

Millennium Care Services Limited

54a

Inspection report

54a Pontefract Road
Featherstone
Pontefract
WF7 5HG
Tel: 01977 798181
Website:

Date of inspection visit: 10 July 2015 and 13 July 2015
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Ratings

Overall rating for this service

Requires improvement



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?

Requires improvement



Overall summary

This inspection took place on 10 July 2015 and 13 July 2015 and was unannounced. We previously inspected the service on 3 December 2013. The service was not in breach of health and social care regulations at that time.

54a is a home registered to provide care for a maximum of three people. The home specialises in providing care for people with learning disabilities or autistic spectrum disorders. The home aims to promote people towards independent living. The accommodation comprises of a

one-bedroomed self contained annex and two further bedrooms in the house with a shared lounge, kitchen/ dining area and bathroom. There is a garden to the rear of the property.

The service had a registered manager in place. 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 a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Summary of findings

People told us they felt safe living at 54a and the family members we spoke with also said they felt their relatives were safe.

Staff were able to demonstrate they understood different types of abuse and what to do if they had any concerns that someone was being abused. However, some staff did not have up to date training regarding safeguarding adults.

Medication was not managed appropriately. Some medication was received and not recorded and other medication was administered and not recorded.

We found that safe recruitment procedures were followed and safe numbers of staff were employed at the home.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards. We found that staff had a thorough understanding of these safeguards. Authorisation had been appropriately sought when people's freedom or liberty was being restricted.

Staff at 54a were caring and attentive to people's needs. We saw evidence of this in the way that staff and the people who lived at the home interacted with each other. Staff knew the people who used the service well.

People received personalised care and there was a variety of activities for people to participate in, taking into account people's likes and dislikes. People were empowered to be as independent as possible.

There was a clear vision and ethos within the organisation as a whole, which included working 'with, not for' people. The staff we spoke with were aware of this and this was embedded into their day to day practise.

People's views were not always appropriately sought and there were mixed views regarding whether the service was well led.

You can see what action we told the provider to take at the back of the full version of the report.

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.

Staff did not always follow correct procedures for managing and administering medication.

People were not always trained at appropriate intervals in order to follow current practices and guidelines in relation to safeguarding adults.

People said they felt safe.

Robust recruitment practices were followed to ensure that staff were suitable to work in the home.

Requires improvement



Is the service effective?

The service was effective.

Staff were trained in, and had a good understanding of, the requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

People had access to health care services when they needed them.

People were involved in the planning, preparation and cooking of meals and had access to food and drink throughout the day.

Good



Is the service caring?

The service was caring.

Staff were kind and caring and attentive to people's needs.

The atmosphere at the home was calm and relaxed. People were seen chatting and laughing and were at ease with staff.

People's privacy and dignity was respected and maintained.

Good



Is the service responsive?

The service was responsive.

Care plans reflected people's preferences and choices and plans were tailored to each individual.

People were given information on how to complain and this was made available in an easy to read format. No complaints had been received.

People were involved in a variety of activities.

People were supported to have regular contact with people who were important to them.

Good



Summary of findings

Is the service well-led?

The service was not always well led.

There was a mixed response regarding how often the registered manager was at the home.

Policies were not always up to date.

The views of people living at the home, and their representatives, were not always appropriately sought.

Some systems and audits were in place to drive improvement.

Requires improvement



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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 was 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.

The inspection took place on 10 July 2015 and 13 July 2015 and was unannounced.

The inspection was carried out by an adult social care inspector. Before the inspection, we reviewed the information we held about the home and contacted the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We had not sent the provider a 'Provider Information Return' (PIR) form prior to the inspection. This form enables the provider to submit, in advance, information about their service to inform the inspection.

We used a number of different methods to help us understand the experiences of people who lived at the home. We spoke with three people who lived at the home, two relatives, two care staff, a senior carer and the registered manager. Following our visit, we also spoke with a social worker who was involved in supporting a person who lived at the home.

We looked at two people's care records, two staff files and the training matrix, as well as records relating to the management of the service. We looked around the building and saw people's bedrooms, with their permission, and bathroom and communal areas. We also looked at the outside space and the garden.

Is the service safe?

Our findings

When we asked one of the people living at the home whether they felt safe they said, “Absolutely, I feel safe and I’m sure my parents feel like that too”. We spoke to one of the person’s parents following our visit, and they also confirmed they felt their relative was safe.

