

Millies Care and Support Agency 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

The inspection took place on 21 March 2017 and was announced. The provider was given 48 hour notice because the location provides a domiciliary care service and we needed to be sure that someone would be in the office.

Millies Care and Support Agency Limited provides a variety of services in areas such as assistance with personal care, domestic tasks, help with medication and shopping. There were 106 people receiving support with personal care.

This was the first rated inspection of the service since it was registered with us.

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.

Staff were aware of and had been trained in safeguarding procedures to help protect the health and welfare of people who used the service.

Risk assessments for health needs or environmental hazards helped protect the health and welfare of people who used the service but did not restrict their lifestyles.

Staff were trained in the administration of medicines and the registered manager checked the records to help identify any errors and keep people safe.

People were supported to take a healthy diet if required and staff were trained in food safety.

Care plans were personalised to each person and showed staff had taken account of their wishes. Care plans were regularly reviewed to show that they were up to date.

The agency asked for people's views around how the service was performing to improve the quality of the service.

There was a complaints procedure for people to make their views known. People received information on how to make complaints.

We observed a good rapport between people who used the service and staff. We saw that staff knew people well and understand their needs.

Staff were recruited using satisfactory recruitment procedures to help minimise the risk of abuse to people

who used the service.

Staff received an induction and were supported when they commenced work to become competent to work with vulnerable people. Staff were well trained and supervised to feel confident within their roles. Staff were encouraged to take further training in health and social care topics.

Management undertook regular audits to ensure the service was running well.

There was an on call service for people to contact out of normal working hours when needed.

People who used the service thought the registered manager and staff were accessible and available to talk to when needed.

Staff were trained in infection prevention and control and issued with personal equipment to help protect the health and welfare of people who used the service 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 was safe.

There were systems, policies and procedures in place for staff to protect people.

Staff had been trained in safeguarding issues and were aware of their responsibilities to report any possible abuse. People told us they felt safe.

Arrangements were in place to ensure medicines were safely administered. Staff had been trained in medicines administration and had their competency checked regularly.

There was a safe recruitment policy in place and there were sufficient staff to meet the needs of people who used the service.

### Is the service effective?

Good 

The service was effective.

Staff were suitably inducted, trained and supported to provide effective care.

Senior staff understood their responsibilities under the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS).

People who used the service were supported to follow a healthy eating lifestyle if they chose to or wanted to.

### Is the service caring?

Good 

The service was caring.

People who used the service told us staff were polite, flexible and kind.

People who used the service said staff were reliable and completed their tasks.

Personal records of people were stored safely and privately.

### Is the service responsive?

Good 

The service was responsive

There was a suitable complaints procedure for people to voice their concerns.

Plans of care reflected people's wishes and were reviewed to keep staff informed of any changes.

People were assisted to go out if this was part of their support needs.

### Is the service well-led?

Good 

The service was well-led

There were systems in place to monitor the quality of care and service provision at this care agency.

People and staff told us they could contact the registered manager or office staff if they wished to speak with them.

# Millies Care and Support Agency Limited

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 21 March 2017 and was announced. The inspection team consisted of one inspector and one 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.

Before the inspection, we reviewed all the information we held about the service. This included any statutory notifications that had been sent to us and information from the local authority. A notification is information about important events, which the provider is required to tell us about by law

We used a range of different methods to help us understand people's experience.

We visited one person in their home and spoke with two staff members. We visited the provider's office and spoke with seven staff members, a director and the registered manager who is also the provider. We viewed the care and support plans for four people, including assessments of risk and records of healthcare provision.

