

Home Alternative Limited

Millennium House

Inspection report

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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 

Summary of findings

Overall summary

Millennium House provides personal care and support to people who live in their own homes. The service supports older people and those living with dementia. At the time of our inspection the service was providing personal care to 71 people.

This inspection took place on 4 October 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in the location offices when we visited.

At the last inspection on 30 July 2014 the service was found to be meeting the Regulations assessed.

There was 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.

The registered manager had good oversight of the service and was experienced in their role. We found that quality monitoring systems were not always effective at identifying issues or identifying areas of practice that required improvement.

We identified a number of issues with the management of medicines which meant that people were not fully protected against the associated risks. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we have told the provider to take in the main report.

Staff were confident about how to protect people from harm and what they would do if they had any safeguarding concerns.

Risks to people had been assessed and plans put in place to keep risks to a minimum. An 'out of hours' service was in place so that people could contact a member of staff in an emergency.

There were enough staff available to make sure people's needs were met. The provider had robust recruitment procedures to make sure staff had the required skills and were of suitable character and background.

People were cared for by an enthusiastic and caring staff group. Staff were supported through training, regular supervisions and team meetings to help them carry out their roles effectively. There was an open and accessible management team.

The manager and staff were aware of the requirements of the Mental Capacity Act 2005 (MCA) and

Deprivation of Liberty Safeguards (DoLS). DoLS are put in place to protect people where their freedom of movement is restricted. At the time of our inspection, there were no people who used the service under a DoLS authorisation.

People told us staff were caring and that their privacy and dignity were respected. Care plans were person centred and showed that individual preferences were taken into account. Care plans gave clear directions to staff about the support people required to have their needs met. People were supported to maintain their health and had access health services if needed.

People received support which met their current needs and the provider responded promptly to any changes. People knew how to complain and had opportunities to make comments about the service and how it could be improved.

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 management of medicines was not fully safe, which meant people were not protected against the associated risks.

Staff were confident of using safeguarding procedures in order to protect people from harm.

Risks to people had been assessed and plans put in place to keep risks to a minimum.

There were sufficient numbers of staff to meet people's needs. The provider carried out appropriate checks to ensure staff were of suitable character and background.

Requires Improvement ●

Is the service effective?

The service was effective.

People were supported by staff who had the knowledge and skills necessary to carry out their roles in meeting people's needs.

Staff understood the requirements of the Mental Capacity Act 2005 and relevant legislative requirements were followed.

People were supported to maintain good health and were supported to access relevant services such as a GP or other professionals as needed.

Good ●

Is the service caring?

The service was caring.

People told us that they were looked after by caring staff.

People, and their relatives if necessary, were involved in making decisions about their care and treatment.

Good ●

People were treated with dignity and respect whilst being supported with personal care.

Is the service responsive?

The service was responsive.

People received personalised care. Care and support plans reflected people's current needs and preferences.

The service responded promptly to people's changing needs.

People knew how to make a complaint or compliment about the service.

Good ●

Is the service well-led?

The service required improvement to be well-led.

The systems in place to look at the quality of the service provided were not fully effective at identifying shortfalls in order to improve practice.

Staff reported a supportive leadership with the emphasis on openness and good team work.

There were opportunities for people to feed back their views about the service.

There was a caring culture at the service.

Requires Improvement ●

Millennium House

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 4 October 2016 and was announced. The inspection was carried out by two adult social care inspectors.

Before the inspection we reviewed the information we held about the service. This included notifications regarding safeguarding, accidents and changes which the provider had informed us about. A notification is information about important events which the service is required to send us by law. We also looked at previous inspection reports. Before the inspection, the provider completed a Provider Information Return (PIR). 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.

During our visit to the agency we spoke with the nominated individual, the registered manager, deputy manager and two members of staff. We also spoke with a relative. After the inspection we received feedback from a further five relatives and two members of staff. We spoke with two people who used the service. We reviewed the records for five people who used the service and staff recruitment and training files for four staff. We checked management records including staff rotas, staff meeting minutes, quality assurance visits, annual surveys, the staff handbook and the Statement of Purpose. We also looked at a sample of policies and procedures including the complaints policy and the medicines policy.

