

Millennium Care Limited

Millenium Care Limited - 89 Fox Lane

Inspection report

Palmers Green
London
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20 March 2018

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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

At our last inspection on 27 February 2015 we rated the service good. At this inspection, on 8 and 20 March 2018, we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and on-going monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

Millennium Care – 89 Fox Lane is a care home which provides care and support for up to seven people with significant learning disabilities and complex needs. At the time of this inspection there were seven people using the service.

The home is a semi-detached house in Palmers Green, North London. People lived over two floors, there was a lounge and dining room on the ground floor and people had access to a secure, well kept, back garden.

People were kept safe from harm and staff understood what safeguarding was and how to report any concerns.

People's personal risks were well documented and information provided for staff on how to minimise any known risks.

Medicines were managed safely and people received their prescribed medicines when they were supposed to. Staff had received training medicines training.

Staff received regular supervision and an annual appraisal that helped them identify areas for learning and development. Supervisions and appraisals were used as an opportunity for staff to improve care practices.

People are supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People were encouraged to have a healthy diet. People were given choice around what food they wanted to eat and staff knew what each person enjoyed. Snacks and drinks were readily available.

We observed warm and caring interactions between people and staff throughout the inspection. Staff knew people well.

Care plans were person centred and reviewed regularly. People were encouraged to have a full life and took part in activities that they enjoyed.

The homes had detailed quality assurance systems in place. Regular audits around medicines, care plans

and risk assessments and the environment were completed with action plans to ensure and issues found were addressed.

There were systems in place to identify maintenance issues. Staff were aware of how to report and follow up maintenance.

There was an open and transparent management culture within the home. Staff were positive about working at the home and the support that they received. Relatives felt that there was good communication between the home and themselves.

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 remains good.

Is the service effective?

Good ●

The service remains good.

Is the service caring?

Good ●

The service remains good.

Is the service responsive?

Good ●

The service remains good.

Is the service well-led?

Good ●

The service remains good.

Millenium Care Limited - 89 Fox Lane

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 at the home on 8 March 2018 and was unannounced. The inspection was carried out by one adult social care inspector. We made telephone calls to relatives and staff on the 20 March 2018.

The provider completed a Provider Information Return (PIR) in advance of the inspection. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

Most people that lived at the home were unable to speak to us due to the complex nature of their needs. We used observations during the inspection to gain an understanding of how they experienced the care that they received. Where a person was able to communicate verbally, we sought their views. During the inspection we spoke with two people, the registered manager and two staff.

We looked at three people's care plans and risk assessments, seven peoples medicines records and eleven staff files including; recruitment, supervision and appraisal. We also looked at other paperwork related to the management of the service including staff training, quality assurance and how staff were deployed to meet people's needs. We spoke with the registered manager and two staff. Following the inspection we spoke with one relative of a person that used the service and two staff.

Is the service safe?

Our findings

Where people were able to talk with us, we asked if they felt safe at the home. One person said, "Yeah, there's nowhere else to go. It's okay." A relative said, "Yes [person is safe] and he's happy there."

People had detailed risk assessments that noted the risk and control measures in place to minimise the risk. Where risks required specific staff training this had been documented. For example, for people that had been diagnosed with epilepsy, there were risk assessments in place that provided information and guidance for staff on what to do if the person had a seizure and staff had received specialist training on working with epilepsy.

Where people may have displayed behaviour that challenged, there were behaviour support plans in place. These documented the risks, how people could display behaviour that challenged and way in which staff could work effectively with people.

All staff members that we spoke with were able to explain how they would keep people safe and understood how to report any concerns where they felt people were at risk of harm. Staff were able to explain different types of abuse and how to recognise it. All staff had received safeguarding training which was refreshed yearly.

Medicines were managed safely. Medicine Administration records (MAR) showed that people were receiving their medicines regularly and on time. For each person there was a medication profile in their personal files that detailed their current medicines, dosage and any other relevant information. Staff had received medicines training that was refreshed yearly. People's personal care files showed that people's medicines were reviewed each year and any changes were documented in people's care plans.