We also looked at a range of records relating to how the service was managed; these included training records, recruitment, quality assurance audits and policies and procedures. We spoke with 15 people receiving support on the telephone on the day of our visit. We also spoke with three social care professionals on the telephone after the inspection to ascertain their views about the service

## Is the service safe?

### Our findings

People who used the service told us a number of positive comments which included "I feel totally safe with staff and trust them. They draw the curtains and lock the doors and take the keys out of the locks and make sure all is safe before they leave. Another thing that makes me feel safe with them is that they make sure I have my lifeline pendant on so I can ring if I have any concerns. They make sure everything is close to me so I don't go looking for them and fall". One relative told us "I do feel [Name of person] is safe with them – they know what they are doing and are very co-operative". Other comments from relatives included "Millies made it possible for clients to live as safely and independently as possible whilst surrounded by the familiarity of their own home".

The training record and staff files showed that staff had received safeguarding training. Staff were supported to do their job with policies and procedures to report safeguarding issues. Staff were also aware of the local social services department's adult abuse procedures for reporting abuse. This procedure provided staff with the contact details they could report any suspected abuse to. The policies and procedures set out for staff about the types of abuse, how to report abuse and what to do to keep people safe. The service also had a whistle blowing policy. This policy was used by the organisation to protect staff who reported safeguarding incidents in good faith and without fear of reprisal. Staff we spoke with gave us a good account of what they would do if they learnt of or witnessed bad practice. One staff member said, "If I saw something I was concerned about I would not hesitate to report it". Another staff member said, "I have done the safeguarding people from abuse training and I have no problem reporting abuse or bad practice to the manager if I witnessed one or contact the CQC or the local authority if necessary". Another staff member said "I will report any suspected abuse to the manager". The registered manager was aware of her responsibilities to report safeguarding incidents at the service to the CQC and have done so as necessary.

Staff records showed recruitment was robust. The staff files contained a criminal records check called a Disclosure and Barring Service check (DBS). This check helped employers examine if prospective staff had at any time been regarded as unsuitable to work with vulnerable adults. The files also contained two written references, an application form (where any gaps in employment could be investigated) and proof of address and identity.

We asked people if staff missed visits or were often late. People told us staff were reliable, came on time and stayed their allocated times to complete tasks. Staff rotas were well planned and provided to the people who used the service so they knew who was coming to support them. People were supported by the right number of staff to keep them safe. The level of support people needed was based on an assessment of their needs. Staffing levels were determined by people's needs, and those who required it received support from more than one staff. People who used the service and their relatives responded positively when asked about how punctual staff were for visits. Comments included "all staff filled in the care log adding start and finish times on every visit." and "Yes they always arrived on time and they always phone me if they are going to be late".

Other comments were "I have a variety of carers which is something I enjoy – but I get a list every week saying who is coming and they are always on time or I get a call saying there might be a problem" and "The

manager often fills in to cover absences I know them quite well because of that". This meant the service employed suitable numbers of staff to meet their needs.

Staff had a lone working policy to adhere to help keep them safe and timesheets systems were used to track staff when they were working. This system would inform managers if a staff member was late, did not turn up or left earlier than they should. Staff contacted the out of hours by phone to inform them they were safe and to arrange for another member of staff to quickly cover for them in an emergency to make sure people who used the service were not left without help.

We looked at care plans in the office and one when we visited a person in their home. The care plans contained risk assessments for personal risks such as for moving and handling, finance, infection control and the administration of medicines. There were also risk assessments for the environment, for example, any possible hazards in people's homes, such as slips, trips and falls or dangerous equipment. We saw that people and staff signed the agreement to the risk assessments so were aware of what they contained.

People were given their medicines safely. One person who used the service told us, "They prompt me to take my medication otherwise I may forget." Another person said "They stand by me to make sure I have taken it". One staff member we spoke to told us they had completed medicines training. People being looked after in their own homes can often self-administer their medicines or just require prompting. However some people care needs required staff to administer their medicines. We observed staff administered medicine safely to the person we visited. We saw from the training record that all staff had completed training for medicines administration.

