

Amberley Healthcare Limited

Devon Lodge Residential Home

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 ●

Summary of findings

Overall summary

About the service

Devon Lodge is a residential care home that provides accommodation and personal care for up to 26 older people. At the time of our inspection there were 22 people using the service.

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

People received safe care and were protected against avoidable harm, neglect and discrimination. Risks to people's safety were assessed and strategies were put in place to reduce any risks. There were sufficient numbers of staff who had been safely recruited to meet people's needs.

Peoples medicines were safely managed, and systems were in place to control and prevent the spread of infection.

People's care needs were assessed before they went to live at the service, to ensure their needs could be fully met.

Staff received an induction when they first commenced work at the service and ongoing training that enabled them to have the skills and knowledge to provide effective care.

People were supported to eat and drink enough to maintain their health and well-being. Staff placed a strong emphasis on the dining experience to ensure it was enjoyed by all. Staff supported people to live healthier lives and access healthcare services.

The service had a vibrant and welcoming atmosphere where visitors were welcomed and encouraged. The premises were homely and adapted to meet the needs of people using the service.

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.

Staff provided care and support in a very caring and meaningful way. They knew the people who used the service very well and had built up kind and compassionate relationships with them. People and relatives, where appropriate, were involved in the planning of their care and support. People's privacy and dignity was always maintained.

Care plans were detailed and supported staff to provide personalised care. People were encouraged to take part in a variety of activities and interests of their choice. There was a complaints procedure in place and systems to deal with complaints effectively. The service provided appropriate end of life care to people when required.

The service was well managed. There were systems in place to monitor the quality of the service and actions were taken, and improvements were made when required. Everyone without exception praised highly the registered manager who was approachable, resourceful and provided strong leadership. All staff told us they were motivated to work with the registered manager to ensure people received good quality care.

The service worked in partnership with outside agencies. Staff, people using the services and relatives were encouraged to provide feedback which was analysed and acted upon.

Rating at last inspection

The last rating for this service was Good (published 08 June 2017)

Why we inspected:

This was a planned inspection based on the rating at the last inspection.

Follow up:

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, 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 ●

Devon Lodge Residential Home

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 team consisted of one inspector.

Service and service type

Devon Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

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.

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 took this into account when we inspected the service and made the judgements in this report.

We reviewed other information that we held about the service such as notifications. These are events that

happen in the service that the provider is required to tell us about. We also considered the last inspection report and information that had been sent to us by other agencies. We used all of this information to plan our inspection.

During the inspection

We spoke with five people using the service. We had discussions with six members of staff including the registered manager, the deputy manager, the activities coordinator, chef and two care and support staff. We reviewed a range of records that included four people's care records and their medication records. A variety of records relating to the management of the service were also reviewed.

After the inspection

We looked at training data, policies and procedures and additional evidence the provider submitted. We spoke with two relatives by telephone following the inspection to gain their views about the service.

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 as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were cared for safely. Everyone we spoke with told us they felt safe and family members told us their relatives received safe care. One person said, "They [meaning staff] look after me. I am safe and well looked after." A relative told us, "It is such a safe environment, we are very happy and have peace of mind. "
- Staff had received training to recognise signs of abuse and protect people from avoidable harm. Staff understood how to report any concerns and had access to the relevant policies and procedures.
- The registered manager was aware of their responsibilities for reporting any safeguarding concerns to the local safeguarding authority and to the Care Quality Commission (CQC). Safeguarding records also confirmed this.

Assessing risk, safety monitoring and management

- Processes were in place to protect people from avoidable harm. Staff completed risk assessments to identify and manage risks to people's health and safety, such as the risk of developing pressure ulcers, falls and nutritional risks.
- Staff understood when people required support to reduce the risk of avoidable harm. For example, we saw staff support people to walk safely.
- Risk assessments were up to date and available to relevant staff. This meant that staff were able to follow guidance to help ensure people were consistently supported safely.
- An emergency evacuation plan was in place for each person, to describe the support they would need in the event of a fire or other emergency requiring evacuation of the building. These were up to date and reflective of people's current needs.

Staffing and recruitment

- Everyone we spoke with told us there were enough staff working at the service. One told us, "Oh yes there are always lots of staff around to help us. We never have to wait for long."
- We observed, and staff told us there were sufficient numbers of staff to meet people's needs. One member of staff said, "We do have enough staff. There is really good team work and we support each other." Staff rotas showed the staffing levels were consistent.
- Staff recruitment records demonstrated the provider carried out robust pre-employment checks that including obtaining references and checks through the Disclosure and Barring Service (DBS). This helps employers make safer recruitment decisions and helps prevent the employment of staff who may be unsuitable to work with people who use care services.

