for them. A relative said, They (staff) are superb ... you know who's coming."
- Because positive and close relationships had been built up, people benefitted from small gestures of kindness from staff. For example, staff thought of people outside of their work hours such as buying a new foundation make up for one person, taking one person a bunch of daffodils and roses from their garden, picking up small food items between care visits and taking one person duck eggs. A care worker said, "Sometimes, it just makes their day" and another said, "We always do little things like that ... I love seeing the smile on people's faces."
- Staff also looked after people's pets for them as part of their support plan. For example, one person had two dogs living with them. Due to living with dementia they forgot to feed them. Staff cared for them and ensured they had food and water down at each care visit. They petted and stroked them on care visits. This meant the dogs could still live with the person who were very much a large part of their lives.

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

- People were involved in making decisions about how their care and support was delivered. Before the service started a new package of care, the registered manager ensured they met with the person and

discussed their needs and wishes to include in their care plan.

- Staff were skilled at communicating with people and their relatives. Two relatives said, "... communicate well and they phone and tell me if (relative) is not eating" and "There is excellent communication, they are always on the button with any little thing and ring up and tell me."

Respecting and promoting people's privacy, dignity and independence

- People and relatives told us staff respected their privacy and dignity. Staff were able to tell us how they did this, such as when delivering personal care. A relative said, "... staff respect their privacy and dignity". Two people said, "Respectful of dignity, cover up areas whilst giving thorough all over wash" and "...very respectful of privacy and dignity."
- Staff encouraged people to achieve their independence. One person told us how staff encouraged their family member to be independent as possible. They said, "I like to do as much as I can myself ... They (staff) are very much if you don't use it you lose it."

# 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 and support which was responsive to people's specific needs, choices and preferences.
- People and their relatives were involved in the development of care plans and these were flexible and personalised to achieve people's individual outcomes.
- People's care plans gave clear and very detailed information about the support people needed. They were well set out, easy to read and up to date. They included the detail necessary for staff to give care in a consistent and complete way. For example, how people liked their personal care given and a procedure for feeding one person's dogs.
- All care records and risk assessments were reviewed monthly or sooner if required. For example, one person's care needs had very recently changed. The changes were fully documented in the care plan which had been reviewed immediately. This meant people's care records reflected their current needs.

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.

- Care records demonstrated how people were able to communicate and whether they had any sensory or cognitive impairment which may affect their understanding.
- Where people used aids to improve their communication, staff ensured these were in place and working, such as checking people's hearing aid batteries were working regularly.

End of life care and support

- Where people were nearing the end of their life or had been assessed as specifically needing end of life care, staff assessed their needs. They developed clear and detailed end of life care plans with information about how their symptoms would be managed and their choices and wishes in relation to their future care.
- The service worked with other healthcare professionals to ensure people had a dignified and as comfortable a death as possible.
- Staff ensured medicines were obtained to manage any future symptoms, such as pain control, when needed.

Improving care quality in response to complaints or concerns

- There had been no formal complaints since the last inspection. The registered manager worked hard to

resolve any issues before they became complaints.

- People and relatives were confident any concerns would be listened to and resolved. One relative said, "If there are any problems (registered manager) is on top of it and because it is a small company with staff accessible, it's gets sorted out." Another said, "If I have an issue, I talk directly to (registered manager)."
- No complaints were given during the inspection, only compliments about the service. These included, "They (staff) are lovely, very pleased with them, you're not taking them away from me" and "Excellent – no grumbles whatsoever."

# 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 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.

Planning and promoting person-centred, high quality care and support with openness

- People benefitted from a well led service that delivered high quality care and met their needs and wishes. One person's friend told us, "It's a nice little Company" and a relative said, "It's an efficient little service, they sort things out."

- All people and relatives spoken with were very complimentary of how the registered manager led the service. They spoke of good communication and how the registered manager acted as advocate when people needed a voice. A relative said, "(Registered manager) is excellent, they are always on the button ... they sort anything out" and "They (registered manager) get on the phone and sort things out with things like the GP or the chemist about tablets."

- The registered manager respected and valued their staff. They only employed staff who had the same high values and philosophy of care as themselves. The registered manager said, "Our whole ethos is to care for clients and do what they want us to do in their home."

- Staff were motivated, enthusiastic and felt listened to. Two care workers said, "(Registered manager) has a very high standard and we feel part of it (service)" and "(Registered manager) works with us and asks our opinion ... they give great advice."

- Some of the staff had worked with the registered manager since the service began and were very experienced. One staff member's reason for working at Millrose was because of the registered manager's ethos. They had met them previously and found them to be "passionate" and that "they really cared". They had asked to work at Millrose Care to "follow the registered manager's example in caring and supporting people".

- The registered manager was very 'hands on' and this enabled them to work with staff and visit people along with their relatives regularly. This enabled them to continually improve their service and put people first.

How the provider understands and acts on their duty of candour responsibility

- The registered manager was aware of their responsibilities to provide CQC with important information. They understood their legal duty to people and relatives by their duty of candour. They were open and honest with people and relatives if anything went wrong.

- Two relatives said, "If I have an issue, I talk directly to (registered manager). I never saw the manager in the last care company we used" and "If I have a problem, I ring (registered manager) up and they listen to me."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- People and staff benefitted from a strong leadership and oversight of the service. The management and staff structure provided clear lines of accountability and responsibility.
- Staff understood what was expected of them and took pride in their work. They all said they enjoyed working for the service. One of the main reasons given was that it was small and allowed them to know people well and develop positive relationships. Comments included, "It's a nice little Company ... we know everyone" and "It's a small Company and I feel part of it."
- Effective quality monitoring systems were in place to continually review and improve the service. Checks and observations to monitor staff competency were carried out regularly.

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

- The registered manager was committed to improving the service. People and relatives told us they felt their views and opinions mattered and that they were acted upon.
- The registered manager had developed trusting and close working relationships with people and their families. They felt consulted and could call the office any time to speak with the registered manager.

Continuous learning and improving care; Working in partnership with others

- Any accidents or incidents were looked at to see if there were any lessons to be learnt.
- The registered manager ensured there was continuous learning for staff and for them as an organisation. This was through formal training, sharing best practice and keeping themselves updated on changing legislation.
- The service worked closely with other health and social care professionals in line with specific people's needs and involved them where necessary.