

# Millenium Employment Agency Limited

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## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	<b>Requires Improvement</b> 
Is the service effective?	<b>Good</b> 
Is the service caring?	<b>Good</b> 
Is the service responsive?	<b>Good</b> 
Is the service well-led?	<b>Requires Improvement</b> 

# Summary of findings

## Overall summary

This comprehensive inspection took place on 13 September 2018 and was announced.

We last inspected Millennium Employment Agency Limited on 29 January 2016 and found two breaches of legal requirements. These were in relation to safe medicines management, and staffing levels. We also made a recommendation in relation to the management of safeguarding concerns. At this inspection we found the provider had made improvements to the management of medicines and monitoring of staffing levels in relation to meeting people's needs.

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to adults and younger disabled adults. At the time of the inspection there were two people receiving personal care at the service.

A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The provider did not have comprehensive auditing systems in place to manage the oversight of the service and drive improvements. Audits undertaken did not always identify issues in a timely manner. We made a recommendation in relation to the management oversight and auditing processes of the service.

People's medicines were not always managed in line with good practice. Medicine administration recording sheets did not always contain adequate information to ensure the safe administration of medicines. We shared our concerns with the registered manager who submitted updated medicines administration records. We were satisfied with the provider's response and will review this at their next inspection.

People received care and support from adequate numbers of staff deployed to meet their needs. People's dependency needs were assessed regularly and staffing levels adjusted accordingly. Staff underwent robust pre-employment checks prior to commencing their role.

Risk management plans did not always give staff clear guidance on how to safely manage behaviours that challenged the service. We raised our concerns with the registered manager who sent us updated risk assessments. We were satisfied with their response.

People were protected against the risk of abuse as staff knew how to identify, respond and escalate suspected abuse. Staff received on-going safeguarding training and felt confident in whistleblowing.

Infection control measures in place ensured people were protected against the risk of cross contamination. Staff continued to be provided with adequate amounts of personal protective equipment to carry out their

role safely.

Staff and the manager were aware of their roles and responsibilities in line with the Mental Capacity Act 2005. People's consent to care and treatment was sought prior to care being delivered. People confirmed their consent to care and treatment was sought prior to being delivered.

Staff received guidance and support from the registered manager and reflected on their working practices through regular supervisions. People continued to receive support and guidance from staff who received regular training to enhance their skills and knowledge.

People were treated with dignity and respect and had their human rights protected and encouraged. Staff were aware of the importance of maintaining people's dignity and confidentiality.

People received personalised care and support from staff as care plans were person centred, reviewed regularly and devised with input from people.

People were aware of the provider's policy in reporting concerns and complaints. Complaints were investigated and a positive outcome sought in a timely manner. Where possible people were encouraged to participate in activities that met their social needs and interests.

People spoke positively about the registered manager. Staff were aware of the provider's values for the service and people confirmed the registered manager was approachable. Records confirmed the registered manager sought partnership working to drive improvements.

## 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 as safe as it could be. Although the provider had made improvements with the safe management of medicines, medicine records did not always contain sufficient information.

At the time of the inspection people were not always protected against the risk of identified harm as the provider did not have comprehensive risk management plans in place to guide staff when faced with behaviours that challenge the service.

People were protected against the risk of abuse as staff received training in safeguarding, knew how to identify, respond to and escalate suspected abuse.

People received care and support from suitable numbers of staff to keep them safe. Staffing levels were based on people's dependency needs and were suitably vetted before commencing the role.

People were supported by staff that were aware of the provider's infection control policy and were provided with protective equipment to reduce the risk of cross contamination.

**Requires Improvement** 

### Is the service effective?

**Good** 

The service was effective. People received care and support from staff that underwent on-going training to effectively meet their needs and enhance their skills and knowledge.

Staff reflected on their working practices through regular supervisions and appraisals.

The manager and staff knew their responsibilities in line with the Mental Capacity Act 2005 legislation. People's consent to care and treatment was sought and respected.

Where agreed in people's care packages, people were supported to access sufficient amounts to eat and drink, that met their dietary needs and preferences.

### Is the service caring?

Good ●

The service was caring. People spoke positively about the care and support they received.

People continued to have their dignity maintained and were treated with respect. People had their human rights promoted and encouraged.

People were encouraged to maintain their independence where possible and in line with their care plans. Care plans detailed people's level of dependency and care was provided accordingly.

Staff maintained people's confidentiality. Confidential records were stored securely and in line with good practice.

### Is the service responsive?

Good ●

The service was responsive. People's care plans were person centred, contained clear guidance for staff on meeting people's needs and were reviewed regularly.

People continued to be encouraged to access activities that met their social needs and preferences. People received support to access the local community as and when they chose.

People were aware of the provider's complaints policy. Complaints received by the service were fully investigated and where possible a positive resolution sought.