The medicines were recorded on a medicines administration record (MAR). Any medicines staff did administer were recorded and the registered manager checked to see if there were any gaps or omissions. Any action required was followed up by the registered manager or the care coordinator. We saw the registered manager conducted a monthly audit to check for any errors and there was a system for reporting errors. We looked at MARs and saw there were no errors or omissions. However, we noted that handwritten medicines were not signed and dated. We discussed this with the registered manager who said they would ensure that was rectified immediately and medicines policy updated to reflect this concern. They sent us information to confirm this had been actioned. Staff had their competency to administer medicines correctly during spot checks.

Each person had a medicines risk assessment completed. The risk assessments we looked at included the name of the person, their GP, what the medicines were and what they were for. It also identified the location of the medication to ensure staff knew where it was. Also if it was stored safely and if the person was compliant with taking medicines. Other areas included if they could self-administer or did they need prompting, if the person needed a medication administered. This was reviewed at least yearly or when the registered manager or a member of the senior management team visited the person who used the service. Each person's risk assessment meant that 'when required' medicines were safely administered. There were policies and procedures for the safe administration of medicines which staff had to sign to say they had read them. Staff we spoke with confirmed they had completed medicines training.

People who used the service lived in their homes independently or with family support and were responsible for any infection control issues. However, part of the staff's training package included infection prevention and control. Staff were also issued with personal protective equipment (PPE) such as gloves and aprons. We saw staff wore gloves and aprons while supporting people with personal care. The registered manager said that they would offer advice if they saw any infection control issues or report it to a professional. This would help protect the health and welfare of people who used the service.

## Is the service effective?

### Our findings

People who used the service chose what they ate. Staff prepared meals for some people dependent upon their agreed support needs. One person told us staff helped them with preparing their meals. Comments included "Yes they do my lunch; tea and bed time meals as well as breakfast. They are brilliant" and "I was having care once daily, but since my fall I have been having them three times a day and this includes simple meals to make sure I eat well." "We observed staff prepared breakfast that the person agreed to and chose. The person told us this happened every morning and other meal times. Record showed that staff were trained in safe food hygiene and nutrition.

The registered manager told us staff would contact the office and the office would contact a social worker if a person was not eating well but if they had mental capacity it was each individual's choice what they ate. We saw comments such as "needs encouragement". One social care professional told us "I am very impressed with staff as they are dealing with very challenging situation. Instead of just providing them with food they are very creative and very thoughtful in ensuring the person has good nutrition". We saw that in one care plan a person's nutritional intake was being recorded. The registered manager said that they were liaising with the social worker to ensure this person was taking sufficient food and fluids. The registered manager told us they would also contact the community matron (a nurse with responsibility for people in the community), or a nutritionist if they thought people were at risk of malnutrition. This meant people were supported to eat well.

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. We found that staff and the registered manager had received training on the requirements of the act and recognised the importance of any decisions being made in the best interests of people who lacked capacity.

CQC is required by law to monitor the operation on the deprivation of liberty safeguards (DoLS) and to report on what we find. Records showed that all staff had received DoLS training. The registered manager and the staff we spoke with knew of their responsibilities regarding DoLS. They knew that regarding extra care services any DoLS referral would have to be made to and approved by the court of protection. This demonstrated that the provider had taken action to ensure that people did not have their right to freedom and movement unlawfully restricted.

People had been involved in both the development and review of their care plans. They signed these documents to formally record their consent to the care as described. People told us they felt in control while their staff were providing care and that staff respected their choices. People's comments included "They respect my choices and they do exactly what I ask them to do. They are very good".

We saw that new staff were enrolled onto the care certificate when they commenced work. The care

certificate is an identified set of induction standards to equip staff with the knowledge they need to provide safe and compassionate care. This was completed online with the manager able to track each person's development. The care certificate is considered best practice for people new to the care industry. One member of staff said she was completing the care certificate and was supported when she started work by an experienced member of staff until she felt confident and competent to work alone. One person who used the service told us "They introduce the new carer to me first before they shadow somebody and they start supporting me" and "Another person said "The regular staff seem to know what to do, but if there is a new member of staff they will come as a threesome and shadow to get to know the ropes."