Is the service safe?

Our findings

People we spoke with said they felt safe and were confident and comfortable with the staff who provided the care and support they received.

Some people who used the service were unable to take their own medicines safely and relied on staff to make sure they took their medicines as prescribed. This is called medicine administration. Each person who needed their medicine to be administered by staff had a Medication Administration Record (MAR). Some people had their medicines prepared in packs by a pharmacist in addition to other boxed medicines and creams.

We identified a number of concerns about the way MAR were used to record medicines. On one person's MAR sheet staff had recorded the number of tablets given, for example '2 ½ + antibiotics'. It was unclear from the MAR what tablets had been administered and what the medicines were for. On two MAR staff had hand written extra columns and dates as there was not enough space.

One person used eye drops as and when required. There was no guidance on the MAR to describe when they were to be used and the record showed they had been administered every day without a reason recorded. We found a number of unexplained gaps in the recording of medicines. One person had a fortified drink every day but there were a number of gaps on the MAR without any explanation, for example, whether the person had refused.

People's care plans contained a list of medicines that were required to be administered. This included details of the doctor as well as ordering and collection guidance. However, there was no detail about allergies, possible side effects, dose or time of administration. The registered manager said that care staff administered what had been prepared by the pharmacist; however there were no checks to make sure medicines were correct.

We looked at the internal policy for medicines administration. This was brief and without clear detail of the procedure to make sure medicines were administered safely. The registered manager said that they used the same procedure as the funding health authority. We saw a copy of this procedure which had clear guidance and expectations. However, the service was not administering medicines in line with the policy and it was not specific to the service.

We fed this information back to the registered manager who gave assurances she would address the issues. The day after the inspection the registered manager confirmed via email that they had taken remedial action to make improvements. However, the concerns identified meant that at the time of our inspection medicines were not managed safely and the systems in place did not protect people. This was a breach of Regulation 12 (2) (f) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We saw there were detailed safeguarding guidelines and policies in place, which were in line with the local authority safeguarding procedures. Although there had been no recent safeguarding notifications but we

saw from our records and discussion with the registered manager that they had responded to concerns appropriately.

Staff were aware of their roles and responsibilities in relation to protecting people from harm. They had received appropriate training and demonstrated an understanding of safeguarding issues and the procedures to follow if they witnessed poor practise which could constitute abuse. They told us they would not hesitate in raising any incidents or concerns with the manager or the local authority's safeguarding team.

People told us staff were on time and had never missed any of their care calls. One person said, "The carers come within 15 minutes of their time and if they are going to be late then they phone me." The registered manager told us staffing levels were monitored on an ongoing basis and that people only received a service once the appropriate numbers of staff had been allocated. This was to ensure that the person's care and support needs could be safely met. They explained, "We try to accommodate people's preferences for call times. We introduce new staff to people before they start. We never miss a call, even if it snows".

Each person had risk assessments in their care records which covered the risks related to personal care. Each risk was identified and any action needed to reduce risk was recorded. These included, for example, risks related to swallowing difficulty or muscle spasm. Risk assessments were up to date, however there was a lack detail in some of them. For example, one person had a risk assessment regarding dementia which stated "Carer to be aware of memory problems". However, there was no explanation of how this could affect the person or what staff could do to assist. We raised this with the registered manager who acknowledged they could be improved.

We saw risk assessments had been reviewed and amendments made when people's needs had changed. For example, we saw when one person's needs had changed, they were provided with an additional care staff to support them with moving and transferring. This demonstrated the registered provider had given consideration to areas of risk and had responded appropriately to keep people safe.

Staff files demonstrated that the provider operated a safe and effective recruitment system. Recruitment records for staff included their application form, previous employer references and a Disclosure and Barring Service [DBS] check which was carried out before staff started work at the service. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and/or vulnerable adults. This helps employers make safer recruiting decisions and also to prevent unsuitable people from working with children and vulnerable adults. Staff received a formal interview as part of the recruitment process which helped assess their suitability for the position.