Using medicines safely

- People told us they received their medicines at the prescribed times. One person told us, "I get my tablets at the times I need them. Like clockwork."
- Staff told us they had received training in the safe handling and administration of medicines; and their competencies were regularly assessed. One staff member said, "The training is very thorough."
- An electronic Medication Administration Record (MAR) system was in place which supported staff to administer medicines at the prescribed time and prompted them to make a record. One member of staff said, "It's a brilliant system. You can't make any mistakes."
- We saw evidence that regular auditing of medicines was carried out to ensure that any errors could be rectified and dealt with in a timely

Preventing and controlling infection

- Measures were in place to control and prevent the spread of infection. Staff completed training and were knowledgeable about the requirements. One told us, "We always wear gloves when we carry out different tasks." We observed staff using personal, protective clothing and equipment safely.
- The environment was visibly clean, and people told us staff were thorough in their cleaning.

Learning lessons when things go wrong

- Staff reported accidents and incidents and the registered manager reviewed and collated information from these. This enabled themes to be identified and ensured any actions required to reduce the risk of recurrence were implemented.
- Staff said they received feedback about changes to practice at shift handover meetings and other staff meetings. They said they had the opportunity to contribute their views and that communication was good.

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 as 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

- People's care was assessed before they went to live at the service. The assessment covered people's physical, mental health and social care preferences to enable the service to meet their diverse needs.
- Assessment documentation considered the characteristics identified under the Equality Act and other equality needs. The assessment process also considered compatibility with other people using the service.

Staff support: induction, training, skills and experience

- Staff were sufficiently qualified, skilled and experienced to meet people's needs. One relative told us, "The staff are very competent and knowledgeable."
- We saw that an ongoing schedule of training was in place, to ensure staff kept up to date with good practice.
- All new staff went through an induction period, which included shadowing more experienced staff to get to know people, as well as covering the basic training subjects.
- The system for staff supervision and support was consistently applied. Staff told us they were supported by senior staff through their one to one meetings. One told us, "We have regular supervision, so we can raise any issues and discuss our training or any other issues."

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

- People using the service were very complimentary about the food and meals provided. One person said, "I look forward to the meals. They are lovely, proper homemade cooking." Another person said, "The food is very good. You get a choice and if you don't like what's being served they will offer you something else."
- People said they had made some suggestions about the meals and their views had been implemented. For example, different foods to be included in the menus.
- Staff assessed people's risk of malnutrition and monitored their weight regularly. Care plans provided details of people's nutritional support needs and their food preferences. When people showed signs of losing weight, staff referred them to the appropriate professionals for additional advice and input.

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

- When people needed support from healthcare services, staff made the required referrals and incorporated their advice into the person's care plan. Records showed people had access to a GP service, dietitian, community nursing services and other professionals as required.
- People had access to preventative and early diagnostic services such as regular eye tests and access to a chiropodist.

- Staff assessed people's oral health and developed oral health care plans.

Adapting service, design, decoration to meet people's needs

- The premises were suitable and accessible to the people living at the service. The environment was well maintained, homely and offered plenty of personal space.
- People were encouraged to personalise their own rooms and we saw these reflected people's tastes and preferences.

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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

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. There was no one at the time of our inspection being deprived of their liberty.

- Staff obtained consent for people's care and support. They had a good understanding of the principles, of the MCA and people were supported wherever possible to make their own decisions.

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 as Good. At this inspection this key question has remained the same. This meant people were 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 gave very positive feedback about the attitude of staff and the way they were treated. For example, one person said, "I can't fault the girls, they are absolutely lovely. They are extremely kind and caring." Another person told us, "I am very happy here and I'm looked after by lovely carers. I'm so lucky." A relative commented, "I have nothing but praise for the staff. They are a good team of carers and they treat everyone with kindness."
- We saw that staff treated people with kindness and understanding. They were knowledgeable about people's individual needs and preferences and took account of this when they provided support and assistance. One staff member told us, "I love this job. Its like coming to see your second family every day."
- Staff received training in equality and diversity. Our observations of care demonstrated that staff understood the importance of equality and what this meant when meeting people's individual needs. The registered manager gave us examples of how consideration was given to people's individual, religious and cultural needs. For example, people were supported to practice their faith with in-house church services.

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

- People told us they had choice in their daily lives. One person said, "I choose whether I want to stay in my room or join everyone in the lounge." Another person told us, "I always have a say in what I want and what I don't want. They do listen to me."
- People had the opportunity to express their views about the service; they said they gave their feedback to staff, at 'resident' meetings' and through surveys. One person said, "We regularly get asked for our opinions. We can give our views and the manager listens to us."
- We reviewed notes of 'resident's meetings' and saw a wide range of topics were discussed and peoples' views were recorded and acted on.
- We saw that people could have access to an advocate who could support them to make decisions about their care and support. Advocates are independent of the service and support people to raise and communicate their wishes.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and their privacy was supported by staff. One person told us, "The staff are very respectful." One staff member commented, "I always knock on the door and ask to enter. I like to treat people how I want to be treated."
- People were encouraged to maintain their independence and do as much as they could for themselves. One staff member said, "We try to get people to maintain their skills and be as impendent as possible."

People's care plans included information on things people could do for themselves and those that they needed staff support with.

- People were supported to maintain and develop relationships with those close to them, social networks and the community. Relatives were regularly updated with people's wellbeing and progress.
- The service complied with data protection law. The information we saw about people was either kept in lockable cabinets in locked offices or on password protected computers. This meant people's private information was kept securely.