Another person said, “Oh, yes, I feel safe”. However, this person also stated that there was a member of staff who they did not like or get on with. We asked for more details of this and the person said “[name] is just awkward with me”. We asked the registered manager about this, who was able to show us that appropriate action had been taken to address this. Additionally, staff were reminded in supervision about the person’s care needs and how best to communicate with the person. The people we spoke with said if they did not feel safe they would tell the manager.

The two care staff we spoke with said they had received safeguarding training and they were able to explain what abuse was and what they would do if they suspected abuse. They identified different types of abuse such as physical, psychological, neglect and financial for example. Staff confirmed they had seen the safeguarding policy and they were aware that there was also an easier to read version on display. However, following our visit, we looked at the information provided by the registered manager in relation to staff training and found that training in some areas, including safeguarding adults and health and safety, was not up to date. We contacted the senior on duty who confirmed the dates and agreed that their training was not up to date. One member of staff had been due to refresh their safeguarding training in January 2014 and another member of staff in April 2015. Neither had received updated safeguarding training. This meant that staff had not been trained at appropriate intervals in order to follow current practices and guidelines. This demonstrated a breach of regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager told us they had attended recent safeguarding management training. The registered manager was able to explain the process and was aware of who to alert if there were any safeguarding concerns. The registered manager was able to identify possible signs of abuse and described different types of abuse. We saw

evidence that appropriate action had been taken and the competency of staff had been reassessed following a safeguarding concern in relation to medication during May 2015.

One person living at the home was supported to take their medication. On the second day of our inspection, we looked at the medication administration records (MAR) with the registered manager. We found that some medication had been administered during the previous evening and this had not been recorded on the MAR. The person who administered the medication was present on the day of the inspection and explained that they had struck up a conversation with the person after administering their medication, and had then forgotten to go back to the MAR and record this. Additionally we found that 100 paracetamol tablets had been received during the month of the inspection but had not been recorded. These errors were despite a safeguarding concern that was reported during May 2015, when staff training in relation to safe administration of medication was refreshed. We highlighted this to the registered manager. This demonstrated a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager explained that each person had risk assessments relating to their own risks and this was evident in the two care plans that we looked at. There were also other risk assessments in place, which related to the environment, such as infection prevention and control and control of substances hazardous to health around the home.

We saw, in one person’s care plan, that risk assessments had been thoroughly completed and allowed for more independence and less restriction as the risks were managed. However, we also noted that more than one risk assessment was not dated and one risk management plan was dated September 2013 with a review date of January 2014, yet it had not been reviewed. Another risk management plan was due to be reviewed in September 2014 but no review had been undertaken.

The registered manager told us that one person is a member of the ‘safer places’ scheme. The safer places scheme is a voluntary scheme to assist vulnerable people

Is the service safe?

with learning disabilities, autism and dementia to feel safer when travelling independently within the community. This helped to minimise risks whilst promoting independence for people.

We saw there was a policy for supporting people with their finances. People were able to choose what they spent their money on. There was a best interest decision relating to one person who required support with their finances. This decision showed that views had been sought from the person, the person's family and a social worker. We looked at the financial records for a person who was supported to manage their finances. We saw that audits were in place and the receipts correctly evidenced the monies spent. However, the policy stated that two signatures were required when funds were withdrawn and we noted that there were eight withdrawals during May 2015 where only one person had signed. We raised this with the registered manager who agreed to look into this.

We looked at maintenance files and found that equipment testing and safety checks had been undertaken, such as monthly health and safety audits, portable appliance testing, emergency lighting, gas and electrical safety audits. There were fire notices and evacuation plans throughout the building, both upstairs and downstairs and fire exits were clearly marked with signs. This demonstrated that premises and equipment were managed well to keep people safe.

We asked the registered manager how accidents and incidents were recorded. We were told that staff completed accident and incident report forms and that any actions were then planned as a result. The staff we spoke with said they would report any accidents or incidents immediately. We saw evidence that this was the case and that appropriate action had been taken as a result.

