

Milton Keynes Council Courteney's Lodge

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	

Overall summary

Courteney's Lodge is registered to provide support for older people who require personal care, and who may also be living with dementia, in their own homes. On the day of our visit, there were 28 people receiving care and support.

The inspection was announced and took place on 3 and 8 June 2015.

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.

People felt safe protected from abuse and told us they were treated well by staff. Staff had a good understanding of how to identify abuse, and knew how to respond appropriately to any concerns to keep people safe.

Summary of findings

Risks to people's safety had been assessed and were detailed clearly within people's care plans. Staff used these to assist people to remain as independent as possible

There were sufficient staff members on duty, with the correct skill mix, to support people with their required care needs.

Staff had been recruited using a robust recruitment process.

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

There was an induction programme for new staff which prepared them for their role. Staff were also provided with a range of training to help them to carry out their roles effectively. They had regular supervision meetings with their manager and annual appraisals to support them to meet people's needs.

There were policies and procedures in place in relation to the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) to ensure that people who could not make decisions for themselves were protected.

People's nutritional needs had been assessed and they were supported to make choices about their food and drink

People were supported to attend health appointments when required and to see social care professionals as and when they needed. Prompt action was taken in response to illness or changes in people's physical and mental health.

Staff treated people with kindness and compassion and cared for them according to their individual needs.

Staff had a good understanding of people's needs and preferences and we received positive feedback from relatives about the service provided by staff.

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

People knew how to make a complaint if they needed to, and were confident that the service would listen to them. The registered manager investigated and responded to people's complaints in accordance with the provider's complaints procedure.

The registered manager and senior staff consistently monitored and reviewed the quality of care people received and encouraged feedback from people and their representatives. This was used to identify, plan and make improvements to the service.

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?

This service was safe.

The service had systems in place to identify abuse or poor practice and respond appropriately. Staff had received training in the safeguarding of vulnerable adults and understood their responsibilities.

Where risks to individuals were identified, specific plans were in place to minimise any adverse effects from these.

Staffing arrangements meant there was sufficient staff to meet people's needs.

The service followed robust procedures to recruit staff safely.

Medication was managed, stored and administered safely.

Good



Is the service effective?

This service was effective.

People were supported by staff that had appropriate skills and had received the training they required to perform their role.

The service was meeting the requirements of the MCA 2005 and DoLS. Staff were aware of their responsibilities to always act in a person's best interests.

Staff provided people with support with meals where required.

People's health needs were monitored closely and the service sought advice and up to date information from relevant healthcare professionals.

Good



Is the service caring?

This service was caring.

People were happy with the care provided and had good relationships with staff.

Staff demonstrated they had a good understanding of the people they were supporting. People were treated with respect and dignity.

Systems were in place to make sure staff had all the information they needed to meet people's assessed needs.

People and their relatives were consulted about their assessments and involved in developing their care plans.

Good



Is the service responsive?

This service was responsive.

People's needs were assessed before they began using the service and care was planned in response to their needs.

People's wishes were documented and they received their care in the way they preferred. Staff knew people well and understood their individual care and support needs.

Good



Summary of findings

The registered manager and staff promoted people's involvement in meaningful activities, both within the home and in the local community.

The service had a complaints policy which outlined how formal complaints were to be dealt with. Complaints and concerns were discussed with staff to identify lessons learned and improve the service.

Is the service well-led?

This service was well led.

The service was led by a registered manager who had vision and values that were shared by staff, for the development of the service.

Staff said the management team had an open culture and were confident that their opinions were respected. They were aware of how to raise a concern about any poor practice, but none of them had needed to do so.

Systems were in place to ensure the service learnt from events such as accidents and incidents, whistleblowing and investigations.

The registered manager and provider recognised the importance of regularly monitoring the quality of the service provided to people.

Good



Courteney's Lodge

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 3 and 8 June 2015 and was announced. We gave 48 hours' notice of the inspection to ensure that that staff were available and people were at home.