### Is the service well-led?

Requires Improvement ●

The service was not as well-led as it could be. Systems and processes in place were not robust and did not always identify issues in a timely manner.

People's views were regularly sought to drive improvements. Quality assurance questionnaires were reviewed and issues identified were actioned.

People spoke positively about the registered manager and told us he was approachable and open to suggestions about the service.

The registered manager sought partnership working to drive improvements and improve the quality of care provided.

# Millenium Employment Agency Limited

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This comprehensive inspection took place on 13 September 2018 and was announced. We gave the service 48 hours' notice of the inspection visit because it is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

The inspection was carried out by one inspector.

Prior to the inspection we reviewed the information we held about the service, for example, information shared with us by members of the public and healthcare professionals. We also reviewed the Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke with one person, one staff member, the human resources manager and the registered manager. We reviewed two care plans, two staff personnel files, two medicine administration records and other records relating to the management of the service.

After the inspection we contacted one relative and one healthcare professional to gather their views of the service.

# Is the service safe?

## Our findings

At the last inspection on 29 January 2016 we found a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as people were not always kept safe from harm. Medicines were not administered and managed safely. The service had a medicines management policy in place to provide guidance for staff. However, we found that the provider had not carried out checks to ensure the safe administration of medicines as prescribed. The provider failed to maintain people's medicine administration records (MARs). The registered manager could not be confident that people received their medicines as prescribed because they did not check this. Medicines audits were not carried out, therefore, the registered manager could not mitigate risks associated with unsafe medicine management. The registered manager had not assessed staff competency in the administration of medicines. The registered manager had no mechanism in place to assess staff competency following this training to ensure they were safe. People were at risk of receiving their medicine from staff that were not skilled to do so safely.

At this inspection on 13 January 2018, we found the provider had made some improvements to the management of medicines at Millennium Employment Agency. One person told us, "Staff give me my medicines. The office trained them [staff members] and then I train them as well and I supervise them for a few days and when I think they're capable, I start trusting them. I get the right dose at the right time and everything is perfect." Medicine Administration Records (MARs) documented the person's name, GP, and staff signed to confirm medicines had been administered. The key codes provided to highlight when medicines had not been administered had been used correctly, however there was no record of as to whether the medicines had been administered later or if at all; and what action was taken or impact on the person for not receiving their medicine. We also identified the MARs did not detail the name, dose and frequency of the medicine. Care plans did not clearly record what medicines were contained in the blister packs. We raised our concerns with the registered manager who told us, "I think we have become complacent." After the inspection the registered manager sent us updated MARs, we were satisfied with the provider's response. We will review this at our next inspection.

At the last inspection on 29 January 2016 we found people were at risk of receiving unsafe care because the provider did not have processes in place to ensure sufficient numbers of staff cared for people, which was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The registered manager was not aware of the details of arrangements because they did not have a copy of the arrangements in the office or in the person's care records. The registered manager did not have processes in place to assess whether adequate numbers of staff cared for people. Staff rotas were not available and people's assessed care needs were not based on their level of need or their dependency.

At this inspection on 13 January 2018, we found the provider had made improvements to the planning of staff in accordance with people's dependency levels. One person told us, "Sometimes there's too many [staff members] and sometimes not enough. Sometimes its brilliant and sometimes its awkward. At the moment, yes there are enough staff." People's care plans detailed the level of support people required in their day-to-day lives, it also documented how many staff were required to support people at any one time. We asked the registered manager to provide us with a rota and were told that these were kept at people's

houses and therefore were unavailable. After the inspection the registered manager sent us the rotas, which demonstrated there were enough staff to meet people's needs.

People were not always protected against identified harm as the provider did not have clear guidelines for staff to follow in relation to behaviours that challenge the service. We raised our concerns with the registered manager who after the inspection sent us an updated risk assessment, detailing the steps staff should take to minimise the risk of harm. We were satisfied with the provider's response. One person told us, "Of course I do have risk assessments, they are reviewed often to see how they are going. Usually every month; and we talk about what is missing or what else we need to add."

Incidents and accidents records were not available to us during the inspection. We spoke with the registered manager who was aware of the appropriate steps to follow in ensuring all incidents, accidents and near misses were investigated, shared with appropriate healthcare professionals and reviewed to minimise the risk of repeat occurrences. After the inspection the registered manager sent us the accident and incident records. We were satisfied the records were monitored and were satisfied with the provider's response.

People were protected against the risk of abuse, as staff received on-going safeguarding training, were aware of how to identify, respond and escalate suspected abuse. A staff member told us, "I would give [person] time to speak to me and tell me what's wrong. I would report [suspected abuse] to the [registered] manager. The person I support would also report it. If nothing was done about it I would inform the local authority. I wouldn't just accept it, I'd do something about it." We reviewed the provider's safeguarding policy and found this was based on the six principles of safeguarding that underpin all adult safeguarding work, for example, empowerment, prevention, proportionate, protection, partnerships and accountability. At the time of the inspection there were no on-going safeguarding referrals.

