

Milton Keynes Council

Courteney's Lodge

Inspection report

Blackmoor Gate
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Milton Keynes
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Tel: 01908254513

Date of inspection visit:
05 June 2017

Date of publication:
04 July 2017

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

Courteney's Lodge is a sheltered housing with care scheme for people with dementia. The service is registered with the Care Quality Commission (CQC) to provide the regulated activity personal care. At the last inspection carried out on the 3 and 8 June 2015 the service was rated Good. At this inspection we found that the service remained Good.

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. A new manager had been appointed and was in the process of registering with the Care Quality Commission (CQC).

People continued to receive care from staff that were appropriately recruited. The staffing arrangements ensured there were enough staff to meet people's personal care needs. Systems were in place to manage people's medicines.

People continued to receive care from staff that were effectively trained and supported to develop their skills and knowledge. People were supported to maintain health and nutrition according to their assessed needs.

The relationships between people using the service, relatives and staff were positive. People were treated with dignity and respect. Consistent care and support was provided for people in line with their assessed needs and personal preferences. Information was made available for people and their representatives on how to raise concerns or make a complaint. The provider had systems in place to handle and record complaints.

The service had an open culture. Systems were in place to provide managerial oversight and continuously monitor the quality of the service.

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains 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 checked 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 5 June 2017 and it was announced. We gave the service 48 hours' notice of the inspection because it is a sheltered housing scheme and we needed to be sure the manager would be available. The inspection was undertaken by one inspector.

We had asked the provider to complete a Provider Information Return (PIR), which 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. This was completed by the provider and returned on the 2 May 2017. We also looked at other information we held about the service from statutory notifications of events that the provider is required by law to submit to the Care Quality Commission (CQC) and information received from commissioners and the local safeguarding authority.

During the inspection we spoke with seven people using the service and three relatives. We spoke with the operations manager, the manager, two team leaders and one care worker. We reviewed the care plans and other associated care records for three people using the service. We reviewed two staff recruitment files and staff training records. We also reviewed records in relation to the day to day quality monitoring of the service, safeguarding and complaints records.

Is the service safe?

Our findings

People told us they felt safe. One person said, "I do feel very safe here." Another person with limited verbal communication smiled and nodded when asked if they felt safe in their home.

All staff received safeguarding training with regular updates. One member of staff said, "If I witnessed any abuse or thought anybody was being subjected to abuse I would report it straight away to the manager." Safeguarding matters had been investigated appropriately, and the provider had notified Care Quality Commission (CQC) as required by law.

Recruitment process ensured that staff were suitable for their role and staffing levels were responsive to people's needs. One person said, "The girls are all very good, always there to help when I need it." One relative said, "The staff are fantastic, they always help in any way they can." The manager told us they had recently introduced a new staff rota in response to the changing needs of the service. During the inspection we observed staff responded to people's requests for assistance in a timely manner.

Risks that had the potential to cause ill health had been assessed. For example, poor mobility, malnutrition and falls. The care plans reflected the level of support required to enable people to maintain good health.

All staff received medicine administration training, and their competency to administer medicines was regularly assessed. Medicines audits were regularly carried out and areas identified for improvement were promptly addressed with all staff concerned. Staff followed the procedures in response to medicines errors, informing relevant health professionals and relatives. The errors were investigated and as a consequence improvements to medicines administration practice were put in place to reduce the likelihood of further incidents.

Is the service effective?

Our findings

People received care from staff that had the skills and knowledge to meet their needs. The service provides support for people living with dementia and all staff had received dementia care training. Relatives told us they thought the staff had the right skills and experience to care for their family members. A dementia care training pathway leading to a City and Guilds certificate and /or award was soon to be introduced at the service, with the aim of enhancing the staffs' knowledge of caring for people living with dementia, to develop their understanding of providing person centred care.

Supervision systems were used to continually support staff and address staff performance. One staff member said, "I feel very supported I think it is important to discuss things with your manager." The manager is always available, her door is always open." Another member of staff said, "We work really well as a team, the support is great, I really enjoy my job and I love working here."

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in community services is the Court of Protection. Where a person's capacity to make specific decisions was in doubt, relatives and other professionals had been involved in making best interests' decisions. We observed staff asking people's consent before carrying out any care tasks. One person said, "I like to go out for a cigarette, the staff leave me to have a smoke on my own. I'm perfectly safe smoking, I tell them to come and get me when I'm finished."