We considered staffing levels and the registered manager told us the number of staff were dependent on what

activities people were doing and their individual needs. Some people required more support than others and this was taken into account. Although there were sufficient numbers of staff to meet the needs of people who lived at 54a, one member of staff felt that some staff had worked too many long shifts to cover other staff members' leave. A family member said "There have been a few issues when someone's been off but generally, yes, I'd say there was enough staff". We looked at staff rotas for four weeks and saw that some staff had worked daytime and late shifts in the same day. This meant they had worked from 9am until 10pm. The registered manager acknowledged that there had been a shortfall in staff numbers recently due to different types of leave entitlement but that the team was now fully staffed.

We looked at recruitment records for two members of staff and saw that safe recruitment practices were followed. For example, the registered manager ensured that an application form was completed, including employment history. Further checks were carried out, including pre-employment references and a Disclosure and Barring Service check (DBS). The DBS has replaced the Criminal Records Bureau (CRB) and Independent Safeguarding Authority (ISA) checks. The DBS helps employers make safer recruitment decisions and reduces the risk of unsuitable people from working with vulnerable groups. Furthermore, we saw from the recruitment records that the people who lived at the home were included in the recruitment panel for the selection of new staff.

The staff we spoke with were able to explain when they should wear personal protective equipment (PPE). Staff told us where equipment was kept and that they always had access to this when they needed it. We also noted that soap and paper towels were available in the bathroom and kitchen. This meant that appropriate equipment was available to reduce and prevent the risk of infection.

Is the service effective?

Our findings

One person we spoke with said, “Aw, the staff know me really well. I’ve come such a long way since coming here”.

The staff we spoke with told us they had received relevant training, for example in safeguarding, first aid, administering medication, health and safety and food hygiene. In addition, staff had received training in relation to challenging behaviour and diffusion techniques, from a provider who specialises in learning disabilities and whose training is accredited through the British Institute of Learning Disabilities scheme. Staff told us there was competency testing, following training, and we saw evidence of this. We looked at the training records and saw that one of the newer members of staff had completed an induction and undertaken appropriate training.

The registered manager told us that staff received six supervision sessions in a year and that staff could also request any additional supervisions at any time. The registered manager outlined the disciplinary procedures and this was in line with the policy.

We looked at the staff files for two members of staff. One member of staff told us they received regular supervision and we saw evidence that supervision had taken place at least every two months. We saw that observations of practice were completed, for example, the team leader observed that a member of staff was administering medication safely on 27 March 2015.

The staff we spoke with were aware of the needs of individual people and could tell us what risk assessments were in place. We asked a member of staff what action they would take in case first aid assistance was required. They were able to appropriately describe the action they would take in different circumstances.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The Deprivation of Liberty Safeguards (DoLS) are part of the Mental Capacity Act (MCA) 2005. They aim to make sure that people in care homes, hospitals and supported living are looked after in a way that does not inappropriately restrict their freedom.

The registered manager and staff had received MCA and DoLS training, which had been provided by the local authority. The registered manager and staff were able to

explain how and when a person’s capacity might be assessed and when decisions may be made in a person’s best interest. The registered manager had a clear understanding of DoLS. One person at the home was deprived of their liberty and all staff we spoke with were aware of this. The registered manager showed us evidence that this was lawful and had been authorised by the local authority. Advice had been sought from the local authority and the least restrictive options had been considered and we saw that the person and their family had also been included in any decisions. A social worker we spoke with, following our visit, said they felt confident that the registered manager was managing this person’s restrictions appropriately. In the two care files that we looked at, potential conflicts with human rights were documented and decisions that were made in a person’s best interest were recorded and made in consultation with the person and their relatives.

People were supported to ensure their nutritional needs were met and to sustain a healthy lifestyle. There was a variety of physical activities on offer which people were supported to undertake. One person told us, “We cook our own tea now”. This person told us that recent changes had been introduced in order to encourage people to become more independent. As a result, people were cooking their own meals, with assistance when required, rather than having meals cooked for them. This was in keeping with the ethos of the provider, which included the concept of doing things ‘with, not for’ people. This meant that people’s independence was being promoted and people were also encouraged to budget for food. People had access to food and drink throughout the day.

Staff told us they supported people to access health care services, such as the doctors and dentist for example. We saw evidence in people’s care files that they were supported to access health care such as general practitioner, optician or the dentist. On the second day of our inspection, one person was not feeling well and staff supported this person to contact and visit their general practitioner. Particular needs relating to health care, following these visits, were documented in the person’s care plan.