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 as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

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

- The initial assessment and people's care plans considered their preferences about how they wished to be supported, which included any cultural or religious requirements. Staff we spoke with knew people well, and the care they wished to receive.
- People told us they received good quality care that met their needs. One person said, "The staff discuss my treatment and my medication. They explain things to me and I feel involved." A relative commented, "This home is unique. It's small, homely and the care is exceptional."
- The provider had invested in a new electronic care plan system. One staff member told us, "This system is really good. You can record things as they happen." We saw that care plans had been kept under regular review, to make sure they reflected people's current circumstances. The registered manager told us, "We review the care plans regularly or when there are any changes. We do this with the person and family and record any comments they wish to make about changes to their care." This helped ensure staff were provided with up to date and appropriate information to meet people's needs.
- Care plans were personalised and contained information about people's likes and dislikes. For example, favourite television programmes, and previous hobbies and interests.

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.

- Communication care plans were in place for each person to provide details of approaches for staff to ensure they maximised people's understanding and involvement.
- The service could provide people with information in different formats if it was required. We saw some documentation had been produced 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 told us they had the opportunity to go out regularly for visits and social activities. They told us about the range of in-house activities. One said, "There is always something to do here. You never get bored."
- We saw activities taking place on the day of our visit. People were involved in armchair exercises in the morning and were supported to make mince pies in the afternoon. We saw a wide range of activities

displayed for December. These included crosswords, carol services, beauty sessions and a pre-school had visited the service. One relative told us, "Its fun here. There is always something going on."

- People were supported to develop and maintain relationships with people that mattered to them. One person said, "My [relative] visits me every week. That's important to me." A relative told us, "I can visit when I like. They [meaning staff] always make me feel welcome."

Improving care quality in response to complaints or concerns

- The provider's complaints procedure supported people and relatives to raise concerns and complaints. One person told us, "I would certainly raise any concerns if I wasn't happy." A relative commented, "I have never had to make a complaint, but I would if it was necessary. I know [registered manager] would deal with it straight away."
- All the people told us they felt comfortable to speak to staff or the registered manager if they were not happy about something and were confident action would be taken to resolve their concerns.
- The service had received one complaint since the last inspection. We saw this had been dealt with in line with the providers complaints procedure and in a timely manner.

End of life care and support

- The service was not supporting anyone with end of life care at the time of the inspection. However, the registered manager told us they could support a person at the end of their life if it was required and had previously done so.
- The provider had policies and procedures in place to meet people's wishes for end of life care and staff had completed training to ensure they could meet people's needs at the end of their life.

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 as Good. At this inspection this key question has 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

- There was an open culture and people felt confident to contribute their views. They felt they were listened to and valued. One person said, "I can make my own choices and feel that the staff do respect my wishes."
- Staff said there was good team working and everyone was focussed on ensuring people using the service were happy and fulfilled.
- The staff and the registered manager had values that placed people at the centre of the service and promoted their independence, enabling them to make choices about their lives as much as possible.
- Everyone spoke highly of the registered manager and how much work they put in to the smooth running of the service. Comments included, "[Name of registered manager] is very approachable. She is always available." "The manager runs a tight ship and is very supportive of the staff."
- The registered manager knew all the people using the service well and was involved in supporting them. They worked closely with people and staff, leading by example, and ensuring people had a say in all aspects of the service.
- The registered manager and staff team worked closely with healthcare professionals and were open to advice and recommendations to drive improvement at the service.

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 there were systems in place 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.

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

- The registered manager was clear about their responsibilities and sent us the information we require, such as notifications of changes or incidents that affected people who lived at the service.
- The registered manager and staff team completed a range of monthly audits to monitor the quality of care provided. Actions from the audits were identified and undertaken.
- Staff were clear about their roles and responsibilities. The registered manager said they were proud of the staff team and how well they worked together, supporting each other.
- Notes of staff meetings showed there was a discussion of quality issues and outcomes of audits with updates about people using the service.

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

- Staff told us that because the service was small the communication was very good. Staff said they had regular staff meetings and one to one meetings with a senior staff member. There were daily handover meetings where staff discussed anything of note and made sure they always had up to date information.
- People were encouraged to give their views about the service and through annual surveys, residents meetings and on a one to one basis. Notes of meetings showed a full range of topics were discussed including, the menus, activities and outings.
- Service satisfaction questionnaires were sent out to people and family members to comment on the overall quality of the care. We looked at the latest surveys and saw that all the comments were very positive. Where appropriate, comments were used to drive improvement at the service.

Continuous learning and improving care

- We found a commitment to the continuous improvement of the service and the care provided.
- The registered manager and staff team were continually making improvements to the care and support provided, to achieve the best possible outcomes for people. They achieved this through satisfaction surveys, gaining feedback from people and relatives and good communication.
- There were regular reviews of people's needs to ensure the care provided was appropriate, and reviews of all aspects of the service, from activities to the environment, to ensure people had the best care possible.

Working in partnership with others

- The registered manager referred people to specialist services either directly or via the GP. Records confirmed the service had worked closely with the dietician, the speech and language therapists and peoples GP's.