Staff were given sufficient training to meet the needs of the people they looked after. People who used the service told us, "They know what they are doing so I think they are well trained" and "They are well trained. They know what they are doing for me." The training records showed training was ongoing and staff had been trained in a variety of topics such as safeguarding adults, dementia care, dying death and bereavement, basic life support and health and safety. We also saw that staff were undertaking diploma's in health and social care. Staff members had undertaken train the trainer training which enabled them to pass on their knowledge to other staff moving and handling. Other training included food hygiene, infection control, and fire safety. A member of staff said, "I have been asked if I wanted to do an end of life training and that's what I am going to do. I have done other training to enable me to do my job"

We saw from the staff records that staff received supervision regularly. This was by a formal one-to-one session and through spot checks and observations. Spot checks were undertaken by senior staff who looked at staff performance such as if they arrived on time, were in uniform and if they delivered appropriate care. It also gave them time to talk to the person about their care and discuss any changes that they may require. One staff member said, "I feel well supported. The registered manager and the director are very nice and the registered manager is very hands on and works with us some times." Another staff member said I feel supported. Anytime I have concerns I quickly give the manager a call and it is dealt with straight away. I have never done this job before and I was marvelled by the real good support I received"

The supervision records showed that staff were able discuss their own needs. The registered manager told us they went out to be part of the care team to support staff. This showed staff prepared to support staff and provide care to people who used the service. The registered manager told us they used this opportunity to conduct further supervision sessions. They also reviewed care plans whilst they were in people's homes. We saw an appraisals folder had been set up with dates on when each staff member would commence their appraisal to review their work for the previous year. It also enabled staff to discuss their training and development needs for the coming year.

There was sufficient equipment in the office, for example, computers with internet access, printers and telephones for the service to run efficiently and staff available to answer calls from people who used the service or staff requiring assistance. We heard people being supported with any queries they had and staff being updated on people's needs. There was a designated room were facilities to train staff or for staff to come in and discuss any concerns privately with the senior staff. There was an on call service if people needed support outside of normal office hours. This meant that staff were well supported and people who used the service would be confident that their needs would be met.

The service had a business continuity plan to divert staff to people who most needed care in times of crisis such as bad weather. If the office was out of action the staff checking system and computer services could be accessed from the registered manager or other staff member's homes.

Although staff were not responsible for arranging visits to doctors or specialists the registered manager said

staff would call the doctor or other professional with people's consent if required and give any support a person needed to keep them well.

## Is the service caring?

### Our findings

People who used the service told us a number of positive comments. They included "The carers are all brilliant. I have no fault on them. Before they leave they always ask if there is anything else they can do for me" "They respect me and they relate to me very well. They do things for me the way I want things to be done" and "I have a good laugh with the staff, we banter a bit and I enjoy them coming". Other comments included "I really couldn't task or expect any more of the staff". "Never had such a good service like that. I didn't know such service and nice carers were around" and "They help me shower and then stay on to tidy up and help me with simple cooking". One relative told us "They (Name of person) always comes down stairs happy and telling me how good they are. They chat about the current sports with him and he really looks forward to their visits". Another relative told us "The care received from Millies was exceptional, genuine sensitive staff all of whom demonstrate how much they care by getting to know their clients and taking real interest in them"

One social care professional told us "They are very professional and their carers are very caring. Lots of them are more matured so they are very good with the older people and service users with dementia and that's really good. The manager is hands on and very caring and kind. Staff are very proactive in dealing with people's care needs. That makes us reassured that people are receiving good care"

We noted all care files and other documents were stored securely to help keep all information confidential and only staff that had need to have access to them. Staff were taught about confidentiality and had a policy to remind them to keep people's information safe. One staff said "I learnt not to repeat anything about a client outside the organisation and to contact the office if a client tell me anything they say is confidential" "Staff were also given a handbook when they commenced work which gave them further information about confidentiality.

