

# Milton Keynes Council Cripps Lodge

## Inspection report

Cripps Lodge  
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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

Our inspection took place on 2, 4 and 5 February 2016 and was announced. At the last inspection in January 2014, the provider was meeting the regulations we looked at.

Cripps Lodge is a domiciliary care service run by Milton Keynes Council. The service provides personal care for people in their own homes, including sheltered housing locations. On the day of our inspection there were approximately 140 people receiving support from the service.

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.

People felt safe with the support they received from the service. Staff were knowledgeable about reporting abuse

# Summary of findings

and the processes involved in keeping people safe from harm. Risk assessments were in place to ensure that care could be safely delivered to people in their own homes and actions were taken to reduce any identified risks.

There were sufficient numbers of suitable staff to ensure that people could have their needs met in a timely manner. Robust recruitment processes had been followed to ensure that staff were suitable to work with people. Systems were in place to ensure people were supported with the administration of medication and protected by safe medication processes.

New staff were provided with induction and all staff received essential training to keep their skills up to date and to support appropriately them in their roles. People's consent to care and support was sought in line with the Mental Capacity Act (MCA) 2005. Staff understood and complied with the requirements of the MCA and the associated Deprivation of Liberty Safeguards (DoLS.)

People were supported with their nutritional needs where appropriate. People's health needs were closely monitored and the staff coordinated well with other professionals, to ensure these needs were met.

Positive, trusting and caring relationships had developed between people and staff. People were treated with kindness and compassion by staff that were knowledgeable about how to meet their needs. Staff understood how to promote and protect people's rights and maintain their privacy and dignity. People were able to make suggestions about the service delivery and their feedback was acted upon, to make improvements to the service.

People received person-centred care, based on their likes, dislikes and individual preferences. Before they received a service, their needs had been assessed to ensure the care provided would be personalised to their identified needs.

People were aware of the provider's complaints system and felt able to raise any concerns with staff when they needed to.

There was a positive and transparent culture at the service. Leadership at the service was visible and as a result staff were inspired to provide a quality service. Senior staff regularly assessed and monitored the quality of care provided to people. Staff were encouraged to contribute to the development of the service and understood the provider's visions and values.

# 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?

The service was safe

Staff were aware of their role in keeping people safe and free from harm.

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

Recruitment processes and the number of staff on duty ensured that care was provided to meet people's assessed needs.

People's medicines were managed safely and they were supported with their medication requirements.

Good



### Is the service effective?

The service was effective.

People were supported by staff that were competent and trained. Staff felt supported and had regular supervision and appraisals.

People could make choices about their food and drink if this was an assessed part of their package of care.

People had access to health care professionals to ensure they received effective care or treatment.

Good



### Is the service caring?

The service was caring

People had developed positive relationships with staff. Care was provided in a caring manner.

Staff ensured people's views were acted on. Staff had a good knowledge of people's support needs and what was important to them.

People's privacy and dignity were promoted by staff.

Good



### Is the service responsive?

The service was responsive.

People received care which was personalised and specific to their individual needs.

Information about the provider's complaints system was available in an easy read format

Good



### Is the service well-led?

The service was well led.

Robust procedures were in place to monitor and review the quality of people's care.

Staff were aware of the provider's vision and values which were embedded in their practices.

People and staff were involved in the development of the service and their feedback was acted upon to ensure future improvement.

Good



# Cripps 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 2, 4 and 5 February 2016, and was announced. We gave 48 hours' notice of the inspection to ensure that the registered manager and staff were available to support the inspection process. 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 by making telephone calls to people using the service.

Prior to the inspection, 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 also reviewed other information we had for this service and found that no recent concerns had been raised. We had received information about events that the provider was required to inform us about by law, for example, where safeguarding referrals had been made to the local authority to investigate and for incidents of serious injuries or events that stop the service. We spoke with the local authority to gain their feedback as to the care that people received.