The inspection was undertaken by one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. They supported us during this inspection by making telephone calls to people and their relatives.

The provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well

and improvements they plan to make. We received the completed document just prior to our visit and reviewed the content to help focus our planning and determine what areas we needed to look at during our inspection.

Prior to this inspection we also reviewed all the information we held about the service, including data about safeguarding and statutory notifications. Statutory notifications are information about important events which the provider is required to send us by law. We spoke with the local authority to gain their feedback as to the care that people received.

During our inspection, we observed how the staff interacted with the people who used the service and how people were supported during meal times and during individual tasks and activities.

We spoke with six people who used the service, three relatives and three healthcare professionals who had regular involvement with the service. We also spoke with the registered manager and five care staff.

We looked at seven people's care records to see if their records were accurate and reflected people's needs. We reviewed five staff recruitment files, staff duty rotas, training records and further records relating to the management of the service, including quality audits in order to ensure that robust quality monitoring systems were in place.

Is the service safe?

Our findings

People trusted in the staff that supported them to keep them safe and secure and protected from harm. One person told us, “I feel at ease with the staff, they look after me.” Another person said, “I know staff, they are not strangers and that makes me secure.”

Staff demonstrated a clear understanding of the signs they would look for, and explained the action they would take if they thought someone was at risk of abuse. They were confident that any allegations would be fully investigated by the registered manager. One member of staff said, “We are here for people, it is our duty to look after them, so anything that needs reporting is done.” Another staff member told us, “We would ensure the person was made safe and let the manager know so things can be reported. It’s important.” Where required, staff told us they would escalate concerns to external bodies; including the local authority safeguarding team, the police and the Care Quality Commission (CQC). We found that staff had attended training on protecting people from abuse, and the staff training records we reviewed confirmed this.

The registered manager had taken appropriate action in response to safeguarding concerns and investigations and confirmed that the service had been able to use the findings to improve future practice, for example in respect of medication administration. Records detailed that the outcome of safeguarding concerns was communicated to all staff so that lessons could be learned.

Staff said that risk assessments were an important part of keeping people safe, especially when used in conjunction with support plans. Risk assessments had been completed for people in areas including moving and handling, falls and nutrition. The information in these documents was detailed, up to date and reviewed regularly but more frequently when someone was new to the service or their needs had changed. Where risks had been identified, practical guidance was included in the written record to advise staff on how risks could be minimised.

Staff told us they had been through a robust recruitment process before they commenced employment. One staff member told us, “I was not allowed to start until all the checks had come back.” The registered manager explained the importance of using safe recruitment processes and detailed the information obtained before staff commenced employment. Records were well organised and new staff had completed application forms which included a full employment history. We saw interview questions and answers and completed skills tests. Staff files included evidence of criminal record checks, proof of their identification and two employment references. There was a suitable recruitment and selection process in place, which ensured staff were checked before they began working with people who used the service.

Both people and staff told us there was enough staff on duty to care for people safely. One person stated, “Well there is always a lot of them about and they always come quickly.” One member of staff said, “Staffing is not a problem.” Staffing levels within the service were flexible to accommodate busy periods or cover sickness and were reviewed regularly and adjusted when people’s needs changed. There were sufficient numbers of staff available to keep the current group of people who used the service safe.

People received their medication on time. One person said, “They help me to remember to take them.” The level of support people required with medicines varied, some required minimal prompting and others, more support and guidance. Records confirmed that staff had received the required training to ensure they delivered safe care. Staff told us they always signed the medication administration records (MAR) after giving medication. We looked at five MAR charts and noted that there were no gaps or omissions. The correct codes had been used and when medication had not been administered, the reasons were recorded. People received their medicines when they should and were kept safe, and protected by the safe administration of medicines.

Is the service effective?

Our findings

People told us they were happy that staff understood what they needed to do, when they provided them with support. One told us, “Oh yes, I should say they know what they are doing.” Another person told us, “They seem well-trained.”

