

Millenium Employment Agency Limited

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Inspection report

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Ratings

Overall rating for this service

Good



Is the service safe?

Requires improvement



Is the service effective?

Good



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Good



Overall summary

This inspection took place on 29 January 2016 and was announced. Millenium Employment Agency Limited provides personal care for people living in their own homes in the London borough of Lambeth. The service is registered to provide personal care. At the time of the inspection there were two people using the service.

At the last inspection on 24 December 2013, the service was meeting the regulations we inspected.

The service has a registered manager in post. 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.

At the inspection, we found three breaches of regulations. The registered manager did not know whether sufficient

Summary of findings

numbers of staff were employed to care and support people. Medicines were not managed safely, because checks were not carried out on the safe management of people's medicines. There were quality assurance systems in place; however, they were not effective.

People were protected from harm. The service had processes and guidance for staff to keep people safe. Staff completed assessments of people's needs and associated risks. They developed care plans to meet people's needs and manage any risks identified.

Staff that had suitable skills, qualifications, support, training, and knowledge cared for people.

Staff sought consent from people and encouraged them to make choices and decisions about the way they wanted to receive care and support. The registered manager had an awareness of the principles of the

Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). They were aware of their responsibilities in relation to the MCA while providing care and support to people living in their own homes.

Staff treated people with kindness and compassion and respected their dignity and privacy.

Staff knew people they cared for well and met their care and support needs. People had access to health care advice and support when required. People had access to food and drink to meet their needs and preferences.

People and their relatives had the opportunity to give feedback and their views of the service. The registered manager kept the Care Quality Commission informed of notifiable events that happened at the service.

People were provided with the provider's complaint process. Staff acted on complaints to resolve them promptly.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

The registered manager had not assessed whether the staffing levels were sufficient to care for people.

Medicines were not managed safely.

People were protected from abuse. Risks to people were identified and staff had guidance to manage them.

Requires improvement



Is the service effective?

The service was effective. Staff had access to training, supervision and an annual appraisal, which supported them in their role.

People had access to health care support when required.

Meals prepared for people met their preferences and needs.

People gave their consent to care they received. The provider was aware of the principles of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

Good



Is the service caring?

The service was caring. People were cared for by staff who knew them and how to meet their needs.

People were treated with kindness and compassion and their dignity and privacy were respected.

Staff supported people to contribute to the assessment and planning of their care and support.

Good



Is the service responsive?

The service was responsive. People's assessments and care plans were completed with their involvement to identify their care needs.

People knew how to make a complaint and the manager dealt with complaints raised appropriately, and to the complainant's satisfaction.

Good



Is the service well-led?

The service was well-led. The quality of care was monitored and reviewed and improvements made to the service.

The manager kept the Care Quality Commission informed of notifiable events that occurred at the service.

Good



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 inspection took place on 29 January 2016, and was announced. The provider had 48 hours' notice because the location provides a domiciliary care service and the registered manager was often out during the day so we needed to be sure that someone would be available.

Two inspectors carried out the inspection. Before the inspection, we looked at information we held about the service, this included notifications sent to us by the service. A notification is information about important events, which the service is required to send us by law.

During the inspection, we spoke with the registered manager and the care coordinator. We reviewed two care records, six staff records. We looked at other records relating to the management, leadership and monitoring of the service.

After the inspection, we spoke with one person using the service and three care workers.

Is the service safe?

Our findings

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. We asked for copies of people's medicine administration records (MAR). The registered manager provided us with one MAR dated in 2013 for one person using the service. They did not have any MAR dated in 2014 or 2015. When we spoke with the registered manager about this, they told us that they do not have a system in place to collect and keep the MAR when completed. During the inspection, we asked the registered manager to send us copies of all MAR so we could check whether people received their medicines safely and as prescribed. After the inspection, we did not receive any further copies of MAR as requested. The registered manager could not be confident that people received their medicines as prescribed because they did not check this. People could not be confident that staff were competent to manage their medicines safely and in accordance with the prescriber's instructions.