The service followed safe recruitment practices. We looked at eight staff files which showed pre-employment checks such as two satisfactory references from their previous employer, photographic identification, their application form, a recent criminal records check and eligibility to work in the UK. This minimised the risk of people being cared for by staff who were inappropriate for the role. The provider completed criminal records checks every three years in line with best practice.

Incidents and accidents were clearly documented, including any follow up and outcomes. The registered manager told us that incidents and accidents were evaluated for learning and said, "We debrief and talk about any incidents. Through one-to-ones and staff meetings and learn."

Staff understood how to protect people from the risk of infection. We saw staff washing their hands before administering medicines and using personal protective equipment (PPE) such as gloves and aprons when preparing to assist people with personal care. We saw that the registered manager completed monthly infection control audits.

The home had up to date maintenance checks for gas, electrical installation and fire equipment. Staff

understood how to report any maintenance issues regarding the building.

Is the service effective?

Our findings

People were supported by staff that were able to meet their needs. Staff received a comprehensive induction when they began employment. This included mandatory training such as safeguarding, health and safety and manual handling and shadowing more experienced members of staff for at least a week. Staff told us and records confirmed they were supported through regular supervisions and annual appraisals of their performance.

Records showed and staff told us that they were provided with training to enable them to carry out their role. Training records showed when staff had completed training and when they needed to refresh specific training such as, safeguarding, manual handling and health and safety.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Where people required a DoLS we saw that this was in place with information on when these needed to be reviewed. There were consent to care documents and, where appropriate, the registered manager had documented that people were unable to sign due to their capacity. There were records of best interest meetings and we saw that people had an independent advocate where necessary.

People were supported when moving between services. For one person we saw that there was a 'transition plan' completed prior to the person moving into the home. This included ensuring things like healthcare, finances, visits to the new service and personal belongings were addressed and moved with the person. Before moving in, the home completed a comprehensive needs assessment which looked at all aspects of the person's care needs. After moving in, the needs assessment was reviewed yearly to ensure that people were receiving the correct care.

People's care files showed that they had access to regular healthcare appointments such as, GP's, dentists and opticians. Staff were aware of how to refer people if they were in need of healthcare. People were supported to attend appointments by staff. Where any guidance had been given by healthcare professionals this was included in people's care plans. We saw that for one person who had been displaying escalating behaviour that challenged, the home had referred to healthcare professionals.

People were given a choice of food. As some people were unable to verbally communicate, the home had a folder with pictures of meals that people were able to point to. We observed, at lunch time, that staff also showed people choices of food such as a yogurt or mousse. For one person that required a soft diet due to swallowing difficulties, we saw that this was provided and the person was able to choose what they wanted to eat. Throughout the inspection, we observed that people were able to access snacks and drinks. For example, one person had their favourite crisps which the home ensured they had in stock. The home encouraged healthy eating and there was a good supply of fresh fruit and vegetables. One person told us, "Yeah, I had breakfast, Weetabix. Staff made it. I get it every morning."

People were encouraged to have a healthy lifestyle. One person had been advised to give up smoking by their doctor and had been supported by staff to do so. The person told us, "I've packed it in now [smoking], staff helped. The doctor asked me. It's better now, packing it in."

Is the service caring?

Our findings

We asked one person if they felt staff were kind and nice, the person nodded yes. The person also indicated through nodding that they liked living at the home. A relative told us, "Oh yeah, they are very caring."

Staff knew people well and were able to talk about each person's likes and dislikes, personality and how they may have behaved in certain situations. People appeared comfortable with staff and wanted to spend time with them. For example, two people who were unable to communicate verbally moved from the living room and sat in the dining room to be with staff. One staff member commented, "We are family. We respect them for who they are."

We saw caring interactions throughout the inspection. We observed a member of staff warmly greeting a person and asking if they had had a good night. The member of staff also saw that the person had not got anything on their feet and enquired if their feet were cold and encouraged them to put something on to keep warm. During the inspection we saw that one person became distressed and was displaying behaviour that challenged. Staff allowed the person to express themselves and spoke calmly and reassuringly to them.