When we visited people in their own homes, we saw the care manager and staff member knew the person well and had a good rapport with them. We also noted that the staff completed little tasks such as making a cup of tea and having a chat with the person to check if they were satisfied with the service or if they had any concerns.

All the people we spoke with said staff were careful to respect their privacy which helped preserve their dignity. Comments included "The carers are careful to respect my privacy when helping me and they treat me with dignity and respect too"

The registered manager told us that staff would be completing end of life training which would help them support people and their families during the difficult time. This was confirmed by staff who told us they were encouraged to sign up for the training. The registered manager told us was also looking at paperwork to record the details of a person's end of life wishes if they were willing to provide them. This would ensure that people's wishes were known at the end of their life.

We saw that care plans were personalised and had been developed with people who used the service so their choices were known. We saw the care plans captured a people's preferences and past history so that

their care were more tailored to their needs.

## Is the service responsive?

### Our findings

People who used the service told us, "I will talk to the manager if I have any concerns but I have no complaint. They are all very good". Other comments included "If I have a problem I will complain, staff listen and take action and it has been sorted wonderfully." "I have no problems at all. I have no complaints", "I would be happy to raise a concern with staff they are so approachable." "I can contact the office in an emergency if I need to talk to someone." "People thought that if they had a concern they would be listened to and it would be acted upon.

We saw that each person had a copy of the complaints procedure in their care records. This told people who to complain to, how to complain and the time it would take for any response. The procedure also gave people the contact details of other organisations they could take any concerns further if they wished including the Care Quality Commission (CQC). There was one complaint in the last 12 months in relation to a staff member's alleged unsatisfactory attitude towards an individual. We saw this was thoroughly investigated and action taken and the outcome was communicated to the complainant.

Prior to using the service each person had a needs assessment completed by the agency. The assessment covered all aspects of a person's health and social care needs and was developed to help form the care plan. The registered manager told us they or a member of the management undertook the assessment. The assessment process ensured agency staff could meet people's needs and that people who used the service were satisfied with the service provided. One person told us "Yes they came and had a chat with me before I started and anytime I am in hospital they always come and assess me before I come home to make sure they can still help me".

Care plans were developed following the assessment of individual needs. One person who used the service said, "Yes I know I have a care plan. They developed it with me and I am happy with it". This ensured each person's care was tailored to meet individual needs. Care plans contained details of what a person liked or disliked. There was a detailed section about what a person needed during each visit, for example the morning visit was about getting people up, dressed and if required a breakfast meal was prepared. The care plans identified also what the needs were, what the goal was and a lot of details around how staff could support them to reach the desired outcome. The care plans were regularly reviewed and updated. One person told us "Yes they come regularly to review the care plans with me" We saw the service had an effective system to update care plans yearly and when required. Care plans contained sufficient health and personal details for staff to deliver effective care.

Although this is a domiciliary care agency and as such the service was not usually responsible for providing activities people told us staff had time to talk to them and often went out of their way to help with tasks like shopping. The director told us if a person called the office and asked if the member of staff who was coming to see them would bring her a loaf of bread or a pint of milk. This could be arranged. One person told us "the carers sometimes take me out shopping". This meant the service was flexible enough to support people with their needs. People who used the service told us they could contact the office when they wanted to and the service were flexible in their needs. One person told us "The office are good at responding if you phone

them". Another comment was "The office are very friendly and attentive" and "I'm very happy to talk to the office—they are so kind and obliging". We heard many examples of people contacting the office and how staff tried to work to their needs and arrange visits to suit their needs. Comments included "I got the time I wanted right from the start – they fit in so well with us". We saw that staff, including the registered manager knew people well which helped them meet their needs.