The registered provider had policies and procedures in place regarding safety. Care staff had received training in health and safety in the home, fire procedures, and infection control and food hygiene. This training was kept up to date. Care staff told us they understood the importance of their roles and responsibilities in maintaining high standards of cleanliness and hygiene. Staff also confirmed that they had enough equipment to do their job properly and said they always had sufficient gloves and aprons, which were used to reduce the risk of the spread of infection.

The registered provider had suitable arrangements in place to manage foreseeable emergencies. When asked, staff had a clear understanding of what actions they would take if an emergency occurred whilst they were caring for a person. Systems were in place to ensure staff had access to advice and guidance when working out of hours. This helped to ensure that people continued to receive care and support in the event of an emergency. A member of staff told us, "Although I regularly work alone I know that there is immediate

help if I need to contact the office, we also have out of hours on call contact."

Is the service effective?

Our findings

People told us they felt staff had appropriate skills and knowledge, and provided a good service. One person told us, "I was always impressed by the very high quality of the staff and the way in which the skills we required were provided." A relative said they thought staff had taken time to get to know their family member and this meant they provided high levels of personalised care.

There was evidence in staff records that they received an induction before starting work. This included essential training such as food hygiene, safeguarding and moving and handling. Specialist training was available to staff if needed. For example, training on Huntingdon's disease.

During discussion with a senior carer responsible for moving and handling training they told us, "I am qualified as a moving and handling trainer. As well as training I will carry out observations of staff while they are supporting clients. If people have particular equipment, such as hoists I carry out a visit to show staff directly how it should be used. I also liaise with occupational therapists and physiotherapists so we work jointly. We are a good team. It's a very good team. The manager is very approachable. There is 24 hour cover by a manager by mobile phone. I feel supported".

Staff received one to one supervision meetings with their line manager. These sessions gave staff the opportunity to review their understanding of their core tasks and responsibilities to ensure they were adequately supporting people who used the service. Supervision sessions also gave staff the opportunity to raise any concerns they had about the people they were supporting or service delivery.

Regular spot checks were also carried out, where care staff were observed during their work to check they were providing care to the required standard. A member of staff told us, "We are always introduced to new clients by a senior member of staff and given full information about their situation. We are encouraged to work in a person centred way according to each client's requirements while maintaining good professional boundaries, and our regular supervision and training sessions support this." Another member of staff commented, "I work alongside a team that involves all workers, at whatever level, in the development of the service. We regularly have peer support sessions to review the clients we support, exploring ways to improve their experience and our understanding of their illness and needs."

People were supported to maintain their health and had access to health services as needed. Support plans contained information about peoples' health needs. There was evidence of the involvement of healthcare professionals such as a district nurse. The service had good links with local teams such as the Speech and Language Team (SALT), occupational therapists and physiotherapists. People living with dementia received support through specialist teams and had access to a social worker as needed.

The staff we spoke with told us how they monitored the food and drink intake of people who used the service if that was required as part of their care. They recorded everything people had to eat and drink during the visit and also noted any changes that may have impacted on the person's health and well-being in the daily records. We observed these records and saw that they included details of meals, drinks, how the

person was feeling that day and all care given. There was appropriate guidance in people's care plans about meeting particular health needs. For example there were dietary guidelines for one person with swallowing difficulties.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedure for this in care settings is called the Deprivation of Liberty Safeguards (DoLS) and can be legally authorised by the local authority. However, this is not relevant for people who receive domiciliary care in their own homes. This means any decision to deprive a person of their liberty in a domestic setting must be legally authorised by the Court of Protection. The registered manager told us that no one was currently subject to any restrictions by the Court of Protection.

We found that people's rights were being protected from unlawful restriction and decision making processes. The provider had procedures in place, which included training for staff during their induction and on an ongoing basis regarding the Mental Capacity 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Staff we spoke with confirmed that they had received MCA/DoLS training. The registered manager and staff were knowledgeable about the situations where an assessment of people's mental capacity could be required. They explained, "We take account of people's capacity. For example, we make sure cot sides are lowered before leaving, otherwise it is a restriction. If people have capacity they can choose to leave them up". The registered manager was also aware of the relevant contact details and local authority procedures regarding this area.

Is the service caring?