Staff told us they had received an induction and that this was beneficial in giving them experience of the work they would go on to do. They said there was no set period of time for the induction process, which meant it could be tailored to their individual needs. Shadowing visits with experienced members of staff helped them to understand people’s needs and to get to know them before they began to work independently. All new staff received induction training, which included training on health and safety, fire safety, moving and handling and safeguarding, along with relevant training to ensure that they could meet people’s assessed needs.

Staff told us they had access to a regular training programme which they felt was very useful in helping them keep up to date. They confirmed that they had a range of training including first aid, infection control, safeguarding and mental capacity. One staff member told us, “We have boatloads of training; it is a good reminder of what we have learnt.” Another staff member told us, “The training here is really good, you can request additional courses if you feel it would help you.” Staff told us they had annual refresher training to update their skills and knowledge and were encouraged to complete further qualifications, such as Qualification Credit Framework (QCF) Level 2 and 3. Training records we looked at confirmed that staff had received appropriate training to meet people’s assessed needs.

Staff told us they received regular supervision and attended frequent staff meetings. Those that had worked at the service for more than a year said they had an annual review of their work performance, during which their training needs were identified. If they had any problems or questions between supervisions, all staff told us they could go to the registered manager and other senior members of staff, who they said were very supportive and always accessible to them. One staff member said, “The staff team and registered manager are brilliant, we help each other and are all really supportive towards each other.” Staff were

also subject to unannounced checks carried out by senior staff, where working practices were evaluated. There was always a senior person available to support staff and give advice in times of emergencies.

People told us that staff always gained their consent before providing them with any care and support and our observations confirmed this. One person said, “They always ask me, even if they know I don’t mind.” Staff told us that they obtained people’s consent before assisting them with personal care and knew that people had the right to refuse or accept their support. In the care plans we examined we found that people had signed an agreement for staff to support them with their personal care and to assist them with their medicines.

We found that the service was meeting the requirements of the Mental Capacity Act 2005 (MCA). Staff members had received MCA training and told us what they would do if they suspected any of the people using the service lacked the capacity to make a specific decision. The registered manager had good working knowledge of the MCA 2005 and the Deprivation of Liberty Safeguards (DoLS) and the steps that should be followed to protect people’s best interests. We found that some people had been involved in best interest decisions and mental capacity assessments, when appropriate to ensure that their decisions had been represented.

People told us that the support they required with nutrition and meal preparation was assessed as part of their care package. Some people took advantage of cooked meals that came in from a neighbouring service and ate together in the communal lounge area, which they enjoyed. One person said, “I enjoy the food here, it is nice to sit together.” Details of people’s dietary needs and eating and drinking needs assessments were recorded within care records and indicated people’s food likes and dislikes and if they needed any support with eating and drinking.

People confirmed that most of their health care appointments and health care needs were managed by staff. Staff told us they were available to support people to access healthcare appointments if needed and we found that they liaised with health and social care professionals involved in people’s care if their health or support needs changed. The healthcare professionals we spoke with were keen to tell us that the service always acted upon the advice that was given and were vigilant in monitoring for any changes within people’s conditions. The registered

Is the service effective?

manager told us that if staff were concerned about a person, they would support them by contacting a GP or

district nurse. Where people had seen health professionals and the advice had an impact upon the care package, care had been reviewed to ensure that it met people's assessed needs.

Is the service caring?

Our findings

People and their relatives were extremely happy with the care they received and the kind and caring way in which staff treated them. One person said, "They are all stars, I wouldn't be without them." Another person told us, "They are like my family, so kind and caring."

People told us they were treated with compassion by staff that cared for them and had their best interests at heart. One person said, "We have a laugh, it's a happy place here." Another person told us, "We can always have a laugh." Our observations confirmed that people received continuity of care from the service and were supported to build up positive and meaningful relationships.