We spoke with 15 people who used the service, and five relatives. We also spoke with the registered manager, three team leaders, one administration team leader and two carers.

We looked at ten people's care records to see if they were accurate and reflected their needs. We reviewed six staff recruitment files, six weeks of staff duty rotas and staff training records. We checked ten medicines administration records and reviewed how complaints were managed. We also looked at records relating to the management of the service, including quality audits and health and safety checks to ensure the service had robust systems in place to monitor quality assurance.

# Is the service safe?

## Our findings

People had no concerns about their safety and told us they always felt secure with the staff that supported them. One person said, “I have known them for a long time, I couldn’t feel any safer.” Another person told us, “They make you feel looked after and that makes you feel safe.” People and their relatives, knew who to speak with if they had any concerns or worries about their safety and felt that they were kept safe because of the systems that the service had in place.

Staff were aware of their roles and responsibilities in relation to protecting people from harm. They had an understanding of the different types of abuse and how they would report it, so as to keep people safe. One staff member said, “I would first make sure the person was ok and would then record what had happened or what I had found. I would then contact the team leaders and we would sit together to complete the paperwork.” Another staff member said, “I think we do a good job in keeping people safe, we look out for things and act when we need to.” Staff told us about the safeguarding training they had received and gave us examples of how they put it into practice.

Staff were aware of the provider policies and procedures and told us they were supported to follow them. We saw that there was safeguarding information displayed in the service, with information of the contact details for the different agencies that staff could contact in the event of suspected abuse. Safeguarding referrals had been made when required and the registered manager made efforts to obtain outcomes for each one, in order that lessons could be learnt. We found that people were protected from harm because of the robust safeguarding systems in place.

People were aware they had risk assessments in place that identified risks and gave staff guidance on how to keep them safe. One person told us, “They made sure that my home was safe first and they always check that I am safe when they come in.” Staff told us that records alerted them to any identified risks for people, or within the person’s home environment. They understood how these should be managed. Within people’s support plans we found risk assessments to promote and protect people’s safety in a positive way. These included; accessing moving and handling, medication and environmental risk factors and

had been developed with input from the individual. They detailed the risk and what staff should do to protect people from harm. We saw they had been reviewed regularly and when circumstances had changed.

Accidents and incidents were recorded and analysed for trends to see if care plans needed to be adjusted in order to keep the person safe and meet their needs more effectively. This meant incidents were responded to appropriately and that the registered manager supported people and staff to remain safe.

People told us there was enough staff to provide care and support in a consistent way. One person said, “I like to have older carers and they (the provider) try to keep to them same people. It works well.” Another person told us, “We have a rotation of carers, it is all very organised. I get a list so know exactly what’s what. We have been with them years and they know my wife very well.” Staff told us there was always enough of them to support people. One staff member said, “There are enough of us, we work in different areas but we always help out if we need to.”

A team leader explained how the staff rotas were compiled, to enable staff to have sufficient travel time between visits. Consideration was given to each staff member having a consistent group of people to support, which meant they knew the geographical area they visited but also had the opportunity to build up good relationships with people. Staff were employed to work shifts, as opposed to just a number of visits, which enabled them to have the flexibility to return to people if they needed to in an emergency situation or if someone required additional support. We looked at staff rotas for six weeks, and found that these were based around the dependency needs of people who used the service. The correct amount of staff with an appropriate skill mix to meet the needs of the people they supported, were on duty at any time.

Staff only commenced employment at the service when all required recruitment checks had been completed. The registered manager told us that gaps in prospective staff employment histories were fully explored before staff were confirmed in post. In addition, issues raised on criminal record checks were risk assessed, to determine if the prospective staff member was suitable to be employed. We looked at staff files and found that they contained copies of

## Is the service safe?

appropriate documentation. These included copies of application form, minimum of two references, a Disclosure and Barring Services (DBS) check and an up to date photograph. Safe recruitment practices had been followed.

