

Home Alternative Limited

Millennium House

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

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 52 people.

There was a manager at the service who was registered with the Care Quality Commission (CQC). A registered manager is a person who has registered with the CQC 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 and associated Regulations about how the service is run.

Our last inspection at Millennium House took place on 4 October 2016. The service was rated Requires Improvement overall. We found one breach in the regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, in regard to regulation 12, Safe care and treatment. We identified a number of issues with the management of medicines which meant that people were not fully protected against the associated risks. The registered provider sent us an action plan detailing how they were going to make improvements. At this inspection we checked the improvements the registered provider had made. We found sufficient improvements had been made to meet the requirements of this regulation.

At this inspection we found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the registered provider to take at the back of the full version of the report.

People's needs had been assessed before their care package commenced and people who used the service told us they had been involved in formulating and updating the care plans. The information included in the care records we saw was individualised and identified people's needs and preferences, as well as any risks associated with their care and the environment they lived in. More detail was needed in people's care plans and risk assessments so staff had clear guidance on how to care and support people who used the service. However, we found care staff were knowledgeable about people's needs and the lack of detail in care plans and risk assessments had no negative impact on people using the service. We recommended people's care plans and risk assessments include more detail.

We saw the registered provider kept a safeguarding log which documented all safeguarding incidents. However, there was no system in place to show quality standards and legal obligations were met. We saw the service had one safeguarding incident since the last inspection which we were not aware of. The registered manager must notify the CQC of all serious incidents in line with their legal obligations. We found the registered provider responded to risk and took appropriate action to safeguard people from harm. We recommended the registered manager implement a record keeping system for safeguarding incidents which includes details of how quality standards and legal obligations were met.

Staff told us they felt well supported and received an annual appraisal of their work performance. Staff had

also received supervision sessions and spot checks to assess their capabilities and offer support. We saw evidence of regular supervisions taking place, however we found two thirds of the staff who worked at the service had not received an appraisal. Following the inspection the registered manager submitted an action plan showing that all staff had now received an appraisal.

We found people received a service that was based on their personal needs and wishes. Changes in people's needs were identified and their care package amended to meet their assessed needs.

Where people needed support taking their medication this was administered by staff who had been trained to carry out this role. The service had clear medication policies to ensure staff could offer support to people safely.

We found the service employed enough staff to meet the needs of the people being supported. This included consistently providing the same care staff, who visited people on a regular basis.

There were appropriate recruitment checks in place when employing new staff. We found staff had received a structured induction and essential training at the beginning of their employment. This had been followed by regular refresher training to update their knowledge and skills.

Staff knew how to recognise and respond to abuse appropriately. They had a clear understanding of the procedures in place to safeguard vulnerable people from abuse.

The requirements of the Mental Capacity Act 2005 (MCA) were in place to protect people who may not have the capacity to make decisions for themselves. The Mental Capacity Act 2005 sets out what must be done to make sure that the human rights of people who may lack mental capacity to make decisions are protected, including balancing autonomy and protection in relation to consent or refusal of care or treatment.

People were confident to raise any concerns they may have had. We saw the complaints process was written in a suitable format for people who used the service.

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 was safe.

People told us they felt safe. Staff were aware of their responsibilities in keeping people safe.

Appropriate arrangements were in place for the safe administration of medicines.

The staff recruitment procedures in operation promoted people's safety.

Staffing levels were adequate to meet the needs of people who used the service.

Is the service effective?

Good ●

The service was effective.

Staff were provided with regular supervisions and told us they felt supported. Staff received appropriate training to provide them with the skills needed to support people.

People had consented to the support provided by Millennium House.

Staff supported people to eat a balanced diet to maintain their health.

Is the service caring?

Good ●

The service was caring.

People told us care workers were caring and kind.

People were supported to contribute to their support plan.

Staff respected people's privacy and dignity and knew people well.

Is the service responsive?

Requires Improvement ●

The service was not always responsive.

People's care plans were reviewed and updated as required. We found inconsistencies in the level of detail contained in their plans.

Staff understood people's preferences and support needs.

People were confident in reporting concerns to the registered manager and felt they would be listened to.

Is the service well-led?

The service was not always well led.

Improvements were identified to the systems and processes for safeguarding incidents so that the registered provider could evidence when quality standards and legal obligations were met.

The registered provider had not acted on feedback about the lack of detail in care plans from the last inspection report.

People said the registered manager was approachable and supportive.

There were quality assurance and audit processes in place to make sure the service was running safely.

The service had a full range of policies and procedures available for staff so they had access to important information.

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 checked 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 8 and 11 December 2017 and was announced. The provider was given 48 hours notice because we needed to be sure that someone would be in when we visited. We also needed to ensure the manager was available at the office for us to speak to them.

