

Millennium Homecare Services Limited

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Inspection report

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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

About the service:

Millennium Homecare Services Limited is a domiciliary care agency providing personal care for adults living in their own homes. At the time of our inspection, 163 people were using the service although not all received personal care.

People's experience of using this service:

People's care was delivered in a safe way and they were protected against the risk of abuse. People received care from staff who had undergone pre-employment checks to make sure they were of good character and suitable to care for people. Risks were assessed and well managed and people received their medicines safely and as prescribed.

People were 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 received care from staff who had received training and support to ensure they had the skills and knowledge to carry out their role effectively.

There was effective communication between staff and managers and this helped to ensure people's needs were met. People were supported in eating a healthy diet and maintaining good health. Staff in the service worked with other services, such as health and social care professionals, to ensure care was provided to meet people's needs`.

People received support which was tailored to their needs, delivered by staff who treated them with respect and understood their goals and aspirations. People told us they felt the staff were caring and they received care and support in a way which suited them. The management team fostered a culture of openness and continuous improvement and staff showed passion for their roles. People's feedback was regularly sought, so that they could contribute to ongoing improvements within the service.

More information is in the full report.

Rating at last inspection:

At our last inspection in July 2016 the service was rated good (Report published 26 October 2016).

Why we inspected:

This inspection was part of our scheduled plan of visiting services to check the safety and quality of care people received and was based on the rating at the last inspection

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 remained Good.
Details are in our Safe findings below.

Good ●

Is the service effective?

The service remained Good.
Details are in our Effective findings below.

Good ●

Is the service caring?

The service remained Good.
Details are in our Caring findings below.

Good ●

Is the service responsive?

The service remained Good.
Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service remained Good.
Details are in our Well Led findings below.

Good ●

Millennium Homecare Services Limited

Detailed findings

Background to this inspection

The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) 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 Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection was carried out by an adult social care inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type:

This service is a domiciliary care agency. It provides personal care to people living in their own homes.

Not everyone using the service receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

We gave the service notice of this inspection visit to be sure that a member of the management team would be available.

What we did:

On 24 April 2019 we visited the office location.

Before the inspection we reviewed information we held about the service, which included a review of the previous report for this service and a review of notifications they had sent us. A notification is information about important events which the provider is required to send us by law.

The provider completed a Provider Information Return (PIR). This is information providers must send us to give us key information about the service, what it does well and improvements they plan to make. We reviewed this information as part of our inspection planning.

At the inspection visit we looked at three people's care records

We checked staff recruitment, training and supervision records for two staff. We also looked at a range of records about how the service was managed, including audits, complaints records and minutes of meetings.

We spoke with the nominated individual, who manages the service alongside the registered manager.

After the inspection we spoke by phone with eight people who used the service and one person's relative, to seek their views.

We spoke with six members of staff.

We also sought feedback from the service's partner professionals including two healthcare and two social care staff.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People were protected from abuse and neglect.
- People and their relatives told us they felt safe with the staff. One person said, "Am I safe? God, yes. No problems. They [staff] are dead straight, trustworthy."
- The provider had systems and processes in place that helped reduce the risk of harm to people and followed local safeguarding reporting protocols.
- Staff were aware of their role in safeguarding people.
- The provider had developed and trained their staff to understand and properly apply safeguarding policies and procedures.

Assessing risk, safety monitoring and management

- People's care was safely managed.
- Risks associated with people's care and support were identified and plans were in place to help manage the risks.
- People's care records included risk assessments which were used to assist in the reduction of potential risks. These were regularly updated and monitored as part of the service's audit system. Any shortfalls were identified and addressed.
- Staff and managers were aware of how to manage risk within the service.

Staffing and recruitment

- People received a service from staff who were recruited safely.
- There were enough staff to keep people safe and meet their needs. The management team told us they would only offer a service if they were sure there were staff available to meet the person's needs.
- People and their relatives told us their family members consistently received care from the same staff. This helped to build positive relationships and provide consistency of support. One person said, "They [staff] are very good, nice people. I always know who is coming; I have a rota."

Using medicines safely

- People's medicines were well managed and people received their medicines when they should.
- Staff were trained in the safe management of medicines.
- People had support plan that included information about any medicines they were prescribed and clear guidance about the support people required from staff.
- One person praised the staff for supporting their independence with their medicines. They said, "A staff member suggested a routine with my medication. This was helpful and I now self-medicate."
- Managers carried out audits of medication records and observed staff practice, to ensure people were receiving their medicines safely.