Our findings

People and their relatives told us the staff were very kind and caring. One relative said, "I can finally relax and feel confident that [Name] is not only cared for, but has an enhanced quality of life. They have developed a lovely warm relationship with them." Another relative commented, "Home Alternative (Millennium House) have proven themselves to both reliable and very caring in the way they have supported my [Relative] as well as my siblings and myself since we first knew them."

All of the people we spoke with, including their relatives, told us care staff respected people's privacy and dignity. We were told people had the same team of staff which provided an opportunity to develop positive relationships and promote consistency in the support people received. The registered manager told us part of the assessment they completed prior to a package of care commencing included information which would help them match people to staff. They said the relationship which developed between the person receiving the service and the staff team was of utmost importance.

Staff received training about how to promote and maintain respect and dignity for people and meet their needs in a caring way; this included caring for people living with dementia. Care and support plans reflected people's wishes and preferences and how staff should support them. A relative commented, "This is a service that, in our experience, should get top marks. This service works hard to ensure positive outcomes, and that dementia is not the end of the world, but a different time in a world that's a bit different."

The registered manager told us people were given a 'service user guide' before they started using the service. This gave people information about what to expect and also explained the ethos of the service and how they aimed to provide quality care to people. The service aims included statements that people's "Rights as to choice, dignity, privacy, cultural and religious beliefs will be respected at all times", and that the service will "Always focus on being empowering and enabling."

Staff knew people's choices and preferences for receiving support. Knowing people's backgrounds was an important part of developing a relationship with people and what mattered to them. We were told of one person who had moved into a supported living environment, but that the strength and familiarity of the relationships built up with staff from the service, continued in a reduced package of care. The relative commented, "We didn't want to lose the connections with some key staff she had met and who she clearly feels safe and happy with. So we have continued to arrange for them to support her at times in the new setting and that is working well."

The service took account of people's cultural and religious needs. We saw recorded in a care plan for a person living with dementia, the importance for the person to continue practising their religion. There were details of how staff had supported the person to celebrate Passover. Passover is a Jewish religious festival.

The registered manager told us they sometimes supported people when they came to the end of their lives. They explained that staff had received training in this area, and the service was supported by local palliative care teams. A relative told us, "Following a death, the care, kindness and support given to my father made a

big difference to him when he was very depressed and lonely." A member of staff told us, "I have found this work rewarding and fulfilling."

The registered manager told us that people were provided with information as required so that they could access local voluntary and advocacy services when necessary. Advocates are people who are independent of the service and who support people to make and communicate their wishes.

Is the service responsive?

Our findings

All of the people we spoke with and their relatives told us they were provided with information about the care and support provided and were involved if any changes were to be made. One person said, "Right from the very first telephone call with the office we found them to be very understanding of our needs for both our [relatives] who at the time were struggling to cope with day to day tasks."

Records showed that a supervisor or care co-ordinator had visited people before a service was provided in order to carry out an assessment of their needs. Each person had a care plan which detailed their assessed needs and how they were to be met by the service. We looked at five people's care records. Care plans contained an overview of the care tasks required for each visit. However, we found some inconsistencies in the level of detail contained in their plans. Our findings indicated that people were provided with the same staff who knew people well and there was no evidence that the lack of information impacted negatively on people. Most care plans were up to date and had been reviewed to make sure any changing needs had been considered. However, one care plan stated it was to be reviewed in December 2015. There was no evidence that the review had taken place. We fed back our findings to the registered manager who was able to discuss in detail the needs of this person. Evidence relating to effective communication between managers and those staff delivering care indicated this had been a recording shortfall and had not impacted on the care provided to the person. The manager agreed to ensure documentation reflected changing needs in the future.

Care plans included people's preferences for how they wanted to be supported. For example, one person liked to drink from a particular bottle. Another person liked to be involved with cleaning tasks to support their independence.

We received positive feedback about consistency, flexibility and response to changing needs. A relative told us, "At the review meetings and requests by email and telephone, the registered manager and colleagues are able to adapt and change the care delivery as we discover new needs and ways of improving the care for [relative]. For example, because [relative] has a love of the outdoors and nature, we were able work together to ensure they got time outside every day. This has resulted in strengthening their body and improving their mood; the outcome is plain to see in their contentedness." Another relative said, "They provide a service which is continuous, and flexible. [Care worker] is prepared to 'come and go', which is everything in our situation."