We spoke with the registered manager about medicine audits and they told us that they did not have a system in place for this. They told us they had a record of people's medicines and we saw these in care records. However, checks for errors, gaps, and safe administration of medicine did not occur. Therefore, the registered manager could not mitigate risks associated with unsafe medicine management. The registered was unable to identify areas of risk and take action in regards to the management of medicines.

The registered manager had not assessed staff competency in the administration of medicines. We spoke to the registered manager about this. They told us that staff had completed training in the safe management of medicines and this equipped them to complete this task. One care worker said, "we have training in medication every six months. I would ring the office to report but in an emergency ring the G.P." However, we found 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.

These issues were a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us that they had the care and that they needed. The registered manager did not know the details of the arrangement because the registered manager did not have a copy of the care 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. We asked the registered manager to provide us with a copy of the staff rota. They told us that there was no staff rota available. We asked the registered manager how they assessed the level of staff required to meet people's needs. They told us staffing levels were based on the 12-hour shifts and the arrangement was discussed with the person using the service and the care worker. People's assessed care needs were not based on their level of need or their dependency.

This meant that 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. This issue was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

One person told us, they felt safe receiving care from the care workers and they added, "no I have no concerns about my safety." People could be confident that the provider and staff had skills and knowledge to keep people they cared for safe.

Staff were knowledgeable, skilled and trained in safeguarding procedures. They were able to demonstrate their awareness of identifying signs of abuse and raise an allegation of abuse to their manager. Records showed that the service had the contact details of the local authority safeguarding team. The registered manager informed us that they had a named contact in the local authority where they would inform them of an allegation of abuse. A care worker told us, "safeguarding means that we report any concerns we have back to the office - if they don't do anything I would take it higher. We have to report as safeguarding any bruising, sores, missing money. We have safeguarding training every six months". The registered manager was unable to tell us about the local arrangements for managing safeguarding allegations to the local authority.

Is the service safe?

We recommend that the service seek advice and guidance from a reputable source, regarding how to provide staff with details of current local safeguarding procedures.

The provider identified risks to people and management plans were in place to reduce the occurrence. For example, a risk assessment identified that a person's mobility needs presented a risk falls. Staff took appropriate actions by implementing the risk management plan to monitor and minimise the risk. The registered manager and staff completed monthly reviews of risk assessments to ensure

they were accurate and reflected people's needs. This meant that there was accurate and current information, which guided staff on the level of support a person required, whilst managing any identified risk.

The provider had a safe recruitment process. Staff had appropriate checks carried out to ensure their suitability before supporting people. Staff records held information including work references, the interview process, and copies of identification and documents, which authorised staff to work in the UK. Staff were appropriately and safely recruited to care for people.

Is the service effective?

Our findings

People were cared for, and supported by staff that had gained appropriate knowledge and skills. Staff completed training, which equipped them to care for people in a safe way. All staff had completed mandatory training, which included safeguarding people, medicine management, and basic life support.

Staff told us they were able to identify their training needs and had regular supervision with their line manager. One care worker told us, “Induction was for four days, we have supervision, every three months we go to the office.” Another told us, “One to one supervision is every three months.” Staff had supervision, and an appraisal to support them in their role. Staff supervision and appraisals identified training, and professional development needs. The registered manager and the member of staff developed and recorded action points from a supervision meeting. The registered manager supported staff so they were effective in their caring role. Staff were knowledgeable and skilled to provide appropriate care and support to people.

The care coordinator arranged for the observation of staff and spot checks to assess whether staff applied knowledge learnt. The registered manager supported staff so that they were skilled and knowledgeable to meet the care and support needs of people they cared for.

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

The provider had an awareness and knowledge of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) to ensure they supported people within this framework. Staff completed recent training in MCA and DoLS, so their knowledge was updated and relevant.