One relative told us the care provided for their relative was good, but they were apprehensive about them leaving the building on their own. They said, "[Name of person] is not road safety conscious." The provider acknowledged for some people using the service, it was detrimental and a danger for them to leave the premises unsupervised. The provider had liaised with the Highways Agency to request that traffic calming measures to be considered to allow for safer access to the community. They endeavoured to promote people's freedom of movement, using the least restrictive practice.

People were supported to maintain a healthy balanced diet and people at risk of not eating and drinking sufficient amounts received the support as identified in their individual care agreements. We saw that people at risk of malnutrition and dehydration, had food and fluid monitoring charts in place. With people's consent referrals were made to healthcare professionals in response to any deterioration in their health.

Is the service caring?

Our findings

People were treated with kindness, compassion, dignity and respect. One person said, "They (the staff) are very nice, we have a good laugh and get on well." One relative said, "The staff are like angels, they are all so lovely."

Staff addressed people by their preferred name and took time to ensure that people understood what was happening and offer reassurance; people took comfort from this attention. We observed staff responding calmly to people whose behaviour challenged the service. For example, one person became anxious when their visitor had left the building. The staff spent time with the person, listening to their worries and giving reassurance, with a friendly smile and the offer of a listening ear and a cup of tea.

People using the service confirmed their views were sought on how the service could improve. Regular tenant and relatives meetings took place. The staff knew about people's preferences, their hobbies, interests and past occupations. One relative said, "The staff understand [Name of person] and know their capabilities." Relatives told us the staff kept them informed of any changes in their loved ones health conditions. The staff understood the importance of maintaining confidentiality, this was demonstrated in the discussions we had with staff and observations made during the inspection.

Information was made available to people on advocacy services, at the time of the inspection no people using the service were using an advocacy service.

Is the service responsive?

Our findings

People received care that met their specific needs as set out in their individual care agreements. Staff knew people well and the level of support they needed. One staff member said "We are aware of people's capabilities and try to help people to retain as much independence as possible." One relative said, [Name of person] has been living here for some time, the staff know her needs very well."

People were supported to follow their interests and take part in social activities. During the inspection we observed people in the communal areas, chatting with staff and each other, reading newspapers and magazines and watching television. Whilst some people chose to spend time in their flats, alone or with friends and relatives.

People and their relatives knew how to make a complaint. One relative said, "If I have any concerns at all, I go straight to the manager we soon get things sorted." We saw records were maintained of complaints raised with the manager, detailing the actions taken by the provider to address them.

Is the service well-led?

Our findings

People using the service and staff felt that the manager had an open door policy. They were confident their views and suggestions for service development were listened to and used to drive service improvement. They told us the manager was approachable and they felt they could speak with her at any time. Relatives told us they would recommend the service to others. One relative said, "The staff are marvellous, I really don't know what I would have done without the staffs help and support."

Regular tenant / relatives meetings took place and minutes from the meetings. We saw that discussions had taken place about the level of support required by some people to eat and drink sufficient amounts, and the security of the building. The provider had responded appropriately, food and fluid monitoring charts were in use and the highways agency had been contacted, asking they consider putting in place traffic calming measures outside of the building. In addition the fire exit doors had been linked to the fire system so they only opened when the fire alarm was activated.

All staff expressed satisfaction with the training and support they received, they were clear about their roles and knew about the care needs of the people using the service. One member of staff said, "I previously worked in residential care and domiciliary care, I think my experience fits in well with working in a supported living environment." Another member of staff said, we work well as a team, everybody is very supportive. I feel I can approach the manager at any time if I need to speak with her, her door is literally always open." They told us they felt their views were listened to and they were able to contribute to the service development. This was also evidenced in the minutes of staff meetings.

Systems were in place for responding to accidents, incidents, safeguarding concerns and complaints. Quality assurance systems included spot checks, to care plans, risk assessments and daily notes. The manager carried out regular audits that were overseen by regular provider audits. These identified areas of good practice and areas requiring further development, to continuously drive improvement. We received positive feedback from the local safeguarding authority regarding the providers response to any safeguarding concerns brought to their attention.