



Inspection Report on

Millenium Care Ltd

**Millenium Care Ltd
Pen Y Bryn
Tonna Uchaf
Neath
SA11 3JT**

Date Inspection Completed

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About Millenium Care Ltd

Type of care provided	Domiciliary Support Service
Registered Provider	Millenium Care Ltd
Registered places	0
Language of the service	English
Previous Care Inspectorate Wales inspection	
Does this service provide the Welsh Language active offer?	Working Towards

Summary

Millennium care ltd is a domiciliary support service for older adults and younger people over the age of 18 with physical disabilities. The office is based in Tonna with the service provision in Neath Port Talbot, which is within the Western Bay partnership region. There is a manager in post who is registered with Social Care Wales and the Responsible Individual (RI) is Karen Egan. People receive a good service from Millennium care with a team of care staff who are happy and dedicated to their work. The management team are visible in the day to day running of the service and there are systems in place to ensure there is oversight of the quality of service delivered. Some improvements are needed to ensure the service meets all of its regulatory requirements, however this has minimum impact on the service delivered to people.

Well-being

People have a voice and are involved in the content of their personal plans. People spoken to told us that assessments and personal plans are written with their input from the onset of care provision and felt that they reflected their needs. However, these need to be reviewed more frequently to consider the extent to which people are achieving their desired goals. We received good feedback about the standard of care received and people spoke highly of the care workers. Thorough medication management protocols are in place to assist people with their medication. Measures are in place to minimise risks associated with cross-infection. Care workers told us they have sufficient supply of personal protective equipment (PPE). People are protected from the risk of harm and abuse. Staff are aware of their safeguarding responsibilities and relay any concerns to the management team.

The service is generally well-run with quality assurance systems in place, although quality assurance reports should be completed bi-annually and not annually. Improvements are needed to ensure DBS checks are renewed in time and training is recorded more effectively. Written information about the service, policies and procedures are present, accurate and have been reviewed. Care visits and rota's are planned to allow sufficient time for call delivery and travel between calls. The RI told us that training provision, supervision and spot checks of care workers has been affected by the pandemic, however, these are being addressed and we saw positive progress with these during the inspection. The RI maintains an active role in the service, but they need to better document regular discussions with care workers and individuals, for quality assurance purposes. Systems are in place for reviewing the quality of care, managing incidents and safeguarding concerns and professionals confirmed that the service liaises appropriately with relevant bodies.

The service are working towards an Active Offer of the Welsh language. This means being able to provide a service and documentation in Welsh without people having to ask for it. The number of care staff able to deliver the service in Welsh is small and therefore this can't be offered at all times. The RI told us that currently none of the people supported at the time of the inspection were Welsh speakers and therefore there is no demand for this at present. However if the demand should arise in the future then translation of key documents would be considered.

Care and Support

The service provider considers a wide range of information to confirm that the service is able to meet people's needs. We saw that people have individual service agreements in place and that calls are planned in accordance with their needs. Personal plans of care are written from the person's perspective and portray a clear picture of the individual, including their likes, dislikes and what matters to them. People told us that their needs were discussed at the onset of service provision although signatures do not always confirm this on file. Reviews of personal plans are not conducted quarterly as they should under the new regulations. We were told that care documentation is updated when required to reflect changes in people's needs and saw this on plans seen.

The service provides a good standard of care and support to people. We spoke to four people receiving the service and three relatives. All, were complimentary of the care staff and feel they provide a service that meets their needs. One person said "*They are very good and reliable*" another said "*They are all lovely, I think there great, I wouldn't be without them*". Peoples overall opinion of the service was very good. However, all spoken too said that communication was something that could be improved, especially if there are issues with call times. This has also been identified by the service and is detailed in the most recent quality assurance report.