People gave their consent to staff to receive care and support. One person told us, “I’m asked all the time.” Staff we spoke with told us that they were aware of the need for consent before supporting a person. Staff involved people and their relatives in making important decisions regarding their care. People gave their views, and staff considered them when making decisions that affected their health and well-being.

People received sufficient food and drink which met their needs. Care workers supported people with meals. A person told us, “The care worker knows what food I like to eat and they either prepare it for me or we go out to eat it if I choose.” Staff provided people with meals they chose, enjoyed, and met their needs.

Staff had an awareness of people’s nutritional needs. For example, staff completed people’s shopping and prepared meals in line with their healthcare needs. The registered manager protected people against the risk of poor nutrition and hydration because staff had an awareness of them.

People had access to health care services when required. Staff accompanied people to their health care appointments when necessary. One person told us, “[Staff] go with me to my appointments.” People were cared for in a safe way, which met their needs, reducing the risks of poor health because staff took necessary actions.

People’s health care needs were identified and acted on promptly. Staff promptly reported changes in people’s health care needs to the registered manager or office staff. They took appropriate actions to manage these changes. For example, staff identified a new concern with a person’s health. They identified that they could benefit from the community nursing service. The person’s care records showed referral to community nurses, with details of follow up actions taken to resolve and manage this concern. People could be confident that staff would take actions so they had access to appropriate support and treatment, reducing risks to their health.

Is the service caring?

Our findings

People received a service, which was caring and met their needs. One person told us, “the staff are caring.”

Staff treated people with kindness and compassion. People told us that they felt staff respected them and most staff was helpful when supporting them. One person told us, “carers have a caring approach,” and “I let them know the care is about me.” People could be confident that staff would treat them in a calm and peaceful way.

People made decisions in planning their own care. Staff completed assessments with people, and their opinions and views were recorded. One person told us, they were involved in planning their care and they were able to give their view on a regular basis. Assessments took into account the full care and support needs of people. One person told us they chose the care workers that visited them and had sufficient time given to provide them with care and support. People were involved in the planning of their care and received care in a way that they chose.

People received care that focussed on their individual needs. For example, people’s care assessments recorded things that mattered to them including the way in which they chose to receive care and support. People felt listened to and had the opportunity to contribute to their assessments and for their views taken into account when planning their care. Staff provided care to people in a way which took into account their personal histories and preferences. Care records documented people’s assessed needs and the support they required to meet them.

People received information and explanations from the provider about their care. For example, people we spoke with told us that they had a copy of their assessment and care plans developed with them. One person told us, “I know what care I am having each day.”

People were treated with dignity and respect. People were cared for in their own homes and we were unable to observe interactions between staff and people using the service. However, staff demonstrated that they knew people well, and spoke of them in a courteous way. People’s dignity and respect were maintained while staff provided care and support to them.

People were encouraged to be independent. Staff supported people to manage some tasks themselves. For example, one person went out to work and to attend social activities they enjoyed. They told us, staff went out with them and supported them when they chose to go out.

Staff developed good working relationships with people they cared for. This encouraged staff to care for people in a way they wanted and provided staff with an opportunity to know people well. People had their care provided by regular care workers. One person told us that they preferred to have regular care workers because they understood their needs and knew how to carry out tasks in the way they chose.

The provider ensured that people’s care records were safe and securely stored. Staff had access to them when needed. Staff demonstrated their awareness to maintain confidentiality while keeping people’s personal private information safe. People had care records in their home and their confidentiality maintained.

Is the service responsive?

Our findings

People received care and support which was responsive to their changing needs. For example, people had regular reviews of their care and support needs. Staff completed an assessment of needs with the person and their relative before giving care. The outcome of the assessment determined whether the service could meet people's needs.