Appropriate arrangements were in place in relation to the administration and recording of people's medications. One person said, "They help me with my tablets, I need help and have no worries with how they help me." Staff told us they were only allowed to administer medicines if they had completed training and had been checked as to their

competency to do so. The registered manager explained to us how the provider's medication systems and processes were in a state of transition. They intended to move to a safer system which would enable them to audit individual medications more effectively. We reviewed a selection of Medication Administration Records (MAR), from the old system and the proposed new system. We found that all the MAR charts were accurately completed with no gaps or omissions. Medication administration records were recorded when received and when administered or refused

# Is the service effective?

## Our findings

People spoke positively about the staff that supported them and felt they had the right skills and knowledge to meet their needs appropriately. One person said, “I know they do training courses because they have told me.” Another person told us, “The staff often say they have to be on time today as they are going to a meeting to learn something new.” We were also told, “I sometimes get a new recruit with one of my carers, they will be showing the ropes. It’s a good way for people to learn.”

The registered manager told us that any new member of staff would have to undergo a corporate induction along with a service specific one. We found that the induction programme was competency based, and in line with the requirements of the Care Certificate which sets out the learning outcomes, competencies and standards of behaviour that all staff should achieve. Records showed that all new staff were expected to complete a robust induction programme.

Staff confirmed they received training to enable them to carry out their roles and responsibilities appropriately. One staff member said, “We have the right training. Refresher training really helps to make you think and reminds you of things you might have forgotten.” Another staff member said, “We get a good range of training and can ask for extra course if we need them. I think the training is good here.” The registered manager confirmed that staff received regular training to keep their skills up-to-date. We looked at training records and saw that staff had completed training on a range of topics, including; safeguarding, Mental Capacity Act (MCA) 2005, infection control and medication. Staff were also supported to undertake nationally recognised qualifications. Staff received the necessary training to update and maintain their skills to enable them to care for people safely.

Staff told us they were supported by their team leader and the registered manager, both informally and formally. One staff member told us, “My team leader is great; I can always come and talk to them, about anything.” Another staff member said, “I do get regular supervisions but know that I can come in whenever I need to and I have done.” Records showed that staff received regular supervisions and an

annual appraisal. Where appropriate, action was taken in supervisions to address performance issues either through disciplinary action or performance monitoring if required. There was an effective system of support for staff.

People told us that staff gained their consent to care at all times. One person said, “They never just come in and start doing things, they always ask me first.” Staff told us it was important to ask people, to respect their choices and their decisions. One staff member said, “They are people, just like me, so why shouldn’t we ask them first.” Where possible, people had signed their support plans in agreement.

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. Staff had an understanding of the Mental Capacity Act 2005 (MCA) and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected.

The registered manager told us, and records confirmed that they and staff had received training on the requirements of the MCA. They explained they would always liaise with the relevant professionals if they had any concerns about a person’s fluctuating capacity. They were able to explain how decisions would be made in people’s best interests if they lacked the ability to make decisions themselves. Although the Deprivation of Liberty Safeguards (DoLS) does not apply in this type of service, the registered manager spoke with us about DoLS and understood the process to use if they felt this was required. These actions showed they understood their responsibilities under DoLS arrangements.

People told us that where meals were provided as part of their package of care, they had sufficient amounts to eat and drink. One person said, “They get what I want, put it in the microwave and make sure I am happy with it before they leave.” Another person told us, “I usually have ready meals during the day which I can manage myself. The staff will do my breakfast though and always ask what I fancy, sometimes I have cereal sometimes toast.”

## Is the service effective?

Staff told us that even if nutrition was not part of a package of care, they would not leave someone without a meal, for example, if their needs had changed. Records confirmed that people received the required support with maintaining an appropriate nutritional balance. If there were any concerns in respect of their nutritional status, these would be referred to the most relevant healthcare professional for investigation.

