

Amberley Healthcare Limited

Devon Lodge Residential Home

Inspection report

18 Theydon Avenue,
Woburn Sands,
Milton Keynes.
Buckinghamshire.
MK17 8PL
Tel: 01908 281470
Web: www.devonlodgcare.co.uk

Date of inspection visit: 06 May 2015
Date of publication: 26/06/2015

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	

Overall summary

This inspection took place on 6 May 2015 and was unannounced.

Devon Lodge provides care and support for up to 26 older people with a wide range of needs, including people who may have dementia. There were 22 people using the service when we visited.

The service had a registered manager. 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.

Summary of findings

People were protected from abuse and felt safe. Staff were knowledgeable about the risks of abuse and reporting procedures.

Action was taken to keep people safe, minimising any risks to health and safety. Staff knew how to manage risks to promote people's safety.

There was sufficient staff on duty to meet people's needs and keep them safe. Staff numbers were based upon people's dependency levels and were flexible if people's needs changed.

Staff had been recruited using a robust process, with effective recruitment checks completed.

Systems were in place to ensure that medicines were stored, administered and handled safely.

Staff were appropriately trained and skilled and provided care in a safe environment. They all received a thorough induction when they started work at the home and fully understood their roles and responsibilities, as well as the values and philosophy of the home. The staff had also completed training to make sure that the care provided to older people was safe and effective to meet their needs.

People were supported to eat and drink sufficient amounts to ensure their dietary needs were met. Staff supported people to attend healthcare appointments and liaised with their GP and other healthcare professionals as required.

People's consent to care and treatment was sought in line with current legislation. Throughout our inspection we saw examples of good quality care that helped make the home a place where people felt included and consulted. People and their families were involved in the planning of their care and were treated with dignity, privacy and respect.

People were supported to take part in meaningful activities and pursue hobbies and interests.

The service responded to complaints within the agreed timescale. We saw that people were encouraged to have their say about how the quality of services could be improved and were positive about the leadership provided by the registered manager.

Effective quality assurance systems were in place to obtain feedback, monitor performance and manage risks.

Summary of findings

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

Staff knew how to recognise and respond to abuse correctly.

There were risk management plans in place to promote and protect people's safety.

There were sufficient numbers of suitable staff to keep people safe and meet their needs.

People were supported by staff to take their medicines safely.

Is the service effective?

Good



The service was effective

People received care from staff that were knowledgeable to carry out their roles and responsibilities.

Consent to provide care and support to people was sought in line with current legislation.

Staff supported people to eat and drink sufficient amounts of healthy and nutritious food to maintain a balanced diet.

People were supported by staff to maintain good health and to access healthcare facilities when required.

Is the service caring?

Good



The service was caring

During our visit staff were kind and compassionate and treated people with dignity and respect.

There were private spaces in the home for people and their families to go if they wanted to be on their own.

People were supported by staff to express their views and be involved in making decisions about their care and support.

Is the service responsive?

Good



The service was responsive

People received care that was responsive to their needs. During our visit we saw that staff responded quickly and appropriately to people's needs.

The registered manager promoted the involvement of people living in the home and people took part in meaningful activities in the home and in the local community.

Complaints and comments made were used to improve the quality of the care provided.

Is the service well-led?

Good



The service was well led.

The quality assurance and governance systems used were effective and there was a clear vision and set of values which staff understood.

Summary of findings

There was a positive culture at the home where people felt included and consulted. Staff were well supported and were aware of their rights and their responsibility to share any concerns about the care provided at the home.

People, their relatives and staff were encouraged to share their views and help develop the service.

Devon Lodge Residential Home

Detailed findings

Background to this inspection

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

This inspection took place on 6 May 2015 and was unannounced. The inspection was undertaken by one inspector.

Prior to this inspection we reviewed information we held about the service including statutory notifications that had been submitted. Statutory notifications include information about important events which the provider is required to send us by law. We contacted the local authority that commissioned the service to obtain their views.

We used a number of different methods to help us understand the experiences of people living in the service.

We observed how the staff interacted with people who used the service. We also observed how people were supported during breakfast, the mid-day meal and during individual tasks and activities.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We spoke with eight people who used the service in order to gain their views about the quality of the service provided. We also spoke with four visitors to the home, four care staff, the chef and the registered manager, to determine whether the service had robust quality systems in place.

We reviewed care records relating to three people who used the service and two staff files that contained information about recruitment, induction, training, supervisions and appraisals. We also looked at further records relating to the management of the service including quality audits.

Is the service safe?