People confirmed they were supported by staff in a supportive manner when they received care and that staff remained patient with them throughout. They said that staff were concerned about them, even when they were not working, that they always asked what they had been doing. One person told us, "This makes me feel valued." Staff told us that they would always strive to ensure that people had everything they required to make them happy, even if this was not documented in the care plans.

Where people were anxious about things, we observed that staff took the time to engage with them and discuss their concerns. One lady was upset on the day of our inspection, and we observed that all staff members took time to engage with her, each time they passed by, trying hard to reassure her. Staff told us they tried really hard to ensure that people had a good quality of life. Staff members were

well motivated and very passionate about their work; this was evident from our conversations with them. They told us they worked hard to make sure that people felt valued and cared for.

People were involved in assessing and planning for their individual care needs and how staff could best meet them. They explained that they felt involved and supported in making decisions about their care and treatment and were always listened to when they contributed an idea. One person said, "I am able to tell the carers what I want as I can speak for myself and able to make my own decisions." It was apparent from our discussions and observations that people were given the information they needed to make required changes to their package of care, or discuss any issues that they had.

Advocacy services were available for people and we saw that the registered manager had available information for staff and people. Although no-one was using advocacy services at the time of our inspection, information on how to access their services was accessible if it was required.

People confirmed that staff made an effort to protect their privacy and dignity by making sure they were covered when receiving personal care and by ensuring that doors were always closed. One person told us, "They always knock on my door and wait until I say they can come in." Another person said, "I never hear them talking about any of us, they are careful like that." Staff understood the importance of maintaining people's privacy and dignity in their own home and worked hard to promote people's independence, privacy and dignity whilst providing care and to protect people's confidentiality.

Is the service responsive?

Our findings

People told us they were asked their views about how they wanted their support to be provided, for example, about their preferences for their daily routine or whether they required support with meal preparation. One person said, “I think that we had a meeting before I came in here to discuss things.” Staff and the registered manager told us that pre admission assessments of people’s needs were carried out prior to a package of care being commenced. Initial assessments were undertaken by the local authority which detailed people’s past medical histories, their likes and dislikes, preferred routines and any care needs that they required support with. This information was then built on by the registered manager, prior to someone’s admission. We found that information was obtained about people’s allergies and that their level of independence was assessed, so that suitable care could be delivered. People and their relatives were consulted and were able to tell the service what their needs were and how they wanted them to be met, including what time of the day they required their support.

During our conversations with staff it was evident that they had a good awareness of people’s needs and they told us that they were involved in reviews of care along with the person and their relative if appropriate. They told us it was important to ensure that people’s care always remained current so that it met their needs appropriately. One staff member said, “If I notice changes in someone’s needs, then I would always tell a team leader or the manager.” Staff said that care was delivered in accordance with individual care plans, which were specific to people as individuals and provided staff with information on how to manage their needs. They were reviewed on a regular basis and updated as and when people’s needs changed. People and their relatives had the opportunity to contribute to their care and tell the agency if the support still met their needs.

Through our conversations with staff, we found that they were knowledgeable about the people they supported and

were aware of their preferences and interests, as well as their health and support needs. They understood the support each person required to meet their assessed needs, because of the regular updates they received from senior staff. Any changes in people’s needs were passed on to staff through phone calls, handovers and supervisions. This enabled them to provide an individual service that was reflective of people’s current needs.

Staff and the registered manager told us that they encouraged people to participate in activities they enjoyed. Information in respect of people’s participation in activities and their preferences were obtained when people first began using the service and we saw that this was detailed within care records. Staff told us they worked with family members to prevent social isolation by encouraging people to participate in daily activities they enjoyed. If following a particular interest or activity was an assessed part of someone’s care needs and package of care, then staff supported people to maintain these interests. Within the communal areas of the service, we found evidence of the arts and crafts work that people had completed and observed some people enjoying baking cakes on the morning of our inspection. We were told this was a regular occurrence.