People were supported to access other services, such as the doctor, optician or dentist if they requested this. People had access to healthcare services and care plans and their records contained contact details for professionals who were involved in their care. Records confirmed that staff shared important information with each other and relevant professionals to ensure people's healthcare needs and general well-being were maintained



# Is the service caring?

## Our findings

People were happy with the staff that supported them and considered they were all very kind and caring. One person said, “I have known them all for a long time, they are like family.” Another person said, “I never get rushed, they always give me time. They make sure everything is done for me.” We were also told, “I don’t have a bad word to say about any of them, they are all so lovely.” Another person explained they had a very painful condition and that it was difficult for them to move, particularly in a morning. This person said, “The staff are wonderful they help me to help myself. They take time and we work as a team.” A relative told us, “My wife doesn’t like the hoist and sometimes becomes quite vocal, I can hear them talking to her trying to allay her fears. They are so patient with her. I can’t fault the staff they are angels.” People and their relatives were satisfied with the care and support they received from staff.

In some of the written feedback we reviewed, people were equally complimentary about the care they received from the service. One comment stated, “To all my friends at the care team, your help and support will never be forgotten, if you are ever this way, the teapot is on.” We also read a comment which said, “My heartfelt thanks to all the carers, they were patient, compassionate, caring, thoughtful and professional.” Another comment stated, “Thank you for being his friend.” These comments served to emphasize the strong relationships that existed between staff and people within the service.

Staff demonstrated that they knew people’s needs and preferences well and told us that this was helped by the fact they had a consistent group of people to support. Most of the staff had worked at the service for a considerable amount of time which they felt had enabled them to forge strong and meaningful relationships with people. They also felt it enabled them to understand people and provide care in a person centred way. This was reiterated by another positive comment, which said, “I compliment how well the carers treat my mum, working in a person centred way, not rushing her and treating her as an individual.” Staff were able to tell us about individuals and the contents of their care plan, which meant they knew them well.

Staff told us they really enjoyed supporting people and wanted the best for them. One staff member said, “We get buddied up with a person, the team leaders try and work out who we would get on with and whether we have

common interests that works well.” We were told this enabled staff and people to have more meaningful conversations and enjoy a laugh and joke with each other. Another staff member told us, “They all deserve the very best.” Our conversations with people and staff confirmed that they had positive relationships with each other.

Staff were aware of people’s likes and dislikes and ensured their preferences for support were respected. People’s care records included information for staff about their preferences, and life histories. We found that this detailed how people would like to be supported with a variety of aspects of care and support. This information enabled staff to identify how to support people in ways that they wished. Staff were able to tell us of people’s personal histories and things that were important to each person they supported.

People told us they were encouraged to make choices about their support. One person told us they were given choices in every aspect of their care, for example, what they had for dinner and what clothing they wore. People knew and understood what their regular routine was but understood they had choices and did not always have to do what was planned, if they did not want to. We looked at care records and saw that planning had involved family members and people who knew each person well, such as their social workers. Records were kept of any discussions or meetings and from this, any changes were incorporated into the care plans.

People told us that staff always respected them and also worked hard to maintain their privacy and dignity. One person told us that staff would use towels to ensure they were kept warm and covered before and after showering. One staff member said, “I treat people how I would want my parents to be treated, I close the curtains and respect their privacy. That’s so important.” Another staff member told us, “I know that some people find it embarrassing being cared for, so I work with them and communicate, talk to them about what they want. I make sure they are covered so they don’t feel exposed.” The registered manager told us that dignity was a focal point for staff and we found there was information on the staff notice board for staff to refer to. We found that the service had clear policies in place for staff to access, regarding respecting people and treating them with dignity.

## Is the service caring?

Advocacy services were available to people should these be needed. Most people in the service had the support of relatives but systems were in place to access formal support, should this be required.