Our findings

People told us they felt safe. One person told us, “This is the safest place I could be.” Another person said, “Yes I feel safe here. The staff work hard to make sure we are kept safe.” This view was expressed by all of the people we spoke with.

The provider had effective procedures for ensuring that any concerns about a person or a person’s safety were appropriately reported. All of the staff we spoke with could clearly explain how they would recognise and report abuse. One staff member told us, “All the team, without exception would report abuse of any kind. We know we can go to [manager] with any concerns.” Staff told us, and training records confirmed that staff received regular training to make sure they stayed up to date with the process for reporting safety concerns. Records showed that the registered manager documented and investigated safeguarding incidents appropriately and had reported them to both the local authority and the Care Quality Commission (CQC).

Staff told us that possible risks to people’s health and safety had been identified within their care plans. One member of staff said, “I always check people’s care plan so I know I am giving the right care. Communication is good here, we talk all the time.”

Risk assessments considered the most effective ways to minimise risks and were up to date and reflective of people’s needs. They helped staff to determine the support people needed if they had a sudden change of condition. Risks to people’s safety were appropriately assessed, managed and reviewed. Each of the care records we saw had up-to-date risk assessments in place. People had management plans for any risk that had been identified. Staff demonstrated that they knew the details of these management plans and how to keep people safe.

Records showed that staff recorded incidents and accidents that happened at the home. This information was used to monitor and investigate incidents and take the appropriate action to reduce the risk of them happening again.

There were sufficient staff available to keep people safe. One person told us, “We never have to wait for very long before staff appear. Yes I think there is enough staff.” Another person said, Well, there is always someone on hand to help.”

Staff told us that the staffing numbers were adequate and the rota was well managed. A staff member said, “We try to cover each other and pull together as a team. If we do use agency staff we go to the same agency and tend to have the same staff, which is good for the people who live here because they get to know them.”

The registered manager told us if people’s needs changed, additional staff would be provided. She said people’s dependency levels were regularly assessed. Our observations confirmed that there were sufficient staff members on duty, with appropriate skills to meet the needs of people, based upon their dependency levels. The staff rota we looked at confirmed that the agreed staffing numbers were provided.

Staff told us they had been through rigorous recruitment checks before they commenced their employment. One staff said, “I had to wait for my references and all the other checks to come through before I could start work.”

We saw evidence that safe recruitment practices were followed. This was to ensure that staff employed were of good character and were physically and mentally fit to undertake their roles and to meet people’s needs and keep them safe. For example, new staff did not commence employment until satisfactory employment checks such as, Disclosure and Barring Service [DBS] certificates and references had been obtained.

People were supported to take their medicines by staff trained to administer medicines safely. We observed staff administering medicines to people throughout the day. People told us they always received their medication on time. One person commented, “They know what I have and when I should have it. I feel confident that I will always be given my tablets safely.”

Staff told us they considered the administration of medicines an important part of people’s care. One staff said, “It’s very important that we get it right.”

We looked at the arrangements in place for the safe storage and administration of medicines and found these to be safe. Medicines were stored securely in a locked cabinet. We checked the medicines for ten people and found the number of medicines stored, tallied with the number recorded on the Medication Administration Records (MAR). All medicines were administered by staff who had received appropriate training. Once staff had completed training in this area they then had their competency assessed to

Is the service safe?

ensure their practice was safe. We saw, from the homes training records, that staff had received up to date medicines training. Regular medicines audits also took place which helped to ensure the systems used were effective.

Is the service effective?

Our findings

People told us that the staff knew their needs well and had the training in order to provide appropriate care. One person commented, “Yes they know exactly what to do.” Another person said, “They are very competent. Without exception.”

Staff told us they had completed the provider’s induction training programme when they commenced work at the home. They told us they worked alongside, and shadowed more experienced members of staff which allowed them to get to know people before working independently. Staff told us the induction training was thorough and one staff member commented, “It helped me to understand the basic skills I needed to work here.” The induction programme supported staff to understand people’s needs and gain experience in a safe environment.

The registered manager told us that new staff were required to complete an induction and work supernumerary alongside an experienced staff member of staff. Records we looked at confirmed this. We saw evidence that staff had received on-going training in a variety of subjects that supported them to meet people’s individual care needs. These included dementia awareness, first aid, manual handling, infection control, safeguarding adults and fire awareness. Training records confirmed that staff received up to date training in all core subjects and we found that they could access additional training that might benefit them. For example, we saw that some staff had completed training in nutrition, end of life care and dignity in care.

Staff also told us they received on-going support in the form of supervisions and an annual review of their performance, and records we looked at confirmed this. A staff member said, “Yes, we get regular supervision. Sometimes we don’t really need it because we talk together all the time and solve any problems that might crop up. Communication is very good.”