People were involved in making decisions in the planning of their care. Assessments and reviews were completed in consultation with the person and their relative. One person told us, that staff always kept them involved in their care and they were able to contribute to the planning of their care. Assessments were person centred and ensured people's views were used to develop care plans. For example, care plan reviews allowed an opportunity for people to discuss their needs and preferences and staff took actions to meet them. People had an opportunity to understand the care and support choices offered to them. The registered manager delivered information with explanations in a way in which people were able to understand. People had copies of their assessments and reviews.

People received the support and equipment they needed to remain safe. Staff sought professional support and

guidance when needed. For example, the community nurse recommended that a person had support with repositioning whilst in bed. Records showed that the service took into account and implemented professional recommendations to improve the quality of care for the person to reduce the risk of deterioration in their health.

People were encouraged to make comments and complain about the service. People and their relatives received a copy of the complaints form to complain about aspects of their care if they wished. The registered manager took appropriate actions to manage any complaints or comments.

Staff were aware of the complaints process and care workers told us the registered manager deals with them. We found complaints were managed and resolved appropriately. For example, a person made a complaint about the lateness of a care worker and their ability to provide appropriate care for them. The care coordinator investigated this. A meeting took place with the person using the service, the care worker involved, and a member of the management team. A discussion of the complaint occurred and a strategy was developed to resolve the complaint. This was recorded and a copy of these minutes given to the complainant. The care coordinator also wrote to the complainant and informed them of the investigation outcome promptly and to their satisfaction.

Is the service well-led?

Our findings

People received care and support from a service that was well-led. People told us that the registered manager was approachable and office staff were helpful. Care workers we spoke with told us that they felt the communication with the service was “very good” and the management team responded to staff concerns promptly.

The registered manager held regular meetings with staff where they discussed issues relating to the service and their job. When issues arose regarding how to best support a person staff discussed this and shared their knowledge to address them. Staff we spoke with told us they liked working at the service and felt supported by the registered manager. One care worker told us, “It’s a good company I wouldn’t change anything they always offer additional support” another care worker said, “I think they are good, any problems, they respond, they ring me and ask how’s it going.” The registered manager developed with staff a regular newsletter. This provided staff with information about the service, and kept them updated with any changes within the organisation. Any issues that arose for staff in the newsletter were discussed at the staff meeting.

There was a registered manager in place at the service. The provider kept the Care Quality Commission informed of notifiable incidents, which occurred at the service.

The registered manager carried out quality monitoring checks of the service. For example, people’s care records and monitoring charts were accurate and up to date. The

risk assessments we looked at were accurate and updated to reflect people’s needs. People had regular care plans reviews. People received a safe service because the registered manager routinely monitored the quality of people’s care records and a plan implemented to address any concerns.

The office-based staff also completed spot checks, telephone reviews, and observations of care workers. The registered manager took prompt action to address issues of concern when they arose. The provider routinely, monitored and reviewed the service so that people received quality care, which met their care and support needs. For example, people had risk assessments carried out to ensure they and their home environment was safe.

People and their relatives were encouraged to feedback to staff and the manager monthly. The registered manager analysed the responses people and their relatives made. The analysis showed that the majority of people were satisfied with the quality of care provided. One person told us that office based staff were in regular contact with them and asked for their feedback. They told us, when asked are you ever asked for feedback, “the agency call me once a week.”

Staff supported people to provide their feedback and action taken to make improvements to the service. For example, when a person complained about the way in which a care worker delivered care. The person wanted to change the care worker; this was actioned by the registered manager.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>People who use services were not protected from the risk of receiving unsafe care through the proper and safe management of medicines.</p> <p>Regulation 12 (1) (g)</p>

Regulated activity	Regulation
Personal care	<p>Regulation 18 HSCA (RA) Regulations 2014 Staffing</p> <p>People who use services were not protected from the risk of receiving unsafe care because the registered manager had not assessed whether the level of staff were sufficient to care for them.</p> <p>Regulation 18 (1)</p>