

Milton Keynes Council

# Courteney's Lodge

## Inspection report

Blackmoor Gate  
Furzton  
Milton Keynes  
Buckinghamshire  
MK4 1EL

Tel: 01908254513

Date of inspection visit:  
12 December 2019

Date of publication:  
22 January 2020

## 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

### About the service

Courteney's Lodge is a sheltered housing with care scheme for older people, and people living with dementia. The service is registered with the Care Quality Commission (CQC) to provide the regulated activity Personal Care. At the time of the inspection 34 people were receiving Personal Care at the service.

### People's experience of using this service and what we found

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.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

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 to continuously monitor the quality of the service. Accidents and incidents were responded to following the providers procedures and used as learning opportunities to reduce the risk of repeat incidents. The registered manager ensured all serious incidents were reported to the relevant authorities and the Care Quality Commission (CQC).

The rating from the previous CQC inspection was displayed as legally required within the service and on the provider website.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was Good (report published 4 July 2017).

We will continue to monitor information we receive about the service until we return to visit as per our re-

inspection programme. If we receive any concerning information we may inspect sooner.

## 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.  
Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.  
Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.  
Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.  
Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.  
Details are in our well-led findings below.

Good ●

# Courteney's Lodge

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was carried out by one inspector.

#### Service and service type

This service provides care and support to people living in a sheltered housing setting, so they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for sheltered housing; this inspection only looked at people's personal care and support.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced. We gave the service 24 hours' notice of the inspection. This was because we needed to be sure the provider or registered manager would be in the office to support the inspection.

#### What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. (This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make). We looked at other information we held about the service from statutory notifications of events that the provider is required by law to submit to CQC and information from commissioners and the local safeguarding authority. We took this into account when we inspected the service and in making the judgements in this report.

During the inspection we spoke with six people using the service and two relatives. We spoke with three care staff, two healthcare students and the registered manager. We reviewed the care plans and other associated care records for four people using the service. We reviewed two staff recruitment files and staff training records. We also reviewed records in relation to the quality monitoring of the service, medicines, accident and incident reports, safeguarding and complaints records.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm. At the last inspection this key question was rated Good. At this inspection this key question has remained the same. This meant people continued to be safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People said they felt safe using the service. One person said, "I feel very safe here, there are always friendly staff about to help me whenever I need them." A relative said, "The care [Name of person] receives is excellent, I trust all the staff, I never walk away from here feeling concerned about anything." Another relative said, "I am so pleased that [Name of person] has a safe, happy place to live."
- All staff received safeguarding training with regular updates to keep up with current good practice. Records showed safeguarding concerns had been investigated appropriately, and the provider had notified Care Quality Commission (CQC) as required by law.

Assessing risk, safety monitoring and management

- People continued to receive safe care and support. A relative said, "[Name of person] spends most of their time in bed. They have the necessary equipment to reduce the risks of developing pressure sores. The staff always call in to make sure they are not isolated."
- Records showed that risks, for example, people at risk of skin damage due to poor mobility, falls and malnutrition were assessed. Care plans were put in place that reflected the level of support people required to reduce the risks and to promote and maintain good health. Staff followed the guidance within the risk assessments and care plans to ensure risks were safely managed.

Staffing and recruitment

- The recruitment process ensured staff were suitable for their role. Staffing levels were responsive to people's assessed needs. All staff confirmed the staffing arrangements were suitable to meet the needs of people using the service. During the inspection we observed staff responded to people's requests for assistance in a timely manner.

Using medicines safely

- Staff received medicine administration training, and their competency to administer medicines was regularly assessed. Medicines audits were regularly carried out and any areas identified for improvement were promptly addressed with the staff team.

Preventing and controlling infection

- People continued to be protected from the spread of infection. Staff used disposable gloves and aprons when necessary and used correct hand-washing techniques. Anti-bacterial hand gel was available for staff, people and visitors to use.
- Staff were trained in infection controls and understood the importance of maintaining high standard of cleanliness to protect people from the risks of infection.

### Learning lessons when things go wrong

- Staff reported accidents and incidents, and these were reviewed by the registered manager and the service manager. This enabled themes to be identified, and ensured any actions required to reduce the risk of recurrence were implemented.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The assessment process included information on people's health and medical conditions, and considered people's hobbies and interests, social and family support networks.
- A reviewing officer carried out the assessment process to identify where there may be a need for assistance with any housing related queries. Feedback from relatives was positive with regard to the assessment and admission process. We saw that relatives had sent in letters and cards complimenting the service on the smooth transition when people had moved into the service. For example, 'We feel blessed, the transition was so smooth, we felt very supported as a family in dealing with our feelings of guilt.'

Staff support: induction, training, skills and experience

- All the staff spoken with confirmed they felt valued and supported to achieve their full potential. They told us the training they received was thorough and covered all the areas required in order to provide the right level of care and support for people using the service. A relative commented, "The staff have the right attitude and experience to care for [Name of person]."
- Staff supervision meetings were used to continually support staff. All staff commented they felt very supported, that the registered manager and the senior team were very approachable and they all worked well as a team.
- A dementia care training pathway leading to a City and Guilds certificate and /or award had been introduced at the service. This additional training enhancing the staffs' knowledge of caring for people living with dementia, to develop their understanding of providing person centred care.

Supporting people to eat and drink enough to maintain a balanced diet

- There was detailed information in people's care plans to guide staff about the best way to support them. People at risk of not eating and drinking sufficient amounts and people with swallowing difficulties (at risk of choking), received the support as identified in their individual care plans.
- The main meals were provided from an outside catering company. The frozen ready meals met the diverse dietary requirements of all people using the service.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- We sat in on the midday staff handover, during which the morning staff demonstrated they effectively communicated information on people's changing needs to the afternoon staff team.
- With people's consent referrals were made to healthcare professionals in response to any deterioration in their health. We also saw that people attended health appointments for example, optician, dental and

chiropractic appointments.