Staff made sure that people consented to care and support before assisting them with personal care. One member of staff told us, “We all have the same values here and respect the fact that people have the right to give consent or refuse if they want to. We have to respect their decisions.” We observed staff asking people for their consent before they undertook any task, or supported them to move to another

area or take part in any activities. In the care plans we examined we found that people or their relatives had signed an agreement for staff to administer their medicines and support them with their personal care. Staff were aware of the importance of ensuring that people had consented to care and support.

The manager demonstrated a knowledge and understanding of the Mental Capacity Act 2005 (MCA). They were also well-informed about people’s competence to consent to treatment and care, and told us they had in the past made a Deprivation of Liberty Safeguards application and a Mental Capacity assessment for someone who had previously left the service. They confirmed there was no one currently using the service that was subject to the DoLS as set out in the Mental Capacity Act 2005.

People were supported to eat and drink and to maintain a balanced diet. People told us they were provided with adequate amounts of food and drinks. One person said, “The food is lovely. We get plenty of food. I enjoy a small sherry with my dinner.” Another person told us, “If I don’t like what’s on the menu they will make me something else.”

We spoke with the chef and discussed menu choices with them. They demonstrated a good knowledge of people’s likes and dislikes. They told us that people were regularly consulted about the food menu and their choices and the menu were discussed with them and developed with their involvement. They said, “If a resident does not like what is on offer an alternative is provided.”

Meal times were relaxed and people were supported to move to the dining areas or eat in their bedroom at a time of their choice. People with individual requirements received a suitable diet. For example, we saw that one person needed a diabetic diet and this was provided for them. Staff told us that they closely monitored the food and fluid intake for people assessed at risk of poor nutritional intake and we saw these records were fully completed and up to date.

The service supported people to maintain good health and to access healthcare services when required. One person said, “If I don’t feel well, I tell the staff and they will make sure I see the doctor.”

Staff told us that they would have no hesitation in calling for the doctor if someone needed it. We observed one person who became very drowsy at lunch time. A member of staff immediately went to get the senior staff member to

Is the service effective?

check this person was alright. The registered manager told us that people were registered with a GP who visited the service as and when required. She said that the service was in close liaison with the district nurses and we saw

evidence that people had access to the dentist, optician and chiropodist as well as specialists such as the dietician and speech and language therapist and care records confirmed this.

Is the service caring?

Our findings

All the people we spoke with were positive about the home and told us they were happy with the care and support they received. One person said, "It's a very contented home. It's lovely." Another person commented, "It's a proper home from home and we get all the help we need to stay well."

We observed that care staff spent time interacting with people and addressed them by their preferred name. Staff supported people with care and compassion. For example, we observed one person who was concerned that they had misplaced their handbag. The staff immediately responded to the person in a calming and soothing manner which the person responded positively to. Staff took time to ensure that people understood what was happening and supported people in a patient and encouraging way when they were moving around the home. We saw that staff provided people with reassurance by touching and giving eye contact when talking to people.

People confirmed that they felt involved and supported in planning and making decisions about their care and treatment. One person told us, "I am involved in my care and I tell them how I want my care to be provided. I'm very fussy but they do it right." Another person said, "They even ask me what time I would like my cup of tea in the morning. They don't miss a thing." People told us they were always given explanations when they needed them.

Staff told us they involved people and their relatives in planning and reviewing their care and the care records we looked at confirmed this. We saw that people were given the opportunity and were supported to express their views about their care through regular reviews. We saw that families were invited to these. We saw there was an effective system in place to request the support of an advocate to represent people's views and wishes if it was required. The registered manager confirmed that no one living at the home was using the services of an advocate.

The staff promoted the privacy and dignity of people and their families'. One person told us, "I don't feel like it's us and them. They treat us like family." Another person commented, "The Matron is the key person here. All the staff are respectful and they get that from her. It's all about having the same values. They are fantastic."

We observed staff treating people and all visitors to the home with dignity and respect. People and their families had access to private spaces and staff made sure they were not disturbed. We observed that staff knocked on bedroom doors before entering and ensured doors were shut when they assisted people with personal care. They promoted people's choices and offered assistance if the person needed it, to help promote their independence. Staff described the importance of confidentiality and not discussing people's needs unless it was absolutely necessary. We found that any private and confidential information relating to the care and treatment of people was stored securely.

Is the service responsive?

Our findings

People told us that staff spent time with them on admission to identify fully their care preferences and future wishes. One person told us, "Oh yes, I am involved all the way." Another person said, "You only have to say and it's done. I have my say about how I want to be looked after."