One of the relatives we spoke with described the flexible nature of the support provided. They explained, "The care for our parents has changed over the years as they have become older and their needs have altered. This is discussed with the managers and even at very short notice they can accommodate these changes, whatever they are. From the day to day personal care, cooking, cleaning, shopping, washing; also they have taken them to hospital/ dental appointments and sometimes little outings. This sort of care is invaluable and gives us peace of mind knowing that all their needs are taken care of by people who really do care."

People and their relatives told us staff arrived on time, within reason, and that if they were going to be slightly late the staff member would ring and let them know. People told us staff always stayed for their allocated time and no-one that we spoke with had experienced a 'missed' call. This meant that people were receiving the level of service that had been agreed with them.

The registered provider had a complaints policy. The policy included response and acknowledgement times as well as guidance about how the complaint could be escalated if the complainant felt the response they received was unsatisfactory. There had been no complaints since the previous inspection. The policy was provided to people who used the service in their service user guide.

Feedback from a relative stated, "They are good at proactive communication with me and I know that if there is anything wrong, or a concern that needs nipping in the bud, then they will let me know. That is what I want and what gives me peace of mind. There is the occasional thing that goes wrong but it is fine to call the office and speak to the registered manager and iron things out. I have never been made to feel I was doing wrong in raising a concern. Quite the opposite in fact."

Is the service well-led?

Our findings

People we spoke with and their relatives told us that they had regular contact with the registered manager and the service's management team. They knew who to contact if they wished to discuss any concerns about the care and support being provided.

Staff told us that they felt the service was well managed and that the manager was 'hands on', (they worked alongside care staff providing care), and were available and approachable. They said they felt supported and that they were able to raise issues and concerns at any time. They told us their views and opinions were respected, listened to, valued and acted upon. Staff confirmed that their supervision sessions and staff meetings helped to ensure that information and developments were shared in a consistent and reliable way. Minutes of staff meetings confirmed this to be the case.

A care worker commented, "This isn't always easy work and they (management) understand the emotional impact it can make on us all, yet they invariably remain calm and good humoured. I always want to do my best for them and go the extra mile, and I'm very proud to be working for such a great organisation." Another member of staff, in discussing lone working, said, "I have never taken these sorts of worries home with me because I know I can speak with my manager or a senior member of staff about the smallest concern and be sure that someone will follow it up."

We found there was an open and transparent culture within the service and there were clear values that were understood and upheld by staff. One member of staff told us, "I think the key word to describe the organisation is 'Integrity'."

We looked at the processes and systems which should be in place to ensure good governance. Good governance is the way the provider uses information to make the best decisions about providing a safe and high quality service for people. The registered manager had a clear understanding of the operation of the service and acted upon any issues. They demonstrated they knew people who used the service well and could provide us with up to date details of their care needs and support. However, monitoring systems had not always been effective at identifying shortfalls in service provision. For example, the provider had not identified issues with the management of medicines discussed in the safe domain of this report. We recommend the provider reviews quality monitoring and auditing systems to make sure they are effective at identifying, and responding to, areas of practice that require improvement.

The provider had a development plan which included the aims of the organisation for the next 12 months. One aim was to improve training for staff, including providing the Diploma in Leadership for Health and Social Care and Young Peoples' Services for those staff with supervisory roles. The provider also aimed to gain recognition for the Investors in People award. In addition, there was a plan to become more IT competent and maintain more records on line.

The provider regularly sought the views of others to consider the quality of care provided, and took appropriate action where required. This was carried out by speaking with people, their relatives, staff and

health care professionals in order to assess the quality of care and identify where improvements could be made. The registered manager told us, "The last survey identified people like to be informed of changes and we have taken this on board" and added, "There is always room for improvement. We listen to staff ideas".

Notifications had been submitted to the Care Quality Commission as required. This showed us that the provider and staff were aware of their legal responsibilities.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations 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 will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The service did not have effective policies and procedures in place to ensure the safe administration, and recording of medications.