People and their relatives were aware of the formal complaints procedure and knew how to make a complaint, if they needed to. They told us that they would tell a member of staff if they had anything to complain about and were confident the service would listen to them if they had to make a formal complaint. There was an effective complaints system in place that enabled improvements to be made. We looked at the complaints file and saw the registered manager had dealt with complaints in a timely manner and in line with the provider policy. A system was in place to analyse the trends and patterns of complaints, so the provider could learn lessons and act to prevent similar complaints from occurring in the future.

Is the service well-led?

Our findings

The service had a registered manager in post in accordance with their regulatory requirements. Everybody we spoke with knew who the registered manager was. One said, “The manager is so good, we see her every day.” The registered manager led a team which consisted of senior staff, carers and office based staff, who all shared a common goal in providing people with high quality care and support. Staff understood the values and philosophy of the service and said there was a very open culture within the service. They felt confident that if they raised any concerns or questioned practice with the registered manager, they would be acted on appropriately.

Staff told us they received constructive support from the registered manager. One told us, “The registered manager is very supportive and approachable; all of the senior staff are. We really are one big team.” We were also told, “We all work well together, and we want the best for people.” All staff members were very clear about their roles and responsibilities and told us they enjoyed working for the service.

Information CQC held showed that we had received all required notifications and that these had been submitted in a timely manner by the registered manager. We saw evidence that the registered manager learnt from such issues and that information was passed onto staff so that service delivery could be improved upon.

Staff told us they had access to the provider’s policies and procedures, which included safeguarding, privacy and dignity and complaints. They told us that this was helpful if they needed to reinforce a certain aspect of their working life.

The registered manager told us that incidents were recorded, monitored and investigated appropriately and action was taken to reduce the risk of further incidents. There was a system in place for reporting accidents and incidents to the registered manager and we found that they logged these appropriately for investigation. All possible action had been taken to review risk factors to minimise the risk of reoccurrence and to improve the service for people.

Staff told us they were aware of the service’s whistle-blowing procedure and were able to tell us who they would escalate their concerns to. They said that they would not hesitate to use this process if they felt it

appropriate. If staff were concerned about the registered manager’s practice, they were aware of other avenues they could pursue to report their concerns. This meant that any incidents of poor practice would be reported by staff to the registered manager.

Senior staff carried out spot checks on staff to make sure they supported people in line with their care and support plans. The registered manager talked to people who used the service to find out if they had any problems with the care and support they received. People were supported to express their views through means of reviews of their support packages and annual surveys. There were procedures in place to obtain people’s views and monitor and improve the quality of the service provided. The registered manager sent out questionnaires to each person who used the service to determine how the service was performing. An analysis of the results on any areas that had been highlighted as requiring improvement was completed and used to make improvements. This ensured that feedback was used to improve practice and the overall service provided.

Staff told us that regular staff meetings were held and were useful. They said that they enabled them to raise issues within the team and to challenge areas that could be improved. They told us these were particularly useful for issues that involved the whole team. Topics discussed included the medication errors and documentation. One staff member told us about an idea they had which had been listened to and taken on board.

The registered manager told us they were very proud of their staff team and their desire to provide high quality care. They said, “We all want to provide good quality care and to strive for future improvement.” From our discussions it was evident that the staff team was continually working to improve the service provided and to ensure that the people who used the service were content with the care they received. It was clear that they had a clear vision for where they wanted to be and the action they needed to take to achieve this.

The registered manager told us about the range of audits that were carried out including, care plans and medication. Care records, risk assessments and medication records were monitored and reviewed on a regular basis. There were systems in place to monitor the quality of the care provided and we found that the findings from the audit checks, monitoring visits, complaints and compliments

Is the service well-led?

were used to identify areas for improvement; action plans were put in place with realistic timescales for completion. The service reviewed matters on an on-going basis, in order to improve the quality of service being provided and drive future improvement.