We visited four people who received support at their homes on 8 December 2017 to ask their opinions of the service and to check their care files.

We visited the services office on 11 December 2017 to see the registered manager, staff and to review care records and policies and procedures. The inspection team consisted of two adult social care inspectors.

Before the inspection visit, we reviewed the information we held about the service, including the Provider Information Return (PIR), which the registered provider completed before the inspection. The PIR is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make.

We also reviewed information we had received since the last inspection including notifications of incidents the registered manager had sent us.

We spoke with the registered manager, four care workers, the care coordinator, the training and policy officer and the administrator during the visit to the office. We spoke with four people receiving support in person at their homes.

We telephoned five people who received support and were able to speak with two people receiving a service to obtain their views.

We reviewed a range of records, which included care records for five people, staff training, support and

employment records and other records relating to the management of the domiciliary care agency.

Is the service safe?

Our findings

Our last inspection at Millennium House took place on 4 October 2016. We found a breach in the regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, in regard to regulation 12, Safe care and treatment. This was because medicines were not always managed safely and the service did not have effective policies and procedures in place to ensure the safe administration, and recording of medications. At this inspection, we found sufficient improvements had been made to meet the requirements of Regulation 12.

The service had a medicines management policy so staff had clear guidance on their responsibilities in relation to supporting people with medicines. Staff confirmed they had received the appropriate medicines management training, which was refreshed at regular intervals. We found the registered provider was checking the competency of staff administering medicines which meant they could show us evidence they had checked staff were performing their roles correctly. We saw medication administration records (MAR) were used to record when people had been supported with this task and we checked to ensure they were an accurate record. These were monitored by the management team. We looked at five people's care plans and saw they contained details of the support people required with their medicines so that staff were aware of this. We found care plans included details when the person managed their own medicines and support was not needed with this.

Staff spoken to knew how to identify if a person may be at risk of harm and the action to take if they had concerns about a person's safety. People's needs had been assessed and their care given in a way that suited their needs. People's plans included risk assessments. These told the staff about the risks for each person and how to manage and minimise these risks. We identified that more detail was needed in people's mobility risk assessments. For example, details of hoists or slings were not included in people's risk assessments. A staff member told us one person who used the service wore a falls pendent which triggered an alarm which alerted services when this person had fallen and may need help. After the inspection the registered manager told us this person did not wear a falls pendent and it was a safety alarm. The safety alarm can only be activated when a person presses the receiver to inform the contact centre of a problem. We found this information was not included in this person's mobility risk assessment or care plan. Our findings showed people had regular care staff who knew the people well and the lack of detail in people's mobility risk assessments had no negative impact on the care and support they had received. Since the inspection the registered provider submitted evidence showing people's mobility risk assessments had been updated. This shows the registered provider was able to respond to risk and do that which is reasonably practicable to mitigate any such risks.

People using the service said they felt safe with their care workers. Staff spoke to told us they would be happy for a relative or friend to be supported by Millennium House and felt they would be safe.

Staff confirmed they had been provided with safeguarding vulnerable adults training so they had an understanding of their responsibilities to protect people from harm. It was clear from discussions with staff that they were fully aware of how to raise any safeguarding issues and said they would always report any

concerns to the registered manager. They also felt confident they would be listened to, taken seriously and appropriate action would be taken to help keep people safe.

Staff we spoke with were able to describe the registered provider's whistle blowing procedures. Whistleblowing is one way in which a worker can report concerns, by telling their manager or someone they trust. This meant staff were aware of how to report any unsafe practice.

We looked at staffing levels to check enough staff were provided to meet people's needs. On the day of the inspection, there were 63 care calls scheduled and 13 care staff on duty. Staff told us they had regular schedules. People receiving support told us staff stayed for the agreed length of time. This showed that sufficient levels of staff were provided to meet people's identified support needs.

We found the recruitment checks undertaken for staff were thorough in that application forms had been completed, references had been obtained and formal interviews undertaken. Staff we spoke with told us they had completed pre-employment checks before they commenced their employment with the provider. This included references from their previous employment and a satisfactory Disclosure and Baring Check (DBS). The DBS checks help employers make safer recruitment decisions in preventing unsuitable people from working with vulnerable people.

Is the service effective?

Our findings

People were supported to live their lives in the way they chose. Everyone we spoke with said the staff had the right skills to do the job and the service was effective. Everyone told us they received consistent care and support from familiar care staff.