People continued to be supported by suitable staff, as the provider had carried out robust pre-employment checks. Staff personnel files contained an application form, two satisfactory references, photographic identification and a current Disclosure and Barring Services (DBS) check. A DBS is a criminal records check employers undertake to make safer recruitment decisions.

The provider had carried out assessments of risk in relation to the environment. Care plans detailed both internal and external environmental risks. Environmental risks were reviewed regularly and staff informed of any changes.

People were protected against the risk of cross contamination, as the provider had systems and processes in place to manage infection control. One person told us, "The staff have a uniform and they use gloves and apron when doing personal care and cleaning they wear them." Staff confirmed they were provided with sufficient amounts of Personal Protective Equipment (PPE), for example, gloves and aprons. The provider's infection control policy gave staff a clear understanding of steps they were to take to manage infection control.



# Is the service effective?

## Our findings

People continued to receive care and support from staff that undertook regular training to enhance their skills and knowledge. One person told us, "I can only speak for myself the training they give is more than enough for me. I do help them to understand, so their knowledge and my knowledge together means they're qualified. Where they don't know something, I show them how to do it, as they already have an idea." A staff member said, "The training here is quite ok." Records confirmed staff received training in, for example, first aid, food hygiene, moving and handling, safeguarding, managing aggression, medicines management, Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. The provider devised a training matrix which ensured staff's training did not lapse and was therefore up-to-date.

Newly employed staff members received an induction and on-going supervision and appraisal to effectively carry out their role and reflect on their working practices. Staff confirmed they received a comprehensive induction and individual inductions with people using the service, ensured they knew their needs prior to delivering personalised care. One staff member told us, "Yes [supervisions] are really helpful, you get lots of updates and get feedback on how we are doing. I don't have to wait, I can speak to the [registered] manager if I have a concern." Records confirmed supervisions took place regularly and gave staff members the opportunity to spend one-to-one time with the registered manager. Supervision discussions included for example, knowledge of people, communication, reporting and recording, general ability in relation to the role and health.

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 people lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

We checked whether the provider was working within the principles of the MCA. Staff had adequate understanding of their roles and responsibilities in line with the MCA. One staff member told us, "I would like to live my life the way I'd like to live it and so does the person I support. I ask [person] what they want to do and support them to make a decision." One person told us, "[Staff members] do ask me for consent and my permission, especially if it's something that I can't see. I am very vigilant and do guide them." Staff confirmed if they had concerns regarding a person's capacity, they would immediately report this to the registered manager and relatives. The registered manager also confirmed they would report people whose capacity was fluctuating to the local authority and G.P.

People were supported to access sufficient amounts to eat and drink and had their dietary needs and preferences met. One person told us, "The staff ask before they do anything. I will tell them what I want, they will cook it to my liking. I like all kinds of food and whatever I fancy on the day or if we wish to experiment we do." A staff member said, "We support one person to sit safely in the bed or chair to eat. Staff make the food and cook for him. The [person] cannot eat certain foods due to faith reasons, so I cook traditional dishes that reflect his culture." Staff received training in food hygiene and people with specific dietary requirements

were catered for.

# Is the service caring?

## Our findings

People received care and support from staff that spoke compassionately about the people they supported. One person told us, "[Staff members] can be difficult to get them the way you want them. In the beginning its not all roses, but now it's settled. I would say some are caring and aren't as caring." Staff spoke about people they supported with compassion and kindness. Staff knew the people they supported well and placed their needs at the forefront of the care they provided.

People were supported to ensure their privacy and dignity were maintained. One person told us, "The first thing I say when they come in is talk to them about my privacy and dignity. [Staff members] knock the door before coming in and they close doors." Staff were aware of the importance of ensuring people's privacy was maintained and told us, "I knock on the door and wait for [person] to say it's ok to enter. We shut the curtains and the door [when delivering personal care]."

People continued to be supported to express their views. One person told us, "Of course I'm completely independent in that way. Staff do respect my views. I always give staff the opportunity to debate and talk about it and I explain why I view something the way I do."

People were treated equally and had their diversity respected and supported. One person told us, "If I have to, I let [staff members] know on the day that it may be a day of celebration, and they will help me to get ready and take me to my place of worship." A staff member said, "For one person I support, we celebrated Eid. We cooked traditional dishes and [person's] relatives came to celebrate. We give [person] privacy to pray and read their holy book." Where possible staff member's skills, abilities and preferences were matched with those that they support. This meant that people received care and support in line with their religious and cultural needs.