Staff told us that people's care plans were developed around them as an individual and their histories and preferences were taken into account. A staff member said, "Each person is totally different and the care plans and how we look after them reflects that."

The registered manager told us that they provided people and their families with information about the service as part of the pre-admission assessment. This was in a format that met their communication needs and included a welcome pack with information about the home, the facilities and the support offered.

We saw staff giving people time to express their views and observed people being asked how they wanted to be supported. For example, people were asked what activities they wanted to join in that morning and were supported to attend if they wished. We also saw that numerous people who liked to rise later in the day and have their breakfast in their room were supported to do this.

Each person had a care plan in place that was personal to them. These plans were used to guide staff on how to support people and provide the care they need. Giving people choices and promoting their independence were essential factors in how people's care was delivered.

People told us that they took part in activities or pastimes that were important to them and linked into things they enjoyed before they came to live at the home. One person told us, "There is always so much going on. You are never bored." Another person commented, "We had some ballet dancers here. They were lovely." One person told us they liked to access the local community and took part in several activities outside of the home.

On the day of our visit we joined in a church service so people could take holy communion, a chair exercise class and a discussion about general affairs where the national newspapers were discussed. We also found that people were encouraged to vote in the election and this was discussed with them. We observed a small group of people who were folding napkins ready for the next meal. Activities provided were varied and included morning sherry, quizzes, nostalgia and board games.

The service had links with the local community and people were enabled to maintain links with other people living within the local community who shared the same interests as them. For example, one person told us how they were part of an arts/painting group and also attended the Women's Institute.

We found that people were encouraged to bring in personal items from home and we saw that rooms were personalised and contained people's possessions that they treasured, including photographs and ornaments. One person told us, "It makes it feel more like home when you have your things around you."

People were encouraged to raise concerns or complaints. One person said, "I've never had to complain but I would feel happy to make one if I was worried." A second person told us, "I can't imagine having anything to complain about, but I would if I had to." All the people we spoke with were confident that any concerns would be dealt with appropriately and in a timely manner.

Staff confirmed that people had access to the complaints policy but this was rarely needed because of the approachability of the registered manager. The provider had received no complaints since our last inspection, but we saw there was an appropriate system to monitor and investigate complaints. The complaints procedure is included in the information given to people when they are admitted.

We found that the provider was responsive to the feedback from people living at the home. For example, the home had made changes to the menu and had provided its own shop in response to feedback from people living in the home.

Is the service well-led?

Our findings

Staff told us that there was positive leadership in place from the registered manager, which encouraged an open and transparent ethos among the staff team. All the staff we spoke with knew the manager's values and philosophy which they said had been explained to them when they started working in the home. We found there was a positive culture at the home where people felt included and consulted. One person told us, "It's not like a job to the staff. They genuinely want to be here." Another person commented, "[The manager] runs a tight ship and that's why it works so well."

None of the staff had any issues or concerns about how the service was being run and were very positive, describing ways in which they hoped to improve the delivery of care. All the staff we spoke with told us they felt supported and enjoyed their work. A staff member told us, "I can't wait to get to work. I love my job and often pop in, in my free time to see how people are." All the staff we spoke with confirmed that they understood their right to share any concerns about the care at the home. They said that they were aware of the provider's whistleblowing policy and they would confidently use it to report any concerns. Staff also told us that the registered manager at the home was a good influence on the staff and was an approachable and trusted manager. They said that the manager always acted immediately on any concerns they reported while maintaining their confidentiality. Feedback was sought from the staff through staff meetings and staff supervision.

The service had a registered manager in post in accordance with their legal requirements, who offered advice and support. People knew who the registered manager was and told us that they always saw them on a daily basis and they always stopped to talk to them. We observed this happening during our inspection. The staff we spoke with told us that the manager had an open door policy, was always available and had a regular presence in the home. During our inspection we spoke with the registered manager who demonstrated to us that they knew the details of the care provided to people. This showed they had regular contact with the staff and the people living in the home.

The registered manager monitored the quality of the care provided by completing regular audits of medicines management, care records, the environment and equipment. They evaluated these audits and created action plans for improvement, when improvements were needed. There was a system in place to ensure when incidents occurred they were investigated by the registered manager. If areas of poor practice were identified these were addressed with the staff team to ensure lessons were learnt and to minimise the risk of recurrence. The manager involved people and their families in the monitoring of the quality of care. We saw that people had been asked to share their experiences via satisfactions surveys and residents meetings. We saw that people's views and wishes were acted upon.