# Is the service responsive?

## Our findings

People told us they had been provided with information about the service before their care was commenced and also when any changes were due to take place. They felt this enabled them to make informed decisions about their care and to express their preferences so that their care was personalised to their wishes. The registered manager and team leaders told us that pre-admission assessments of people's needs had been carried out prior to people being provided with care and support. The information gained from the pre-admission assessments had been used to start to formulate care plans and risk assessments. Care plans we reviewed, showed this had taken place.

People told us they were involved in the development of their care plans. One person said, "They asked me what I thought I needed and we discussed what help could be offered." Staff told us this process was important so that people received the right care to meet their needs. They told us, and records confirmed that people were able to discuss their care plans at any stage. In the care files we looked at there was evidence that review meetings took place and people were given the opportunity to amend their care plans if required. This ensured that they were enabled to express their views about how they wanted their care to be provided.

Staff told us that care plans enabled them to understand people's care needs and to deliver them appropriately. One

staff member said, "The care plans are good, I rely on them like a Bible." We reviewed care plans and found they were individualised, relevant to each person's needs and were clearly set out with relevant information. There was clear guidance for staff on how people liked their care to be given and detailed descriptions of people's daily routines.

People were provided with information if they needed to make a complaint. One person told us they would speak to any member of staff if they had any concerns at all. The registered manager had processes in place to deal with complaints in a timely manner and the records we reviewed supported this. They also told us they used complaints received to drive future improvements at the service. We saw there was an effective complaints system in place that enabled improvements to be made. The complaints log showed complaints were responded to appropriately and in accordance with the provider process. Action was taken to address issues raised and to learn lessons so that the level of service could be improved.

The registered manager also told us that the provider organisation had sought people's feedback and took action to address issues raised by conducting annual surveys with people, relatives, staff and other professionals. We saw that results had been analysed and actions taken. We saw from a recent satisfaction questionnaire that people who used the service had expressed their satisfaction with the support provided and the quality of leadership at the service.

# Is the service well-led?

## Our findings

The service had a registered manager in post. During our inspection we observed them chatting with staff. It was clear from our observations that the relationship between them and staff was open and respectful. They had an open-door policy, which allowed everybody to feel part of the service and involved in ways to develop it.

Staff told us that there was an open culture within the service and that they could speak with the registered manager and team leaders about anything. They told us they felt valued and would be listened to in all circumstances. They felt fully involved in what happened in the service and said that information from provider level was cascaded to them when this was needed. They were kept informed of any changes that might take place and knew who the senior management in the organisation was.

Staff were aware of the whistleblowing policy and procedures within the service and were able to describe the actions they would take if they felt it appropriate. We found accessible information on display within the office in respect of this. This meant that staff could raise a concern confidentially at any time.

Information held by CQC showed that we had received all required notifications. A notification is information about important events which the service is required to send us by law in a timely way. Copies of these records had been kept.

Staff and the registered manager, told us that meetings were held regularly and we saw the minutes for recent meetings which discussed a variety of issues, safeguarding,

training and development, the pending CQC inspection and any ideas in respect of service improvement. Meetings were an opportunity to raise ideas and staff told us their opinions were listened to and ideas and suggestions taken into account when planning people's care and support.

We found there was positive leadership in place at the service which meant that staff were aware of their roles and responsibilities. None of the staff we spoke with had any issues or concerns about how the service was being run and were very positive about the leadership in place, describing to us how the service had improved. We found staff to be well motivated, caring and trained to an appropriate standard, to meet the needs of people using the service.

The registered manager told us, and records confirmed that when the service had identified issues in respect of a particular area, for example, medication management, that action plans were devised. These included the areas that required improvement and showed what action had been taken, with a date for completion.

The registered manager told us that the service considered the quality of care it provided and took appropriate action when needed. We found that there were processes in place to monitor the quality of the service. The provider had a variety of quality monitoring processes in place, designed to enhance daily practice and drive future improvement. We found that frequent audits had been completed, and records confirmed, that audits had been completed in areas, such as medicines administration, staff recruitment files, staff training and fire safety. Where improvements were required, actions had been identified and completed to improve the quality of the care given.