A relative told us how they felt that the staff encouraged a homely lifestyle within the home and that there was a relaxed atmosphere. The relative commented, "I think it's a lovely place. They [staff] try to keep a normal life going for everyone. It's more of a family atmosphere" and "They [staff] never raise their voices, they just talk calmly to them." Throughout the inspection we observed a calm, warm and gentle atmosphere where people were relaxed and engaged.

During the inspection the inspector sat in the dining room. The registered manager was aware that this was people's home and wanted to ensure that this would not be intrusive or upsetting. People were asked if this was okay and were able to consent by nodding or smiling.

Where possible, people were involved in planning their care. The home understood that where people lacked capacity, there were still areas that people were able to make decisions about such as activities. Where people had made decisions, this had been documented in their care files. A relative that we spoke with told us that they had been involved in planning their relative's care and helping with reviews of care.

Is the service responsive?

Our findings

Care plans were person centred and contained detailed information that enabled staff to understand the person and how to work effectively with them. There was a page in each care plan that showed in pictures who was important to people in their life such as family, friends and healthcare professionals. Care plans noted what was important to people to ensure that they had a good day as well as their likes and dislikes.

The ways in which each individual communicated was well documented in their care plans. For one person it stated, 'I like people who use simple non-complex language when they communicate with me'. Where people communicated through facial expressions, gestures or body movements, people's individual way of communicating was documented. We observed that staff knew when people approached them what they were saying and how to react accordingly.

There were detailed life histories for people including their early life, family and medical history. There were monthly care plan evaluations that looked at the care plan, any changes in care or achievements the person may have made in the past month. The home had a mini-bus that they used to take people out. A relative said, "They take them out, including to the pub, They go on holiday each year as well."

Each person had a keyworker. A keyworker is a member of staff that has the responsibility to ensure appropriate care and support for a person and to regularly review this.

Each person had an individual weekly activity timetable. On the day of the inspection two people were attending a day centre. People were encouraged to be active and have a full life.

There was a version of the complaints policy written in large font and pictorial format. This allowed people to understand how to complain. We saw that people were encouraged to say if they were not happy with anything during residents meetings. There had been four complaints since the last inspection. We saw that complaints had been detailed, followed up and the outcome noted.

There were documented residents meetings. Although some people were unable to verbally contribute, the registered manager told us that they and the staff, "Encourage them so we make it like a gathering and more of an event with food."

People's files contained information on end of life care. However, due to people's complex needs and understanding, people were unable to provide specific details. The registered manager told us that where appropriate, people's relatives would be involved.

Is the service well-led?

Our findings

There was 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 legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Staff were positive about how the staff team worked together and commented, "The manager is very good. We work together as a team" and "We have a good team that work here." Staff told us that they felt supported in their roles and were able to seek support from the registered manager whenever required. One staff member told us, if I have a problem I talk to the management and they listen and respond quickly and take immediate action." A relative commented, "They're very approachable. They listen to what you say and act promptly. They communicate really well."

There were systems in place to ensure the quality of the home and the care and support provided to people. There were weekly health and safety checks including for fire alarms and water temperature as well as medicines audits. The registered manager completed monthly audits around infection control which included the internal and external environment.

The provider completed quarterly compliance visits that looked at all aspects of the home and its management including, medicines, care plans, activities and health and safety. Following these visits a report was produced that detailed the findings and any areas that needed to be addressed. The provider checked at each visit that actions from the previous report had been completed.

The home completed surveys with people. Where people required help to understand the questions, staff or relatives supported them. Surveys were also sent to relatives and results were then collated. We saw the survey results for 2017, which were very positive. The registered manager told us that the survey for 2018 had recently been sent out.

There were regular staff meetings where staff were able to discuss and raise any concerns. The registered manager told us that staff meetings were also a time to discuss best practice and share positive aspects of their work.

People's care files showed that the home worked well with partnership agencies, including the local authority and healthcare professionals. The registered manager told us that they felt working closely with other agencies provided support and integration to ensure the best quality of care for people.