Preventing and controlling infection

- People benefitted from a service that had systems to help ensure they were kept safe from the spread of infection.
- People said staff used personal protective equipment (PPE) such as disposable gloves and aprons to help in the prevention and control of the spread of infection.
- Staff received training in infection prevention and control.
- Managers observed staff practice, to ensure people were receiving their care safely.

Learning lessons when things go wrong

- People benefitted from a service that used lessons learned to improve, and to minimise the risk of accidents and incidents occurring.
- Staff were clear that they should report any accidents and incidents and maintain clear written records.
- Systems were in place to support the analysis of any accidents and incidents, to support planning and to reduce the risk of reoccurrences.
- Records showed appropriate actions were taken to reduce reoccurrences, such as changes to people's care plans.
- The management team encouraged reflective practice after each accident or incident to support staff and consider any lessons learnt, so that people were supported safely.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's care and support was planned in partnership with them and staff understood people's diverse values, beliefs and preferences.
- People's needs and preferences were assessed and staff had time to get to know them before providing their care.
- Support plans were person-centred. This meant care was planned and delivered in line with people's individual needs.
- People were happy with the way care and support was assessed and delivered. For instance, one person said, "They [staff] know what they are doing, marvellous." They added that staff also sat and chatted with them, "They talk all the time, it's so nice, like a friend coming. Really lovely."

Staff support: induction, training, skills and experience

- People were supported by staff who had the skills and knowledge to care for them effectively.
- People were confident about the staff's training and competence. For instance, one person said, "They have good training, they do a good job." Another person said their usual staff were, "Hands on and can multi task." They added, "Sometimes [new staff] are naïve or too young, so I ask for them not to send again." They confirmed that the agency respected their choice in this.
- Staff told us they received a good induction and training programme, which helped equip them to carry out their roles. They also said they were encouraged and supported to undertake additional non-mandatory training to enhance their skills.
- Staff received training in the core subjects, as well as other areas, relevant to the needs of people who used the service.
- The provider's supervision and appraisal system gave opportunities to staff to review their individual work and development needs Staff told us they had regular supervision and praised the standard of support they received from the management

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to receive a balanced diet where needed. This took in to consideration their preferences and dietary requirements• There were details in people's care file showing that their needs had been assessed in relation to nutrition and hydration.
- People's told us that where staff were required to provide them with food and drink, their personal preferences were offered. One person said, "They [staff] help to prepare food and I can choose what I want to eat. They do a good job with the food."
- Where appropriate, the provider liaised with external agencies to ensure people were not at risk of malnutrition or dehydration.

Staff working with other agencies to provide consistent, effective, timely care

- People benefitted from a service that worked in an integrated way with external healthcare providers to make sure they received person centred care and support.
- One person told us, "They [staff] are kind to me and I am happy. They talk to me and [named carer] got me a chair for the shower, with wheels. It's better for me."
- Staff had a good knowledge of the healthcare needs of the people they supported and knew when to contact outside assistance.
- Advice provided by healthcare professionals was incorporated into people's support plans, so staff were providing care and support which met people's health needs.

Ensuring consent to care and treatment in line with law and guidance

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 with appropriate legal authority. The service provides support to people within a community setting therefore, any decision to deprive a person of their liberty within the community must be legally authorised by the Court of Protection.

- We found the service was working within the principles of the MCA.
- People's capacity to make decisions was assumed unless there was evidence to suggest otherwise.
- The service obtained and evidenced people's consent to their care and people told us staff gained consent before providing care. One person said, "[Staff] always ask before they do anything."
- Where people did not have capacity to make a particular decision, decisions were made in people's best interests, in line with the MCA.
- Staff we asked were aware of the importance of obtaining consent when providing care and support, and had received appropriate training.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- The managers and staff were committed to a person-centred culture. This helped to make sure equality, diversity and human rights were at the forefront of how care was provided.
- People's individual and diverse needs, including their cultural needs were assessed when their care packages were devised.
- People and their relatives told us staff were caring and treated the people with kindness. People's comments included, "[Staff] are kind and caring, they are pretty good. They are friendly. I always get on with them", "[Staff] are really wonderful" and "They are kind, lovely. I don't know what I would do without them. I think I am really lucky with the people I've got."
- Staff had received training in equality and diversity, and records showed that people's rights were considered when their care and support was being assessed and planned.
- An inclusive and supportive approach was evident throughout people's support planning.