Staff were aware of the importance of supporting people to maintain and enhance their independence wherever possible. People confirmed staff encouraged them to do as much for themselves as possible, however were on hand to offer support when required. One staff member told us, "Due to the nature of [person] I support's condition, promoting independence is limited." People's dependency levels were recorded in their care plan and reviewed regularly to ensure the support provided reflected people's needs.

People's right to confidentiality were respected and maintained. Staff had sufficient knowledge of the importance of sharing confidential information only with those authorised. For example, one staff member told us, "It means a lot to me to make sure [person's] information is kept private. I wouldn't want people to know my personal information and so I make sure I keep his confidential." Confidential records were kept securely, in locked cupboards and electronic confidential information was stored in such a way that passwords were required to gain access to them.

## Is the service responsive?

### Our findings

People continued to receive care and support that was person centred. One person told us, "If I need more support I can ask for it. If there is something in the care plan I want improved we discuss it and the care plan is then updated. The care plan is reviewed every six months." A staff member said, "The care plan is for staff to follow on how to care for the person. If there is something that has changed in the care plan I would let the office know." Care plans were primarily based on people's service needs assessment. A service needs assessment is an assessment of people's needs carried out by the funding local authority. Once reviewed the registered manager carried out their own assessment to ascertain if they can meet the person's needs and offer an appropriate care package. Care plans detailed people's life history, social needs, medical, health and mental health needs. Care plans also gave staff step-by-step guidance on how the person would like to be supported, including their preferences and dependency needs.

People continued to be encouraged to participate in activities where agreed in their care package. One person told us, "Once I'm in my chair I go wherever I want to go. I may go shopping, visit someone or do something else and the staff support me to do that." Staff had a clear understanding of people's social needs and how to identify when people had a preference for personal space. A staff member said, "Likes to go out, but also likes cooking and we do both." Records confirmed people were supported to access the local community, attend courses and work placements with direct support from staff.

The service continued to manage complaints in such a way that sought a positive outcome. People confirmed they knew how to raise a concern or complaint, with one person telling us, "I know how to [complain]. It is dealt with reasonably quickly." A staff member said, "I would listen to the complaint and I would raise it with the office on person's behalf." Records confirmed the service received six complaints in the last 12 months. Complaints were investigated fully and where appropriate action taken to minimise repeat incidents.

People's preferences in relation to their end of life care were not documented. A staff member told us, "I don't know if there's anything in the person's care plan about end of life care." We raised our concerns with the registered manager who told us, "We have had some people who came to the service for palliative care. However, we do not have anyone at present." After the inspection the registered manager sent us documentation that evidenced they had spoken to people about their end of life care preferences, however, at this time they did not wish to further discuss the matter. The registered manager assured us this would be regularly reviewed to ensure they captured people's wishes in relation to their end of life care. We will review this at our next inspection.

# Is the service well-led?

## Our findings

Records management was not in line with good practice, as records were not always available or easily accessible. For example, we identified the Medicine Administration Records (MARs) had been audited, however it had not identified there was insufficient information contained within the MAR for staff to safely administer medicines. We also identified there was no documentation to evidence audits had been carried out in relation to accidents and incidents. This meant the registered manager was unaware of any trends or patterns that took place and successfully devise an action plan to minimise repeat occurrences.

During the inspection we also identified the provider did not have robust systems and processes in place to assess and monitor the service provision and drive improvements. For example, risk management plans did not always clearly document the control measures in place to give guidance to staff when faced with the risk of behaviours that challenge the service. This meant that staff did not collectively follow de-escalation techniques to minimise the risk of harm to people. We shared our concerns with the registered manager who sent us documentation to address our concerns, we will review this at our next inspection.

We recommend that the service seek advice and guidance from a reputable source based on current best practice, in relation to management oversight and auditing processes.

People and staff spoke positively about the way Millennium Employment Agency was managed. One person told us, "He's [the registered manager's] alright, I can talk to him when I need to." A staff member said, "He's very lovely, he listens when you have issues and if you're not happy with work or something he will give you advice. I can contact him at work time for advice. There's an on-call mobile we call for guidance outside of office hours." During the inspection we observed staff seeking guidance and support from the registered manager and they appeared comfortable in doing so.

Although the service had not submitted any statutory notifications within the last 12 months, the registered manager was aware of what notifications they were required to submit and when.

The service sought people's views to drive improvements through regular quality assurance questionnaires and spot checks. People confirmed they felt listened to and their views were taken on board. Questionnaires asked people if they felt staff were well trained, if they knew how to raise a complaint, if they received prompt responses in the event of an emergency and if people were treated with dignity and respect. We reviewed the returned questionnaires from June 2018 and found these overall were positive. Comments included, 'I'm happy with the current standard of work' and 'Any issues have been reported and dealt with professionally by Millennium.'

The registered manager actively encouraged partnership working to drive improvements. Records confirmed healthcare professional guidance and support was sought and guidance given was implemented into care provided.