Staff spoken with told us that they enjoyed their work supporting people in their own homes. They received guidance and support from the managers and colleagues. Staff told us managers were available whenever they needed to contact them. We saw evidence staff had received regular supervisions. Supervisions are meetings between a manager and staff member to discuss any areas for improvement, concerns or training requirements. We found two thirds of the staff who worked at the service had not received an appraisal. Appraisals are meetings between a manager and staff member to discuss the next year's goals and objectives. These are important in order to ensure staff are supported in their role. Following the inspection the registered person submitted an action plan showing all staff had now received an appraisal.

People told us care workers had the skills and knowledge to give the care and support needed. The registered manager told us new staff received an induction programme, which involved in-house training and shadowing experience. Training was primarily e-learning based with some face to face training for areas which were better suited to practical learning, such as moving and handling. One staff member we spoke with told us, "The manual handling training was very good, visual learning helped me to remember it better." We found staff had received appropriate training to support them to carry out their roles effectively and this was renewed regularly. At the time of the inspection there was a training officer and manual handling trainer employed by the service. The training officer told us they provide 'hands on' learning to care staff to support them in their role. If a staff member wanted further training then this could be arranged on a one to one basis. We saw care staff were trained in a variety of relevant areas, such as safeguarding adults, dementia awareness and the mental capacity act. Staff we spoke to were confident and knowledgeable in their roles.

People said care staff arrived on time, stayed for the agreed length of time and completed all of the tasks they should do during each visit. We saw there was a visit schedule in place so that staff knew who to visit, for how long and at what time. We saw visit schedule details were not included in people's care plans. We recommended that visit schedules are included in care plans so that people who used the service and relatives knew when to expect care staff. The registered person submitted evidence after the inspection to show this feedback had been acted on and care plans were updated.

One staff member we spoke with told us, "The planning is great, you know what you are doing the day before."

We found where staff were involved in preparing and serving food people were happy with how this took place. Everyone we spoke with told us the staff supported them to eat and drink enough. We also saw staff had completed basic food hygiene training as part of their induction to the agency and this had been updated periodically.

Staff told us how they worked with external agencies, such as GPs and district nurses to make sure people who were at risk of poor nutrition or dehydration were being supported appropriately. Where necessary, daily records were completed which stated what the person had eaten and drank each day and staff described how they would raise issues with healthcare professionals or the person's family if they needed to.

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.

For people being supported in the community, who need help with making decisions, an application should be made to the Court of Protection.

We found policies and procedures were in place regarding MCA so staff had access to this important information. We found the service was working within the principles of the MCA.

Is the service caring?

Our findings

Every person receiving support that we spoke with made positive comments regarding staff. Their comments included, "I have a good relationship with [care] staff and they know what I like. It is an excellent agency" and "Very happy with my care, perfectly content."

We saw the service had received several compliments from relatives. Comments included, "You were all great, kind, caring, cooking, shopping and all the other things you did for us. We miss your friendly faces" and "Thank you very much for looking after mum and dad for the past couple of years. The carers have often gone beyond the call of duty to support them and we couldn't have managed otherwise."

People receiving support told us staff were always respectful and maintained their privacy. We observed this during the inspection. For example, we saw care staff knocked on people's doors before letting themselves in. People who were able to answer the door themselves staff would wait to be let in which showed staff were aware of people's privacy and independence. We also observed staff chatting with people who used the service in a friendly and familiar way. This demonstrated staff were caring and committed to meeting people's needs.

We looked at the service's statement of purpose, which sets out their aims and values. The service aimed to provide a caring service tailored to individual needs which promoted people's independence, dignity and choice within their own home. We observed staff interactions encompassed the service's aims and values. We saw people who used the service were given a copy of the statement of purpose which was kept with their care file. We saw the statement of purpose was recently reviewed so information was kept up to date.

People told us they were involved in writing their care plan and someone from the office had visited them to talk about their support needs. They told us they felt involved in all decisions about their support. Each care plan contained details of the person's care and support needs and how they would like to receive this. The plans gave details of people's preferences so that these could be respected by care workers. The plans also detailed what was significant to the person, their religious and cultural needs so that these could be respected.

We found the service supported people to express their views and be actively involved in making decisions about their care, treatment and support. We found questionnaires had been sent to people receiving support and their relatives and representatives to obtain their views of the support provided. We saw the last feedback survey was carried out in October 2016 which was over a year ago and feedback was positive. We recommend the continued use of questionnaires to support people to express their views about the care they received.

Is the service responsive?