We looked at the layout and design of the building. Communal areas were kept clean, tidy and uncluttered. There were photographs on display in communal areas. The people who lived at 54a said they had been involved in

Is the service effective?

choosing the decoration. We looked at the outside space and there was a well maintained garden and some flowers placed around the outside of the building which one of the people who lived there had planted.

Is the service caring?

Our findings

We asked people if staff were caring. One said, “Aw, they’re really good”. Another person said, “I’m a lot more relaxed since living here”.

A family member said, “The staff, they’re good. [Name] gets on very well with the staff”. Another family member said, “It’s been a good move. It’s more homely there”.

One person told us they have a friend who visits regularly. This person’s care plan meant that they received support from a carer at all times during the day. The person said, of one particular member of staff, “[name] stands back, not over you, so I feel like I’m spending time with my friend”.

We saw that a person had benefitted from the appointment of an advocate, when an application was made to deprive them of their liberty. An advocate is a person who is able to speak on someone else’s behalf when they may not be able to do so, or may need assistance in doing so, for themselves.

The registered manager told us that people’s privacy and dignity was respected and that staff would always knock before entering someone’s room. Staff and the people we spoke with also confirmed this to be the case.

Confidential information about people was kept secure so that only people who needed access to the information were given access. Within care files, there was a section relating to consent to have photographs taken and a

description of what they might be used for. Pictorial explanations were included that were easier to understand. This demonstrated that consideration and respect was given to confidentiality and people’s privacy.

The registered manager showed us a book that was being developed. The registered manager explained that the book would contain information and photos of the achievements of people who lived at the home, although this was still being developed. One person had their poem printed in the provider newsletter. Additionally, certificates and trophies were on display, showcasing people’s achievements.

We observed a member of staff support someone whilst they were preparing their own lunch. We found the staff member to be kind, patient and supportive. The person was not rushed and was able to take their time and make their own decisions regarding what they would like to include in their lunch box.

We observed interactions between staff and people who lived at the home. They chatted in a relaxed manner and we found there to be a calm atmosphere in the home. Staff and people who lived at the home made drinks for each other throughout the time we were there. We heard people talking about their planned activities for the week ahead. Alternatives were discussed when one person wanted to change their planned activity.

We saw that the people who lived at the home got on well and helped and supported each other. An example of this was that one person offered another person their coat because they felt it would be more appropriate for the weather and the activity that was being undertaken.

Is the service responsive?

Our findings

On the first day of our visit, one person was going to play football, another was visiting their family and another attended an activities resource centre where they would be learning about being a fire marshal and fire safety. We asked one person if they felt there were enough activities and they said, “Yes, there’s plenty to keep me busy”. One person was attending a local fair next month which was of particular interest to them. Regular activities included shopping, walking group, arts and crafts, bowling, swimming, football, circuit training and cooking for example.

We observed a person preparing their lunch to take with them, because they were going out for the day. They chose what they would like to eat and prepared a healthy lunch, using the appropriate coloured chopping boards to prepare the food in a safe way. They were given minimal assistance and guidance from staff and were empowered and encouraged to do this independently.

We looked at two people’s care plans. Each care plan had different sections such as communication, occupying time, independent travel skills, personal administration, personal care, life skills, health and physical wellbeing, relationships and cultural identity, behaviour that may challenge, mental health and future housing aspirations for example. Within each section there was a person-centred plan that was focussed on the individual, who had been involved in developing the plan. They gave a clear sense of the person’s goals and what support they needed to

achieve these. Plans were signed and dated by the person and by staff. We saw evidence that the plans had been reviewed in May 2015 and were due to be reviewed again in August 2015.

We saw there was a book, kept in the office, which was used to enter information, for example regarding any appointments. This was used alongside verbal staff handovers. Staff were aware of people’s care plans and how to access them.

Information on how to complain was displayed in the home in a format that was easy to read and understand. Additionally, photographs were displayed of people who would deal with complaints and their contact details were displayed, as well as contact details for social care and the Care Quality Commission. The registered manager showed us the complaints file and procedure. Although no complaints had been made, the registered manager was able to explain the process. The family members we spoke with said they would advise the manager if they had any complaints.

People were supported to visit their families and have regular contact with people who were important to them. We saw that risks had been assessed to enable people more freedom to spend time with those important to them.

