

Milton Keynes Council

Cripps Lodge

Inspection report

Milton Keynes Homecare Service, Cripps Lodge
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12 February 2018
13 February 2018

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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 ●

Summary of findings

Overall summary

Cripps Lodge is registered to provide personal care support to people in their own homes. At the time of our inspection, the service was providing care to ninety-six people.

At our last inspection, we rated the service 'Good.' At this inspection, we found the evidence continued to support the rating of 'Good' and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

People continued to receive safe care. Staff received safeguarding training so they knew how to recognise the signs of abuse and how to report any concerns. Risk management plans were in place to protect and promote people's safety.

There were enough staff deployed to keep people safe. Recruitment practices ensured staff were suitable to work with people.

Staff received comprehensive induction training when they first commenced work at the service. On-going refresher training ensured staff were able to provide care and support for people following current practice. Staff supervision systems ensured that staff received regular one to one supervision and appraisal of their performance.

Staff supported people to access health care services when required, to make sure people received appropriate healthcare to meet their needs. People received support to eat and drink sufficient amounts to maintain a varied and balanced diet.

Where the provider supported people to take their medicines staff followed best practice guidelines. Staff followed infection control procedures to reduce the risks of spreading infection or illness.

People were encouraged to be involved in decisions about their care and support. Staff demonstrated their understanding of the Mental Capacity Act, 2005 (MCA) and they gained people's consent before providing care.

People had their diverse needs assessed, they had positive relationships with staff and received care that met their personal preferences. Staff consistently provided people with care in a respectful compassionate way. People had their privacy, dignity and confidentiality maintained at all times.

The provider had systems in place to monitor the quality of the service and had a process in place which ensured people could raise any complaints or concerns.

The service notified the Care Quality Commission of certain events and incidents, as required.

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.

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 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 the 8, 9, 12 and 13 February 2018 and it was announced. We gave the service 48 hours' notice to ensure that staff were available to support the inspection and people were at home. We made telephone calls to people and their relatives on 8 February 2018 and visited people in their homes on the 9 February 2018. We visited the office location on 12 and 13 February 2018 to see the registered manager and staff; and to review care records and policies and procedures.

The inspection was undertaken by one inspector and two experts 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. The experts by experience who supported this inspection had experience of accessing mental health and dementia support services and services that support older people.

Before 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. The provider completed and returned the PIR in January 2018 and we considered this when we made judgements in this report. We also reviewed other information that we held about the service such as notifications, these detail events, which happened in the service that the provider is required to tell us about; and information that had been sent to us by other agencies.

We sought feedback from commissioners who had placed people and monitored the service. We also contacted Healthwatch; an independent consumer champion for people who use health and social care services.

During this inspection we spoke with thirteen people who used the service and five people's relatives on the telephone and visited five people at home. We spoke with four support workers, two team leaders and the registered manager. We reviewed five people's care records to ensure they were reflective of their needs, six

staff files, and other documents relating to the management and governance of the service.

Is the service safe?

Our findings

The people we spoke with told us they felt safe with the staff supporting them. One person said that they felt safe because, "They [staff] are friendly and know what they're doing." Staff understood their responsibilities in relation to keeping people safe from harm. All the staff we spoke with had a good understanding of safeguarding procedures, and knew how to report abuse. One member of staff said, "I would ring the office to speak to a team leader and they would report it to the safeguarding team." We saw that staff had received training in safeguarding.

Staff had the information they required to ensure people's support was provided in a safe way. There were risk assessments in place, which gave staff clear instructions as to how to keep people safe. For example, we saw assessments in people's care files that identified risks associated with their nutritional needs and falls. One person's relative said, "They [staff] come to support [person's name's] independence and keep them safe whilst showering. [Person's name] is quite a large person and the staff look after them well. They have to look after [person's name's] legs when moving them and seem to do it very safely." Where risks had been identified appropriate controls had been put in place to reduce and manage the risk.