Ensuring consent to care and treatment in line with law and guidance

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.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People signed consent forms to show they agreed to receive care and support at the service. Staff supported people to make decisions about all aspects of their daily lives. We observed staff asking people's consent before carrying out any care tasks.
- Staff endeavoured to promote people's freedom of movement, using the least restrictive practice. Staff were vigilant of people with advanced dementia who were at risk of leaving the building unescorted.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated Good. At this inspection this key question has remained the same. This meant people continued to be supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People and relatives spoke of how they felt supported by staff in a kind and sensitive manner. People and relatives had sent in cards complimenting the caring attitude of staff. For example, one relative wrote, 'The carers look after [Name of person] with kindness, respect, humour and affection. The place oozes happiness. The staff do a brilliant job and are the backbone of Courteney's Lodge.' Another relative wrote, 'I think [Name of person] is very lucky to live here.'
- We observed staff interacting with people, they called people by their preferred names and respected their individuality and personal preferences.

Supporting people to express their views and be involved in making decisions about their care

- People and relatives were involved in the care plans and ongoing care reviews. A relative said, "I am very involved in all aspects of [Name of person's] care and I attend the care reviews."
- Staff had the information they needed to provide individualised care and support. They knew people's preferred routines and the people who were important to them. They were knowledgeable with regards to the people they were supporting and knew their likes and dislikes and personal preferences.
- We saw that people could have access to an independent advocate who could support them to make decisions about their care and support. Advocates are independent of the service and who support people to raise and communicate their wishes.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was promoted and respected.
- People were encouraged to maintain their independence and do as many tasks for themselves.
- Information about people was stored away securely and only accessible to people involved in the care and support. The staff understood the importance of maintaining confidentiality, this was demonstrated in the discussions we had with staff and observations made during the inspection.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated Good. At this inspection this key question has remained the same. This meant people's needs continued to be met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- 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 relative said, "The staff are marvellous [Name of person] has their needs fully met here, they staff know [Name of person] so well."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- At the time of the inspection the registered manager confirmed that no people using the service required information to be provided in accessible formats. However we saw throughout the service that written information was available to people in large print.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to follow their interests and take part in social activities. An activity person was employed at the service and they hosted a varied activity programme for people to participate if they so wished. During the morning of the inspection we observed people in the communal area taking part in a session, making biscuits. People were encouraged to each take part in mixing the ingredients.
- We observed people chatting with each other and with staff, some people were reading newspapers and magazines and some watched television. Whilst some chose to spend time in their flats, alone or with friends and relatives. Later in the afternoon a 'knit and natter' session took place, which a small number of people joined in doing some knitting, whilst some preferred to observe and join in with the conversations.
- Relatives told us they were always made welcome whenever they visited the service. One relative said, "We are always invited to social events, we are so grateful to the staff for giving [Name of person] a happy place to live and for giving us peace of mind."

Improving care quality in response to complaints or concerns

- People and their relatives knew how to make a complaint. One relative said, "I have no hesitation in going straight to the manager if there is anything troubling me, [Name of registered manager] is very approachable and quick to respond."
- We saw written comments from people using the service and relatives which included, 'I have no concerns at all about the quality of care I am receiving.' 'The staff are very respectful and professional, I am regularly

contacted regarding any concerns or queries, the communication is very good.'

- Records were maintained of all complaints raised with the registered manager, which detailed the actions taken to address and resolve them to people's satisfaction.

#### End of life care and support

- Staff had received training in end of life care and had previously provided end of life care and support to enable people to remain comfortable, dignified and able to stay in their own home.
- At the time of the inspection no people at the service were currently receiving end of life care.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated Good. At this inspection this key question remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People using the service, relatives and staff all commented the service had an open culture. They were confident their views and suggestions for service development were listened to and used to drive service improvement.
- People using the service, relatives and staff all commented the registered manager was approachable and they could speak with them at any time. One relative said, "[Name of registered manger] is brilliant, they have an open door and always make themselves available."
- People and their relatives said they would recommend the service to others.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager ensured procedures were followed to ensure compliance with duty of candour. The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment. The management team worked in an open and transparent way when incidents occurred at the service in line with their responsibilities under the duty of candour.
- Staff knew how to whistle-blow and knew how to raise concerns with the local authority and the Care Quality Commission (CQC) if their concerns were not appropriately acted upon.
- The registered manager and the staff team worked in an open and transparent way when incidents occurred at the service in line with their responsibilities under the duty of candour.
- The registered manager was aware of her responsibility to submit notifications to the Care Quality Commission (CQC). A notification is information about important events which the service is required to send us by law in a timely way.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager carried out regular audits that were overseen by regular provider audits. These identified areas of good practice and areas requiring further development.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider sought the views of others to drive continuous improvement at the service. Staff told us they felt valued and listened to by the management and their ideas were always considered.

- 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. 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.

#### Continuous learning and improving care

- The registered manager and staff were committed to continually improving the service.
- Continuous learning and development was promoted through regular staff meetings and supervision sessions. These were used as an opportunity to reflect on incidents and update staff with organisational changes.

#### Working in partnership with others

- The service was involved with local schools, colleges and churches which played an important part in people's life.
- Staff worked closely with local health and social care professionals, including GPs, social workers, and district nurses, to ensure people received timely care and support to meet changing needs.