One person who we spoke with, who lived at the home, had been involved in the design of their own space. They were involved in the planning, layout and decoration. They talked in an animated and proud way of their involvement and achievement at the final result of their living space.

Is the service well-led?

Our findings

We asked one person how often the manager was at the home and whether they knew the manager. We were told, “The manager’s not here usually, it’s just staff”. A staff member told us the registered manager had visited the home twice since April, to their knowledge. The registered manager, however, told us they spent around one to one and a half days a week at the home.

The organisation’s vision and values included emphasis on working ‘with, not for’ people and there was also a focus on respecting each other. We observed this vision to be embedded in day to day practise, in the way that people were treated with respect and encouraged to be as independent as possible. People we spoke with told us with pride of their achievements such as cooking their own meals for example. Additionally, the organisation was awarded the Investors In People award and they were winners of the Business of the Year 2015 award from the Chamber of Commerce.

There were mixed feelings amongst staff in relation to whether the service was well led. Some staff we spoke with felt supported and felt the service was well led, whilst another felt the service was “neglected” compared to other, larger, homes that were part of the group and within the vicinity. We had also seen evidence that 54a was not included in some of the service user inclusive groups, which were monthly group meetings for people who lived in the homes within the group. The registered manager told us that ‘house meetings’ were held every six weeks and that one person from the home chose to attend these meetings. However, these meetings were held at a different location and did not relate specifically to 54a.

We asked for some evidence that views of people living at 54a were sought and taken into account. The registered manager provided evidence of service user inclusive group meetings for May 2015 and July 2015. However, we saw that no one who lived at 54a attended and 54a was not referred to in the minutes, although the other nearby homes within the group were. Meetings are an important part of the registered manager’s responsibility in monitoring the service and coming to an informed view regarding the standard of care and treatment for people living at the home.

We asked the registered manager how they knew that they provided good service. They told us they knew from the positive feedback from people who lived at the home and from their families. We spoke to two family members and they could not recall having received any questionnaires or quality assurance surveys in order to obtain their views. It is important to seek feedback from people using a service, and those acting on their behalf, because this can be used to drive continual improvements.

We found that a ‘senior manager general audit’ had taken place the week before our inspection. The person completing the audit spoke with people who lived at 54a and looked at some records and highlighted any areas that required action. We also saw an environmental audit dated May 2015. This audit highlighted that some action was required in relation to fire safety. The appropriate action was taken and documented. It is important to have systems and processes in place to assess and monitor quality and to ensure continual safety and improvement of the service.

We saw evidence that other audits took place, for example in relation to health and safety, cleaning, medication and finances. Accidents and incidents were recorded and logged onto a central system, by category and by person, so that any emerging patterns could be identified. The registered manager told us that the person who managed the group of homes for the provider viewed this regularly to ensure that appropriate action was taken. We saw evidence that action was taken as a result of accident and incident reporting.

The registered manager was able to provide a file which contained policies and procedures relating to 54a. This included policies such as complaints, accidents and incidents, medication, confidentiality, risk assessment, fire and emergency procedures and managing challenging behaviour. We noted that the review date for some of the policies was out of date. For example, the risk assessment policy had a review date of April 2013 but had not been reviewed and the managing challenging behaviour policy had a review date of September 2012 but had not been reviewed. We asked the registered manager about this who acknowledged they were out of date but told us they were working to bring them up to date. Policies which are out of date may result in current good practice guidelines not being followed.

We found that links between the home and the wider community were maintained. For example, people who

Is the service well-led?

lived at the home were encouraged to use community facilities and maintain links with their family and friends. Additionally, the 'safer places' scheme meant that the way community links were maintained was safer for people.

We spoke with a social worker from the local authority who was involved in the care of a person who lived at the home. We were told that the registered manager had made

contact in order to introduce themselves. Additionally, the social worker told us that the registered manager sought advice when appropriate and maintained links with the social worker and other professionals. This demonstrated that the registered manager had worked to develop relationships and worked in partnership with other key agencies.

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

Accommodation for persons who require nursing or personal care

Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

Care and treatment was not provided in a safe way for service users because staff did not follow policies and procedures about managing medicines. Regulation 12(2)(g).

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment

Systems and processes were not established and operated effectively to prevent abuse of service users because staff were not trained at appropriate intervals. Regulation 13(2).