The service has systems in place for the management of medication. We saw that care staff have received medication training and competency checks are up to date. People who need support with medication have Medication Administration Records (MAR) charts in place. Weekly MAR charts are returned to the office and audited by the management. Errors or discrepancies found are discussed and noted with care staff and also reported to the local authority as required, although these are rare. Care workers told us they know the people they support well and as a result can recognise any deterioration in their health and well-being and report appropriately.

People are safe and risks to their health and wellbeing minimised as much as possible. Risk assessments are carried out with people prior to commencement of care packages. These assessments accurately reflect the risks to the individuals and to staff delivering the service. People told us they felt comfortable with the care staff who provide their support. One said "*they are always wearing them (masks gloves and aprons) and I feel very safe*" They told us that they feel safe and protected with staff that use appropriate PPE at all times to minimise the risk of infection transmission.

Leadership and Management

The service provider has systems in place to support the smooth operation of the service, to ensure the care and support of individuals enables them to achieve their personal goals. We looked at policies and procedures and saw that these are reviewed and updated as required. The statement of purpose has also been reviewed and the service delivered is in accordance with this. We saw that audits take place of people and staff files, medication, and people's records.

Care workers receive training to ensure they are skilled and competent to deliver the service. Care workers told us of online training that they had completed in recent months. However, these were not evident on the training matrix and certificates were not available in personnel files. The RI told us that the training matrix had not been updated to reflect recent training. We looked at four staff files and saw that most recruitment documents were up to date. We saw that some Disclosure and Barring (DBS) checks were passed their renewal date which under the new regulations, should be renewed every 3 years. However, confirmation has been received and this has been addressed. We spoke to six care workers who were happy in their work. Most were complimentary of the management of the service, saying that communication would be one thing to improve. The RI told us that supervision and appraisal was something that they are focussing on at the moment. Under the new regulations individual staff supervision should be 3 monthly. The RI said that all staff were in the process of having these with an ongoing timetable in place for continuity.

The RI has an active role in the day to day activities of the office and has good oversight of the service. The RI told us that they visit people regularly although this is not always in their role as RI and often to deliver care directly. They explained that this had been difficult in recent months due to staff sickness and shortages and that this was starting to improve. Despite this, people spoke very highly of the RI and said that they were always able to contact them if they needed to. We saw the recent quality assurance report and noted that this was an annual report. This report is now required bi-annually under the new regulations. The report was completed after receiving feedback questionnaires from people and staff. Responses were analysed and the RI had noted areas that needed improvement.

The provider does not have contractual arrangements in place for domiciliary care workers. The RI told us that all care workers were on zero hour contracts which does not meet the new regulations. Despite this care workers spoken to were happy with the number of hours they work. We saw from electronic call monitoring logs that care workers had sufficient time to do their work and travel in between calls, care staff spoken to in general do not feel rushed on their visits and feel that call times are adequate. The RI told us that care workers are paid for their travel time and have a mileage allowance. Turnover of care workers has been high in recent months, however this has now settled and continuity of care is improving.

Environment

The quality of environment is not a theme which is applicable to a domiciliary support service.

However, the service operates from a self-contained single storey office with good facilities for staff and some off road parking. Rooms seen are clean and well equipped, with suitable space for record keeping and locked filing cabinets for the storage of confidential information. We saw that environmental risk assessments take place in peoples own homes prior to care staff providing a service to ensure a safe working environment for the care staff.

Areas for improvement and action at the previous inspection

None		
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Areas where immediate action is required

None	
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Areas where improvement is required

Regulation 16 - 3 monthly reviews were not seen on care files and these were not carried out with people- despite this, people told us that their care plan met their needs and care staff do things in the way that they want them too.	
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Reg 42- offering domiciliary care workers on non-guaranteed hours, contracts the choice of alternative contractual arrangements. – care staff have not been offered this but staff spoken to are not overly concerned about it as they have regular hours.	
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We have not issued a priority action (non-compliance) notice on this occasion. This is because there is no immediate or significant risk to or poor outcomes for people using the service. We expect the registered provider to take action to rectify this and we will follow this up at the next inspection

Date Published 02/11/2020