Recruitment processes protected people from being cared for by unsuitable staff and there were enough staff employed by the service to cover all the care required. However, we received mixed feedback regarding people's visits. The majority of people told us that they knew when their visits should be and they were informed of any changes. One person said, "They are usually on time and the office would ring if there was a problem." Another person said, "They have rung on a couple of occasions to say they will be late but to be honest they are still only ten minutes off the normal time." However, some people told us that they did not receive a rota, so did not know what time their visits should be and they were not informed of changes; for example to the staff who would be attending or the time of the call.

Prior to the inspection, the registered manager had recognised that staff sickness had affected some people's visits. They had already implemented the actions required to rectify this and ensure that people were contacted when changes were made. We saw records that showed people were receiving their visits at consistent times. The registered manager explained that all people were offered a rota when they first began using the service and could request a rota at any time; we saw that where people had requested a rota they received this. In light of our feedback, the service amended their practice to send all people a regular schedule of their care visits.

Medicines were safely managed. Staff had received training and their competencies were tested regularly. There were regular audits in place and any shortfalls found were quickly addressed. We saw that people received their medicines within appropriate periods.

Any incidents that occurred were discussed and action plans put in place to ensure similar incidents did not happen again. For example, when errors in recording of medicines were found staff were reminded of their responsibilities and further training was given. Protocols and procedures were revised.

People told us that staff followed hygienic practices whilst providing their care. Staff were supplied with Personal Protective Equipment (PPE), such as, disposable gloves and aprons to prevent the spread of infection.

Is the service effective?

Our findings

People's support needs were effectively assessed to identify the support they required. One person said, "Staff came to see me before the care started to talk about what I needed and they wrote it all down." Before care was provided senior staff carried out a detailed assessment of the person's needs and preferences, with family members present to support when required. Follow up reviews would then take place to make sure people were happy with the care they were receiving and to ensure that the service was meeting their needs.

We checked whether the service was working within the principles of the Mental Capacity Act (MCA) and they were. 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. In domiciliary care settings, this is under the Court of Protection.

People told us that staff sought their consent before carrying out any care. One person said, "They make me feel very comfortable, they always ask before they do anything, they talk to me and check that I'm ok." Consent forms had been signed by people to demonstrate that they had been consulted and agreed to the support described in the care plans.

People received care from staff that were competent and had the skills and knowledge to care for their individual needs. One person said, "I think they have quite a lot of training. Sometimes I have new ones come to work alongside my regular girl, it works well. They would never send two staff who didn't know me. They all seem competent with the hoist." All new staff undertook a thorough induction programme. One member of staff said, "I had a week of training before I started and then I shadowed; I had to be signed off before I could work on my own. I thought it was good, especially the shadowing."

Staff said they were well supported and encouraged to do more training. The service had set up a team of staff to work specifically with people who were living with dementia. Staff in this team were following a programme of training to equip them to effectively meet people's emotional and social support needs. Staff received regular supervision and appraisals, which gave them the opportunity to discuss their performance and personal development.

People were supported to maintain a healthy balanced diet and those at risk of not eating and drinking enough received the support that they required to maintain their nutritional intake. People who required assistance to eat were provided with this. One person's relative said, "They always ask what [person's name] would like, they take their time, they don't hurry [person's name] or make them feel uncomfortable. They always make sure they've got a drink too."

The service worked and communicated with other agencies and staff to ensure people's health needs were

met. People had regular access to a range of healthcare professionals and staff sought support when needed. One person's relative said, "They will notice things that I don't. For example, last week the carer came and said she was worried about [person's name's] colour and thought we should ring 111. We did and ended up having the out of hours doctor."

Is the service caring?

Our findings

The service had a positive and caring culture that people, relatives and staff supported and promoted. People and their relatives were complimentary of the care people received. One person said, "They're lovely and they talk to me, we have such a laugh sometimes." Another person's relative said, "The carers are great, the main ones we have had for a long time. [Person's name] has got to know the staff well over the years and they have set up a lovely rapport. I often hear them laughing as they rib one another about the football."