Supporting people to express their views and be involved in making decisions about their care

- People were involved in making decisions about their care.
- People and their relatives told us people's views were part of how their care was assessed, planned, and delivered. One person said, "[Staff] ask me what I like and what I don't like. They ask me what I want them to do."
- People's feedback was sought on a regular basis, either by telephone or face to face. Their views were incorporated into their care plans so that they were involved in decision about the way their care was provided.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect and encouraged to be as independent as possible. One person said, "[Staff] treat me with dignity because of how they talk to me, they are kind to me." Another person told us, "I am getting more independent now. They have helped me to increase my independence. I can dress myself now."
- Staff we spoke with gave good examples of how they promoted people's privacy, dignity and independence.
- When managers carried out spot checks of care visits, they looked at whether staff were treating people respectfully and with dignity.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People had individualised plans of their care based on an assessment of their needs. Plans were reviewed regularly. For instance, people told us staff from the office came and checked their care was being given the way they wanted it to be.
- One person said, "I have a care plan, [staff] fill it out. They came around yesterday to review the plan and I think they would change it if I asked them to."
- The care plans we looked at included each person's needs and preferences. They showed people, and where appropriate, those close to them had been involved in putting them together.
- Staff we spoke with gave good examples of how they promoted people's choice when caring for people. For instance, staff told us they checked with people when providing care. This enabled people to have control over the care they received.
- People's plans identified their communication needs and the management team made sure people had access to the information they needed in a format they could understand. This helped to ensure people's communication needs were known and met in line with the Accessible Information Standard (AIS). The AIS is a framework making it a legal requirement for providers to ensure people with a disability or sensory loss can access and understand information they are given.

Improving care quality in response to complaints or concerns

- People were enabled to raise concerns and complaints.
- The complaints procedure was given to each person at the beginning of the care package and their views were sought when their care was reviewed and through surveys.
- Complaints were taken seriously, and thoroughly investigated, and appropriate responses provided to complainants.
- The people and relatives we spoke with said the staff and managers were approachable and they would be confident to raise any concerns, should they need to.
- One person said, "If there was a problem I would sort it out with the carers, and the staff in the office are very helpful."
- Complaints were analysed for themes and patterns and used to improve the service.

End of life care and support

- The provider had arrangements in place to provide a good standard of end of life care.
- Where people had expressed wishes about their end of life care these were included in their care plans.
- Staff completed training in this topic and the staff we spoke with were aware of the importance of ensuring people's expressed preferences for this time of their life were respected.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- The management team ensured that care was tailored to people's individual needs. They monitored this to ensure care provided was of a good quality.
- There were effective systems in place to monitor the quality and safety of the service. For instance, care was audited by means of spot checks of care visits and audits of documentation. We saw evidence of action being taken when audits identified areas for improvement.

Information on the provider's website told us they aimed to ensure privacy, dignity and independence, creating and maintaining a support plan to each person's specific requirements.

- Staff we spoke with demonstrated a good understanding of the service's values.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The service had a registered manager, who worked alongside the nominated individual to manage the service on a day to day basis. They were supported by a team of care organisers. The management team and care staff had a good understanding of their roles and responsibilities.
- The management team had good oversight of the way the service operated and staff described their managers as approachable and supportive.
- An electronic visit monitoring system enabled managers to see reports detailing visit times and durations.
- All staff had clear job descriptions and the staff we spoke with had a good understanding of their roles and responsibilities.
- The management team were knowledgeable about regulatory requirements and their responsibility in ensuring they were complied with.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and their relatives told us they experienced good levels of involvement and consultation in the service.
- When managers carried out checks during people's care calls, they asked the person for their views about how their care and support was being delivered.
- People were asked to complete a survey regarding their satisfaction with the service and their feedback was used to improve the service. One person said, "There is a good manager. They pop in from time to time to fill in forms. The staff know me well. I have had a questionnaire now and again and I would recommend the service."

- Staff told us they felt valued and supported by the management team, who sought and valued their views.
- Planned staff meetings took place and staff felt able to contribute to these.

Continuous learning and improving care

- The management team were keen to promote a learning culture and committed to continuous improvement.
- There was a culture of learning from incidents, complaints and feedback, which all staff contributed to.
- Managers told us they encouraged staff development and training. Staff confirmed this and praised the learning opportunities available to them.

Working in partnership with others

- The service worked well in partnership with other organisations to make sure they met people's needs.
- We received positive feedback about the service from external health and social care staff. We were told of examples of the service working with others to ensure people's whole care and support package helped them to remain in their own homes.