Our findings

We saw the management team undertook an assessment of people's needs before they received support from the service. These assessments helped to inform the care plans, which were put in place with the involvement of the person, and people who were important to them, such as close relatives. Care plans contained an overview of the care tasks required for each visit. We looked at five people's care records. People's care plans were person centred and reviewed as the person's support needs changed. However, we found some inconsistencies in the level of detail contained in their plans. For example, we saw one person who used the service required staff encouragement to drink fluids to prevent attacks of Gout, which is a type of arthritis where swelling and severe pain develops in joints. We looked at this person's care record and found no information on their likes and dislikes for nutrition and fluids. This meant staff had no information on how to support this person to drink more fluids by giving them something they would like. It's important that staff have clear information about people's nutrition and fluid preferences so needs are met. This is especially important where people who use the service are not always able to communicate their needs verbally and depend on staff to support them to be healthy. Our findings indicated people were provided with the same staff who knew people well and there was no evidence the lack of information impacted negatively on people. Although we found no negative impact there was a risk of people not receiving person-centred care if, for example, their regular staff member stopped working at the service. We recommend people's care plans include more detail so that staff have clear guidance on how to support people who use the service.

This was a breach of Regulation 9 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Person-centred care.

We saw evidence of monthly reviews of care plans, information was updated when appropriate to ensure it was still correct and relevant.

We found people who used the services received personalised care and support. They were involved in planning the support they needed. People we spoke with felt listened to and told us they never had any reason to complain.

Staff we spoke with said the registered manager was accessible and approachable and dealt effectively with any information.

We looked at the registered provider's complaints policy and procedure. It included information about how and who people could complain to. The policy explained how complaints would be investigated and how feedback would be provided to the person. There was also advice about other organisations people could approach if they chose to take their complaint externally. For example, the CQC and the local authority. Information about complaints was also in the service user guide that each person was given a copy of when they started to use the service. We found copies of the service user guide in the care files kept at people's homes. This showed people were provided with important information to promote their rights. We saw the registered provider had received no complaints since the last inspection.

Some people who used the service told us they had been supported to attend their health appointments. This shows the service was committed to people receiving the right care and treatment. We asked for feedback from one community professional who told us the service acted on any instructions and shared relevant information when needed. For example, when people's needs changed. This was confirmed by care staff who told us they felt that the organisation was very responsive if they felt that people's needs were changing. The registered manager told us they held staff meetings every week to update staff on changing needs. This meant staff knew how people were each week. One staff member told us, "They [registered manager] are constantly updating us about any changes of needs of the service users."

Is the service well-led?

Our findings

We found improvements were needed to the service's systems and processes for handling safeguarding incidents to ensure they meet appropriate quality standards and legal obligations. We saw the service had a safeguarding log. We saw there had been one safeguarding incident since the last inspection which concerned a person who used the service had some money go missing from their bank account. We looked at this incident to see what actions the registered manager had taken. However, we found there was no overview in place and missing correspondence so we were not able to verify what action the registered manager had taken and whether services were notified appropriately. The registered manager told us what action they had taken to keep this person safe and showed us evidence they notified the local authority, which is a legal requirement. We found the registered manager did not submit a notification to the CQC about this incident which meant we were unaware. It is important that we are also made aware of these types of incident so we can take action where appropriate to keep people safe. We asked the registered manager to submit a notification to the CQC retrospectively which we saw evidence of after the inspection. We recommend implementing a record keeping system for safeguarding incidents which includes details of how quality standards and legal obligations were met. After the inspection the registered manager submitted a completed action plan showing a new record keeping system had been implemented.

During this inspection we found more detail was needed in people's care plans, which was also identified at the previous inspection. This showed the registered provider did not always act on feedback from relevant persons for the purposes of continually evaluating and improving their services.

People receiving support and staff spoke very positively about the registered manager. They told us they thought the service was well led and the registered manager was approachable and supportive. Comments included, "[registered manager] is very nice, we met several times. I feel safe and secure because [registered manager] does not employ horrible people."

We saw an inclusive culture at the service. All staff spoken with said they enjoyed their work and felt part of a good team. All of the staff felt communication was good and they were able to obtain updates and share their views via team meetings. Staff told us they were always informed of any changes and new information they needed to know. One staff member told us they enjoyed working for the service because, "[Registered manager] goes above and beyond. [Registered manager] always finds a way to get people what they need." Another staff member told us, "I've had a lot of jobs and this is the job I enjoy the most and that comes from the leadership. [Registered manager] listens and takes everything on board. If there is anything I feel unsure about they sort it."

We saw there were clear lines of responsibility and accountability within the management structure. This meant staff knew who to speak to if they needed support or wanted to raise a concern.

We saw policies and procedures were in place, which covered all aspects of the service. The policies seen had been reviewed and were up to date. Staff told us policies and procedures were available for them to read and they were expected to read them as part of their training and induction programme. This meant

staff could be kept fully up to date with current legislation and guidance.

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 9 HSCA RA Regulations 2014 Person-centred care People were put at risk of not receiving person-centred care which was appropriate and met their needs.