## Is the service well-led?

### Our findings

People who used the service told us, "I don't think I can fault the agency. They look after me so well they are a very good organisation from the manager to all the staff that come here to help me. I am very happy. I couldn't ask for a better service".

One social care professional told us "Generally they are a very good organisation, they are very professional. The manager is very good and approachable. We are satisfied with their service. Another professional said "I have worked with Millies for a long time and I am very impressed with way they look after people they support". They hardly ever phone us they just get on with it and "They don't phone us unnecessarily unless there is something massively wrong. I think this is because they are so well organised and the manager is very good." People who used the service thought the manager and other staff were accessible.

Staff told us the registered manager was very approachable and supportive. Staff told us although staff meetings were held infrequently they felt they were kept up to date. The registered manager told us this was due to sickness and absences. We heard staff talking to the registered manager and other office staff regularly to keep up to date with any changes to people's care or conditions. One member of staff said, "We don't have regular staff meetings but the registered manager keeps us up to date by text and phone. She also works with us so we can discuss any updates with them."

We looked at quality assurance questionnaires which had been sent out. We saw 58 of 92 responses have been received. The registered manager told us they were awaiting the return of more forms before producing a summary. The service asked people questions around care. The results were positive. We noted the comments made which included, "Thank you for the excellent care you all gave my mum. Your entire staff team deliver outstanding care to my mum and as a family we are truly thankful. Without Millies mum would be unable to stay in her own home"

Another comment was "We are delighted with the service we are receiving from Millies. The carers we receive are efficient, conscientious, unfailingly polite and pleasant. We are grateful for the service provided". There were no negative comments. People were satisfied with the service they received from this agency. One person told us "We get a questionnaire every so often – we have just had one in the last couple of weeks where they ask us to rate them on different things".

People were given a client's handbook. The document told people what the service provided or did not provide, the range of services on offer, their aims and objectives, key policies and procedures, the role of the CQC and the hours of operation. It also provided people with the contact details for the office, out of hours service, Bath and North East Somerset (BaNES) council, the CQC and government ombudsman. This gave people sufficient information to be aware of what the agency provided and who they could contact if they were not satisfied.

Staff members were also issued with a handbook. This gave staff the necessary information they needed to provide good care. Information included the names of key staff, their aims and objectives, the services provided, reporting criminal offenses, punctuality and attendance, training agreement, supervision and appraisal, the code of practice, equal opportunities, key policies and procedures, working conditions, the

dress code, induction, a job description and assessment of risks.

Staff had access to policies and procedures to help them with their practice. The policies we looked at included the mental capacity act, confidentiality, health and safety, data protection, equality and diversity, safeguarding, medicines administration, complaints and infection control."

Staff were also aware what to do if accident or incident occurred. There had been no accidents in the past 12 months. There was a book to record accident if they occurred. The policies had been regularly reviewed to keep staff up to date with any guidance.

The registered manager, the deputy manager and a senior staff member undertook quality assurance checks, which included care plans, the daily observation sheets, staff times and duration of visits, medicines records, people's finances and spot checks to people's homes for staff competency. The registered manager conducted regular audits to ensure the service was working well. There included care plans, staff times and duration of visits, medicines records, spot checks and staff competencies, financial sheets and daily sheets observation. We saw that where needed action had been taken to make improvements. This showed that the provider had taken steps to ensure a good quality of service.

The registered manager told us they regularly phone people who used the service as well as visited them at home to obtain their feedback about the service provided. This helped the registered manager to listen and deal with any concerns they may have before it became a formal complaint. The registered manager was aware of the need to audit them if there were any.

The registered manager and staff were aware of the visions and values of the service. One staff told us "Our values are to promote people's dignity and independence and to provide them with person centred care. We go the extra mile to make a difference in their lives".

The management team understood their responsibilities and had made sure they had submitted statutory notifications to us and completed the Provider Information Return (PIR) as required by the Regulations. We found the information in the PIR was an accurate assessment of how the service operated.