The staff were enthusiastic about their jobs and were proud of the way the service supported people. One member of staff said, "If I ever needed care, I would want this company." All the staff we spoke with confirmed that they were usually able to see the same people, and therefore get to know them and understand their preferences.

The staff spoke with fondness about people they supported. They understood the importance of promoting equality and diversity, respecting people's religious beliefs, their personal preferences and choices. People were fully involved in making decisions about how they wanted their care and support provided. People said staff supported them to make their own decisions about their daily lives. The service was able to source information for people should they wish to use an advocate. An advocate is an independent person who can provide a voice to people who otherwise may find it difficult to make their needs and choices known.

People confirmed that the staff respected their privacy and dignity when providing care. One person told us, "They always make sure I am covered up to keep me warm and keep my modesty as intact as it can be in the circumstances. They make sure I am comfortable, I trust them to look after me properly." Confidential information regarding people's care was stored securely and only shared with people's consent on a need to know basis.

People were supported to be as independent as they were able to be; staff encouraged each person to achieve as much as they could by themselves. One person said, "We have a routine where I do the things I am able to do and they help with what I can't, I never feel that they are rushing me."

Is the service responsive?

Our findings

People received care and support that was responsive to their needs and staff were committed to providing individualised support. One member of staff said, "We try to be person centred in everything we do, it's all about the individual and what they need." From the pre assessments, care plans were developed with people that set out how the service aimed to meet each person's physical, emotional and cultural needs. Reviews and updates to care plans took place, with the involvement of people as and when their needs had changed. This ensured people consistently received appropriate care and support.

The service looked at ways to make sure people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard (AIS). The AIS is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. The provider understood their responsibility to comply with the AIS and was able to access information regarding the service in different formats to meet people's diverse needs. Staff knew people well and knew how each person communicated.

People were encouraged to raise any concerns or complaints. People and their relatives said they knew who to speak to at the service if they had any complaints. One person said, "I usually speak to [staff's name] in the office if I need anything, she is very helpful and reassures me that they want the best for me." We saw that there was a clear complaints policy and procedure in place, complaints received had been dealt with appropriately and were logged and monitored.

At the time of the inspection, no people using the service were receiving end of life care. The service understood the importance of providing good end of life care to people and supported people to have conversations about their wishes for the end of their life.

Is the service well-led?

Our findings

A registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

The service had a positive and open culture that encouraged people using the service, relatives and staff to influence the development of the service. The provider regularly sought feedback from people and staff through meetings, feedback forms and surveys. Following the most recent annual survey, people had feedback that they would like more face-to-face contact with team leaders. As a result, the registered manager made changes to enable team leaders to be out in the community working with support staff more frequently. They also increased team leader weekend and evening cover to ensure that they were more accessible to people and support workers.

The provider strived to look at ways to continuously improve the service. They worked in partnership with other services to improve the care and support people were provided with in the community. For example, they had undergone a peer review provided by another local authority; this involved the local authority carrying out a review of the service for the mutual learning and development of both services.

People using the service, relatives and staff confirmed they had confidence in the way the service was managed. The registered manager was aware of their responsibilities; they had a good insight into the needs of people using the service. People said that senior staff were approachable and they were always able to contact them to discuss any concerns.

Staff said they had good support from their supervisors, the registered manager and the provider. Senior staff were approachable and listened to their feedback about the service. One staff member said, "Everything is in place to support us to do as good a job as possible." They told us they felt able to raise any concerns they may have and they were aware of the safeguarding and whistleblowing procedures.

Established quality assurance systems were in place to continually assess, monitor and evaluate the quality of people's care. Records on people's care, staffing, and policies and procedures held within the office were organised and up to date.

The provider had submitted notifications to the Care Quality Commission (CQC). A notification is information about important events that the service is required to send us by law. They also shared information as appropriate with health and social care professionals; for example social workers involved in commissioning care on behalf of people.

It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had displayed their rating as required.

